

Clinical Attention Problem Scale

Please complete once a week

Child's name: _____

Today's date: _____

Completed by: _____

Medication: _____

Below is a list of items that describe pupils. Rate each item that describes the pupil *now* or *within the last week* as follows:

0 = Not true

1 = Somewhat or Sometimes True

2= Very or Often True

Morning

Afternoon

- | | | |
|---|--|---|
| <p>1. Fails to finish things he/she starts 0 1 2</p> <p>2. Can't concentrate, can't pay attention for long..... 0 1 2</p> <p>3. Can't sit still, restless, or hyperactive 0 1 2</p> <p>4. Fidgets 0 1 2</p> <p>5. Daydreams or gets lost in his/her thoughts..... 0 1 2</p> <p>6. Impulsive, or acts without thinking 0 1 2</p> <p>7. Difficulty following directions 0 1 2 <input type="checkbox"/></p> <p>8. Talks out of turn 0 1 2</p> <p>9. Messy..... 0 1 2</p> <p>10. Inattentive, easily distracted..... 0 1 2</p> <p>11. Talks too much 0 1 2</p> <p>12. Fails to carry out assigned tasks 0 1 2</p> | | <p>1. Fails to finish things he/she starts 0 1 2</p> <p>2. Can't concentrate, can't pay attention for long..... 0 1 2</p> <p>3. Can't sit still, restless, or hyperactive..... 0 1 2</p> <p>4. Fidgets..... 0 1 2</p> <p>5. Daydreams or gets lost in his/her thoughts..... 0 1 2</p> <p>6. Impulsive, or acts without thinking..... 0 1 2</p> <p>7. Difficulty following directions 0 1 2</p> <p>8. Talks out of turn 0 1 2</p> <p>9. Messy 0 1 2</p> <p>10. Inattentive, easily distracted 0 1 2</p> <p>11. Talks too much 0 1 2</p> <p>12. Fails to carry out assigned tasks 0 1 2</p> |
|---|--|---|

Additional Comments:

Please send the completed form to
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