

ADHD Symptom Tracking Scale

Name: _____ Date: _____

INSTRUCTIONS FOR SECTION I

This form is designed to obtain your opinion on how often you demonstrate the following behavior. Please circle the number next to each item that describes how often that behavior has occurred during the period indicated below. Place a check mark (✓) by one of these time periods to indicate what period of time you are considering when completing this form. Then share this form with your doctor to give him or her more complete information about your usual level of ADHD before starting medication or during the initial phase when you begin taking medication.

- _____ During the past 6 months (baseline)
- _____ Since starting medication
- _____ Since the medication dose was changed
- _____ Since stopping medication

Symptoms	Never or rarely	Some-times	Often	Very often
1. Poor attention to details or careless in my work	0	1	2	3
2. Fidgety or squirm when seated	0	1	2	3
3. Can't sustain attention to tasks or leisure pursuits	0	1	2	3
4. Struggle to remain seated when expected to do so	0	1	2	3
5. Don't listen when others speak to me	0	1	2	3

(cont.)

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Symptoms	Never or rarely	Some-times	Often	Very often
6. Restless	0	1	2	3
7. Have trouble completing instructions and so don't finish tasks	0	1	2	3
8. Find it hard to be quiet in leisure activities	0	1	2	3
9. Poorly organized in tasks	0	1	2	3
10. Feel like I need to be busy or "on the go"	0	1	2	3
11. Procrastinate work that requires prolonged effort	0	1	2	3
12. Talk too much	0	1	2	3
13. Misplace stuff I need for tasks or things I must get done	0	1	2	3
14. Blurt out answers before others finish what they are asking of me	0	1	2	3
15. Distractible	0	1	2	3
16. Can't wait for my turn at activities I do with others	0	1	2	3
17. Trouble remembering things in routine tasks	0	1	2	3
18. Interrupt what others may be doing	0	1	2	3

(cont.)

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INSTRUCTIONS FOR SECTION II

To what extent do the problems you circled above interfere with your ability to function in each of these areas of life activities?

Activities	Never or rarely	Some-times	Often	Very often
In my home life with immediate family	0	1	2	3
In social relations with others	0	1	2	3
In my activities in the community	0	1	2	3
In school or other learning environments (if involved in an educational setting)	0	1	2	3
In sports, clubs, or other organizations	0	1	2	3
In driving	0	1	2	3
In leisure or recreational activities	0	1	2	3
In managing my money and finances	0	1	2	3
In my dating or marital relationships	0	1	2	3
In raising children	0	1	2	3
In my handling of daily chores or other responsibilities	0	1	2	3
