



Clinical Attention Problem Scale

Return to: _____ Fax# 480-443-4018

Child's name: _____ DOB: _____ 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

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

Afternoon

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

Additional Comments: