

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

- | | | | |
|---|---|---|---|
| 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: