

Clinical Attention Problem Scale

Please complete once a week
(this is a fillable pdf for use on a computer)

Child's Name: _____ Today's Date: _____

Completed by: _____ Medication(s): _____

INSTRUCTIONS:

- Below is a list of items that describe pupils.
- Rate each item that describes the pupil.

0 = Not true
1 = Somewhat or Sometimes True
2 = Very Often True

Morning			Afternoon		
0	1	2	0	1	2

1. Fails to finish things he/she starts

2. Can't concentrate, can't pay attention for long

3. Can't sit still, restless, or hyperactive

4. Fidgets

5. Daydreams or gets lost in his/her thoughts

6. Impulsive, or acts without thinking

7. Difficulty Following Directions

8. Talks out of turn

9. Messy

10. Inattentive, easily distracted

11. Talks too much

12. Fails to carry out assigned tasks

Additional Comments: