

Client Name:

Client Date of Birth:

_____ / ____ / _____

Today's date:

Name (if someone other than the client filled out this form) :

_____ / ____ / _____

Please place a check mark in the box that best fits

Typical Daily Performance as Compared to Same Aged Peers				
Vigilance	Much More Often	More Often	No More Often	Not Certain
Difficulty staying awake				
Yawns and stretches a lot during the day				
Moves around to avoid feeling tired/sleepy				
Gets cranky/irritable during the day				
Difficulty starting tasks/activities				
Avoids activities requiring concentration and effort				
Attention	Much More Often	More Often	No More Often	Not Certain
Attention is not consistent				
Unable to sustain focus to complete tasks				
Difficulty listening when spoken to directly				
Forgetful				
Requires repetition of directions				
Cannot finish tasks without supervision				
Becomes bored easily				
Daydreams often				
Easily distracted				
Difficult to satisfy				
Unaware of his mistakes				
Unable to learn from consequences (both good and bad)				
Difficulty transitioning to new tasks				

Continued on next page

Continued from previous page

Typical Daily Performance as Compared to Same Aged Peers				
Impulsivity	Much More Often	More Often	No More Often	Not Certain
Acts before thinking through a situation				
Often does/says first thing that comes to mind				
Over-reacts to stress/frustration				
Bothers others without intending to				
Interrupts or intrudes on others				
Difficulty waiting her turn				
Hyperactivity	Much More Often	More Often	No More Often	Not Certain
Overactive/fidgety				
Always "on the go"				
Leaves chair often				
Difficulty playing/working independently				
Talks excessively				