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**ABBREVIATED ADHD SYMPTOM CHECKLIST-4**

CHILD'S NAME: \_\_\_\_\_

NAME OF PERSON COMPLETING FORM: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_ DATE: \_\_\_\_\_

**DIRECTIONS:** INDICATE THE DEGREE TO WHICH EACH ITEM BELOW IS A PROBLEM. PLEASE RESPOND TO ALL ITEMS.

	Never	Sometimes	Often	Very Often
1. DOESN'T PAY ATTENTION TO DETAILS; MAKES CARELESS MISTAKES	0	1	2	3
2. DIFFICULTY PAYING ATTENTION	0	1	2	3
3. DOES NOT SEEM TO LISTEN	0	1	2	3
4. DIFFICULTY FOLLOWING INSTRUCTIONS; DOES NOT FINISH THINGS	0	1	2	3
5. DIFFICULTY GETTING ORGANIZED	0	1	2	3
6. AVOIDS DOING THINGS THAT REQUIRE A LOT OF MENTAL EFFORT	0	1	2	3
7. LOSES THINGS	0	1	2	3
8. EASILY DISTRACTED	0	1	2	3
9. FORGETFUL	0	1	2	3
10. FIDGETS WITH HANDS OR FEET; SQUIRMS IN SEAT	0	1	2	3
11. DIFFICULTY REMAINING SEATED	0	1	2	3
12. RUNS ABOUT OR CLIMBS ON THINGS	0	1	2	3
13. DIFFICULTY PLAYING QUIETLY	0	1	2	3
14. ON THE GO; ACTS AS IF DRIVEN BY A MOTOR	0	1	2	3
15. TALKS EXCESSIVELY	0	1	2	3
16. BLURTS OUT ANSWERS TO QUESTIONS	0	1	2	3
17. DIFFICULTY AWAITING TURN	0	1	2	3
18. INTERRUPTS OTHERS OR BUTTS INTO THEIR ACTIVITIES	0	1	2	3
SCORE TOTALS:				