



**Pediatric & Adolescent
Medicine**

Manish Dixit, M.D., F.A.A.P.

1902 S. US Hwy 59, Ste #5
Parsons, KS 67357
Ph: (620)421-0002
Fx: (888)820-2325

CHILD ADD/ADHD SYMPTOM CHECKLIST

Today's Date: _____

Child's Name: _____

Informant: _____ Relation: _____

Observation of the child from _____ to _____

Please check how often you see the following behaviors in this child.

	Rarely or Never	Sometimes	Often	Very Often
1. Fails to give close attention to details or makes careless mistakes in school, chores, or other activities.				
2. Has difficulty maintaining attention in school, tasks or activities not of interest to the child.				
3. Does not seem to listen when spoken to directly.				
4. Does not follow through on instructions or fails to finish schoolwork, chores, or projects.				
5. Has difficulty organizing self, tasks, or activities.				
6. Avoids, dislikes, or is reluctant to engage in tasks not of interest, that require sustained mental effort.				
7. Loses important or necessary items or belongings.				
8. During tasks not of interest to the child, easily distracted by extraneous, irrelevant, or unimportant stimuli.				
9. Forgetful in daily activities, (where things are, what they were told or what they are supposed to be doing).				
10. Fidgets with hands or feet, chews on fingers, clothes, or items, or squirms in seat.				
11. Gets up out of seat in classroom or other situations in which remaining seated is expected.				
12. Runs or climbs excessively in inappropriate situations or in an inappropriate manner.				
13. Difficulty playing or engaging in leisure activities quietly or without excessive and unnecessary noise.				
14. Constantly busy or active, or has to be doing something or looking for something stimulating to do.				
15. Talks excessively, including asking questions to which they know the answer, but do not stop to think about.				
16. Blurts out answers before questions are completed, or says things without thinking first				
17. Difficulty awaiting turn, impatient when waiting, or does things impulsively without thinking first.				
18. Interrupts or intrudes on others, bulls into others conversations, games, activities, or personal space.				



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BEHAVIOR CHECKLIST

Today's Date: _____

Child's Name: _____

Informant: _____ Relation: _____

Observation of the child from _____ to _____

Please check how often you see the following behaviors in this child. These behaviors should be checked only if they occur more frequently than is typically observed in children of similar age and developmental level.

	Rarely or Never	Sometimes	Often	Very Often
1. Often loses temper				
2. Often argues with adults				
3. Often actively defies or refuses to comply with adults requests or rules				
4. Often deliberately annoys people				
5. Often blames others for his or her mistakes or misbehaviors				
6. Is often touchy or easily annoyed by others				
7. Is often angry and resentful				
8. Is often spiteful or vindictive				

Additional Comments:
