

ADHD Symptom Tracker

Name: _____ Date of birth: _____ dd / mm / yyyy

Date of session: _____ dd / mm / yyyy Clinician name: _____

Instructions: Rate the frequency of each symptom over the past week using the following scale: 0 - never | 1 - rarely | 2 - sometimes | 3 - often | 4 - very often

INATTENTION

Fails to give close attention to details or makes careless mistakes - Sunday

- 0
- 1
- 2
- 3
- 4

Fails to give close attention to details or makes careless mistakes - Monday

- 0
- 1
- 2
- 3
- 4

Fails to give close attention to details or makes careless mistakes - Tuesday

- 0
- 1
- 2
- 3
- 4

Fails to give close attention to details or makes careless mistakes - Wednesday

- 0
- 1
- 2
- 3
- 4

Fails to give close attention to details or makes careless mistakes - Thursday

- 0
- 1
- 2
- 3
- 4

Fails to give close attention to details or makes careless mistakes - Friday

- 0
- 1
- 2
- 3
- 4

Fails to give close attention to details or makes careless mistakes - Saturday

- 0
- 1
- 2
- 3

Fails to give close attention to details or makes careless mistakes - Total: _____

Additional notes - Specify below:

Disclaimer: This tracker is only a tool for monitoring symptoms and should be used in conjunction with professional medical advice. A diagnosis of ADHD requires a comprehensive evaluation by a qualified healthcare provider.