ADHD Visual Test

CLINICIAN'S INFORMATION

Name: _____ Title: _____

License Number: _____ Contact Information: _____

PATIENT INFORMATION

Name: _____ Age: _____

Date of Birth: _____ dd / mm / yyyy Date of Test: _____ dd / mm / yyyy

INTRODUCTION

Brief description of the test:

Purpose of the test:

Instructions to the patient:

PART 1: VISUAL STIMULI RESPONSE TEST

Description: Respond to visual stimuli displayed on a screen.

Duration: _____

Task: Respond to visual targets while ignoring others.

Scoring:

Correct Responses: _____ Incorrect Responses: _____

Response Times: _____

PART 2: SUSTAINED ATTENTION TASK

Description: Assess the ability to maintain attention over a period.

Duration: _____

Task: Continuously monitor a screen and respond to specific stimuli.

Scoring:

Omission Errors: _____ Comission Errors: _____

PART 3: IMPULSIVITY AND INHIBITION CONTROL TASK

Description: Evaluate impulsivity and ability to control responses.

Duration: _____

Task: Inhibit responses to certain stimuli.

Scoring:

Impulsive Responses: _____ **Delayed Responses:** _____

PART 4: VARIABILITY IN RESPONSE TIME

Description: Measure the consistency of response times.

Duration: _____

Task: Respond to stimuli with varying intervals.

Scoring:

Variability in Response Times: _____

CONCLUSION

Performance Summary:

Behavioral Observations:

Clinician's Observations and Comments:

Clinician's Signature:

Date: _____ dd / mm / yyyy