Inattentive ADD Test

Name: _____ Age: _____

PART 1: SYMPTOM CHECKLIST

Instructions: Please indicate the frequency of each symptom using the following scale:1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Often, 5 = Very Often.

Difficulty sustaining attention in tasks or play activities.

○ ○ ○ ○ ○
1 2 3 4 5

Failure to give close attention to details or making careless mistakes.

○ ○ ○ ○ ○
1 2 3 4 5

Seems not to listen when spoken to directly.

○ ○ ○ ○ ○
1 2 3 4 5

Does not follow through on instructions and fails to finish tasks.

○ ○ ○ ○ ○
1 2 3 4 5

Difficulty organizing tasks and activities.

○ ○ ○ ○ ○
1 2 3 4 5

Avoids or is reluctant to engage in tasks that require sustained mental effort.

○ ○ ○ ○ ○
1 2 3 4 5

Loses things necessary for tasks or activities (e.g., keys, paperwork).

○ ○ ○ ○ ○
1 2 3 4 5

Easily distracted by extraneous stimuli.

○ ○ ○ ○ ○
1 2 3 4 5

Forgetful in daily activities (e.g., doing chores, running errands).

○ ○ ○ ○ ○
1 2 3 4 5

Total: _____

PART 2: IMPACT ON DAILY LIFE

Describe how the above symptoms impact daily life, work, relationships, and emotional well-being.

MENTAL HEALTH PROFESSIONAL DETAILS

Name of Professional: _____ License Number: _____

Name of Practice: _____ Date of Review: _____ dd / mm / yyyy

Additional Notes and Reminders from Your Mental Health Professional