

ADHD Visual Test

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Clinician's Information

Name:

Title:

License Number:

Contact Information:

Patient Information

Name:

Age:

Date of Birth:

Date of Test:

Introduction

Brief description of the test:

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:

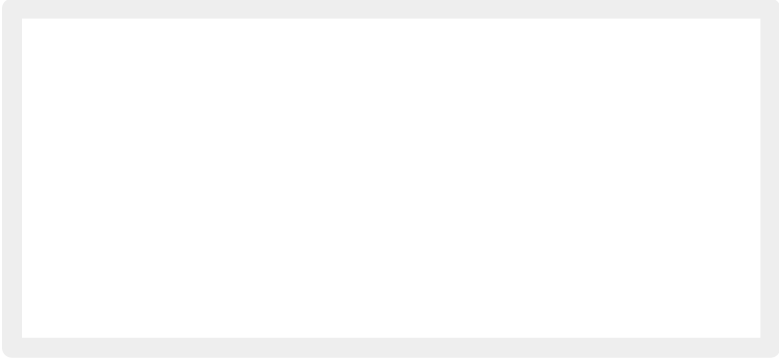
Task: Respond to stimuli with varying intervals.

Scoring:

Variability in Response Times:

Conclusion

Clinician's Signature:



Date: