CHILDREN — ADHD SCREENING CHECKLIST

Name: _____ Date: _____ Age/Grade: _____

Directions: Tick Yes or No for each item. Consider frequency and whether behaviors occur across settings (home, school, social).

#	Yes	No	Screening Item
1	☐	☐	Often has difficulty paying attention to details or makes careless mistakes at school.
2	☐	☐	Frequently has trouble sustaining attention on tasks or play activities.
3	☐	☐	Often does not seem to listen when spoken to directly.
4	☐	☐	Frequently fails to follow through on instructions or finish schoolwork.
5	☐	☐	Has difficulty organizing tasks and activities (e.g., schoolwork, chores).
6	☐	☐	Avoids or dislikes tasks that require sustained mental effort.
7	☐	☐	Often loses things necessary for tasks (books, pencils, toys).
8	☐	☐	Easily distracted by extraneous stimuli or unrelated thoughts.
9	☐	☐	Often forgetful in daily activities (chores, homework, appointments).
10	☐	☐	Often fidgets with hands or feet, or squirms in seat.
11	☐	☐	Frequently leaves seat in situations when remaining seated is expected.
12	☐	☐	Runs about or climbs in inappropriate situations (or feels restless).
13	☐	☐	Has difficulty playing or engaging quietly in leisure activities.
14	☐	☐	Is often “on the go” or acts as if “driven by a motor.”
15	☐	☐	Often talks excessively.
16	☐	☐	Blurts out answers before questions have been completed.
17	☐	☐	Has difficulty waiting his/her turn.
18	☐	☐	Interrupts or intrudes on others (butts into conversations or games).
19	☐	☐	Symptoms have been present for at least 6 months and are inconsistent with developmental level.
20	☐	☐	Symptoms occur in more than one setting (home, school, social).