CLINICAL ATTENTION PROBLEM SCALE

PLEASE COMPLETE IN BLUE OR BLACK INK

Thank you for taking the time to complete this form. Please make sure that you answer all questions carefully.
Return completed form to your primary care provider. Your response will be used to help us modify our intervention plan for the child.

Child's Name: _____ **DOB:** _____ **Today's Date:** _____

Completed By: _____ **Medication:** _____

Below is a list of items that describe pupils. Rate each item that describes the pupil *now* or *within the last week* as follows:
0 = Not True **1 = Somewhat or Sometimes True** **2 = Very or Often True**

Morning				Afternoon			
1. Fails to finish things he/she starts	**0**	**1**	**2**	1. Fails to finish things he/she starts	**0**	**1**	**2**
2. Can't concentrate, can't pay attention for lo	**0**	**1**	**2**	2. Can't concentrate, can't pay attention for l	**0**	**1**	**2**
3. Can't sit still, restless or hyperactive	**0**	**1**	**2**	3. Can't sit still, restless or hyperactive	**0**	**1**	**2**
4. Fidgets	**0**	**1**	**2**	4. Fidgets	**0**	**1**	**2**
5. Daydreams or gets lost in his/her thoughts	**0**	**1**	**2**	5. Daydreams or gets lost in his/her thought	**0**	**1**	**2**
6. Impulsive, or acts without thinking	**0**	**1**	**2**	6. Impulsive, or acts without thinking	**0**	**1**	**2**
7. Difficulty following directions	**0**	**1**	**2**	7. Difficulty following directions	**0**	**1**	**2**
8. Talks out of turn	**0**	**1**	**2**	8. Talks out of turn	**0**	**1**	**2**
9. Messy	**0**	**1**	**2**	9. Messy	**0**	**1**	**2**
10. Inattentive, easily distracted	**0**	**1**	**2**	10. Inattentive, easily distracted	**0**	**1**	**2**
11. Talks too much	**0**	**1**	**2**	11. Talks too much	**0**	**1**	**2**
12. Fails to carry out assigned tasks	**0**	**1**	**2**	12. Fails to carry out assigned tasks	**0**	**1**	**2**
13. Appears sleepy or tired	**0**	**1**	**2**	13. Appears sleepy or tired	**0**	**1**	**2**
14. Exhibits overemotional behavior	**0**	**1**	**2**	14. Exhibits overemotional behavior	**0**	**1**	**2**
15. Exhibits aggressive behavior	**0**	**1**	**2**	15. Exhibits aggressive behavior	**0**	**1**	**2**

Please add any comments- your thoughts and observations are very helpful to us!
Make note if the child is doing better with focus and attention or if they are having more difficulty in class.

This form was provided to primary care providers by The Barbara Bush Children's Hospital and Maine Medical Partners - Pediatric Specialty Care, Division of Development & Behavioral Pediatrics, a department of Maine Medical Center

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