

CHILD ATTENTION PROBLEMS SCALE

Parent Form

Child's name \_\_\_\_\_ Today's date \_\_\_\_\_

Filled out by: \_\_\_\_\_

Below is a list of items that describe children. Check whether each item is Not True, Somewhat True, or Very or Often True for you child **DURING THE LAST WEEK**. Please check all items as well as you can, even if some do not seem to apply to your child. Please rate your child when she/he is taking medicine.

	Not True	Somewhat or Sometimes True	Very or Often True
1. Fails to finish thing he/she starts.....	( )	( )	( )
2. Can't concentrate, can't pay attention for long .....	( )	( )	( )
3. Can't sit still, restless, or hyperactive .....	( )	( )	( )
4. Fidgets .....	( )	( )	( )
5. Daydreams or gets lost in his/her thoughts .....	( )	( )	( )
6. Impulsive or acts without thinking .....	( )	( )	( )
7. Difficulty following directions.....	( )	( )	( )
8. Talks out of turn .....	( )	( )	( )
9. Messy work.....	( )	( )	( )
10. Inattentive, easily distracted.....	( )	( )	( )
11. Talks too much.....	( )	( )	( )
12. Fails to carry out assigned tasks .....	( )	( )	( )

Does this child have problems paying attention or concentrating in any of these situations? If so, indicate how severe these attention difficulties are.

Situations	Yes/No If yes, how severe?										
	(Circle one)		Mild (Circle one)			Severe					
While playing alone	Yes	No	1	2	3	4	5	6	7	8	9
While playing with other children	Yes	No	1	2	3	4	5	6	7	8	9
Mealtimes	Yes	No	1	2	3	4	5	6	7	8	9
Getting dressed	Yes	No	1	2	3	4	5	6	7	8	9
While watching TV	Yes	No	1	2	3	4	5	6	7	8	9
When visitors are in your home	Yes	No	1	2	3	4	5	6	7	8	9
When you are visiting someone else	Yes	No	1	2	3	4	5	6	7	8	9
At church or Sunday school	Yes	No	1	2	3	4	5	6	7	8	9
In supermarkets, stores, restaurants or other public areas	Yes	No	1	2	3	4	5	6	7	8	9
When asked to do chores at home	Yes	No	1	2	3	4	5	6	7	8	9
During conversations with others	Yes	No	1	2	3	4	5	6	7	8	9
While in the car	Yes	No	1	2	3	4	5	6	7	8	9
When father is home	Yes	No	1	2	3	4	5	6	7	8	9
When asked to do school homework	Yes	No	1	2	3	4	5	6	7	8	9

*Please turn over and complete the other side*