

ADHD Symptom Tracker

Name:			
Age:			
Gender:	Male	Female	Other:
Date of Observation:			

Instructions: Please rate the following symptoms on a scale from 0-3 based on their presence and severity over the past week. (0 = Not Present, 1 = Mild, 2 = Moderate, 3 = Severe)

Keep track of these scores over time to monitor changes in symptoms and the effectiveness of treatment strategies.

Time Observed:					
Symptom	Score:	Score:	Score:	Score:	Score:
Difficulty paying attention					
Easily distracted					
Difficulty with organization					
Forgetfulness in daily activities					
Difficulty following instructions					
Impulsive behaviors					
Difficulty sitting / staying still					
Excessive talking / chatter					
Interrupting conversations					
Difficulty waiting for one's turn					

Additional Notes or Observations
Reflection of the Week
<i>Reflect on patterns or changes you've noticed in your symptoms this week.</i>