

# ADHD Symptom Tracker

<b>Name:</b>			
<b>Age:</b>			
<b>Gender:</b>	Male	Female	Other:
<b>Date of Observation:</b>			

**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					

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