

ADHD Visual Test

Clinician's Information

Name:

Title:

License Number:

Contact Information:

Patient Information

Name:

Age:

Date of Birth:

Date of Test:

Introduction

Brief description of the test:

Purpose of the test:

Instructions to the patient:

Part 1: Visual Stimuli Response Test

Description: Respond to visual stimuli displayed on a screen.

Duration:

Task: Respond to visual targets while ignoring others.

Scoring:

Correct Responses:

Incorrect Responses:

Response Times:

Part 2: Sustained Attention Task

Description: Assess the ability to maintain attention over a period.

Duration:

Task: Continuously monitor a screen and respond to specific stimuli.

Scoring:

Omission Errors:

Commission Errors:

Part 3: Impulsivity and Inhibition Control Task

Description: Evaluate impulsivity and ability to control responses.

Duration:

Task: Inhibit responses to certain stimuli.

Scoring:

Impulsive Responses:

Delayed Responses:

Part 4: Variability in Response Time

Description: Measure the consistency of response times.

Duration:

Task: Respond to stimuli with varying intervals.

Scoring:

Variability in Response Times:

Conclusion**Performance Summary:****Behavioral Observations:****Clinician's Observations and Comments****Clinician's Signature****Date:**