Copeland Symptom Checklist

Patient Information
Name:
Date:
Age:
Evaluator (if applicable):

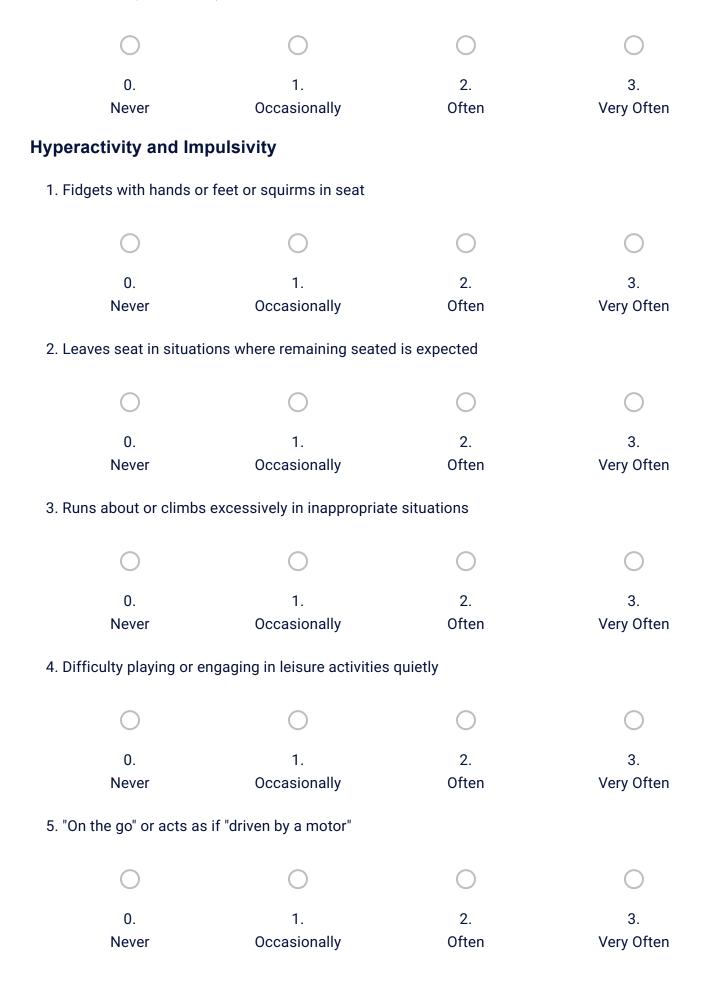
Instructions

Please indicate the frequency of each symptom listed below using the following scale: **0 = Never 1 = Occasionally 2 = Often 3 = Very Often**

Attention and Focus



5. Loses things necessary for tasks or activities



Behavioral Aspects

1. Blurts out answers before questions have been completed

\bigcirc	\bigcirc	\bigcirc	\bigcirc		
0. Never	1. Occasionally	2. Often	3. Very Often		
2. Difficulty waiting turn					
\bigcirc	\bigcirc	\bigcirc	\bigcirc		
0. Never	1. Occasionally	2. Often	3. Very Often		
3. Interrupts or intrudes on	others (e.g., butts into	conversations)			
\bigcirc	\bigcirc	\bigcirc	\bigcirc		
0. Never	1. Occasionally	2. Often	3. Very Often		
4. Talks excessively without appropriate response to social restraints					
\bigcirc	\bigcirc	\bigcirc	\bigcirc		
0. Never	1. Occasionally	2. Often	3. Very Often		
Emotional Regulation					
1. Difficulty controlling emotions					
\bigcirc	\bigcirc	\bigcirc	\bigcirc		
0. Never	1. Occasionally	2. Often	3. Very Often		
2. Easily frustrated in challenging situations					
\bigcirc	\bigcirc	\bigcirc	\bigcirc		
0. Never	1. Occasionally	2. Often	3. Very Often		

3. Mood swings, erratic behavior

\bigcirc	\bigcirc	\bigcirc	\bigcirc		
0. Never	1. Occasionally	2. Often	3. Very Often		
		onten	very orten		
4. Overreacts to minor provocations					
\bigcirc	\bigcirc	\bigcirc	\bigcirc		
0. Never	1. Occasionally	2. Often	3. Very Often		
Social Interaction	Occasionally	Often	very Often		
Social interaction					
1. Difficulty in maintain	ing friendships				
\bigcirc	\bigcirc	\bigcirc	\bigcirc		
0.	1.	2.	3.		
Never	Occasionally	Often	Very Often		
2. Interrupts or dominates conversations					
\bigcirc	\bigcirc	\bigcirc	\bigcirc		
0.	1.	2.	3.		
Never	Occasionally	Often	Very Ofte		
3. Misinterprets social cues and reactions of others					
\bigcirc	\bigcirc	\bigcirc	\bigcirc		
0.	1.	2.	3.		
Never	Occasionally	Often	Very Often		
4. Difficulty in adjusting behavior to different social settings					
\bigcirc	\bigcirc	\bigcirc	\bigcirc		
0.	1.	2.	3.		
Never	Occasionally	Often	Very Often		

Scoring

Total Score: ______(Add up the numbers marked for each symptom)

Evaluator's Notes (if applicable)

This Copeland Symptom Checklist template is designed to help identify symptoms commonly associated with Attention Deficit Disorders (ADD) and Attention Deficit Hyperactivity Disorder (ADHD). It can be used by healthcare professionals, educators, or caregivers to assess and monitor these symptoms over time.