

# 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

1. Difficulty sustaining attention in tasks

☐

0.  
Never

☐

1.  
Occasionally

☐

2.  
Often

☐

3.  
Very Often

2. Easily distracted by extraneous stimuli

☐

0.  
Never

☐

1.  
Occasionally

☐

2.  
Often

☐

3.  
Very Often

3. Avoids or dislikes tasks requiring sustained mental effort

☐

0.  
Never

☐

1.  
Occasionally

☐

2.  
Often

☐

3.  
Very Often

4. Difficulty organizing tasks and activities

☐

0.  
Never

☐

1.  
Occasionally

☐

2.  
Often

☐

3.  
Very Often

5. Loses things necessary for tasks or activities

☐

0.  
Never

☐

1.  
Occasionally

☐

2.  
Often

☐

3.  
Very Often

## Hyperactivity and Impulsivity

1. Fidgets with hands or feet or squirms in seat

☐

0.  
Never

☐

1.  
Occasionally

☐

2.  
Often

☐

3.  
Very Often

2. Leaves seat in situations where remaining seated is expected

☐

0.  
Never

☐

1.  
Occasionally

☐

2.  
Often

☐

3.  
Very Often

3. Runs about or climbs excessively in inappropriate situations

☐

0.  
Never

☐

1.  
Occasionally

☐

2.  
Often

☐

3.  
Very Often

4. Difficulty playing or engaging in leisure activities quietly

☐

0.  
Never

☐

1.  
Occasionally

☐

2.  
Often

☐

3.  
Very Often

5. "On the go" or acts as if "driven by a motor"

☐

0.  
Never

☐

1.  
Occasionally

☐

2.  
Often

☐

3.  
Very Often

## Behavioral Aspects

1. Blurts out answers before questions have been completed

☐

0.  
Never

☐

1.  
Occasionally

☐

2.  
Often

☐

3.  
Very Often

2. Difficulty waiting turn

☐

0.  
Never

☐

1.  
Occasionally

☐

2.  
Often

☐

3.  
Very Often

3. Interrupts or intrudes on others (e.g., butts into conversations)

☐

0.  
Never

☐

1.  
Occasionally

☐

2.  
Often

☐

3.  
Very Often

4. Talks excessively without appropriate response to social restraints

☐

0.  
Never

☐

1.  
Occasionally

☐

2.  
Often

☐

3.  
Very Often

## Emotional Regulation

1. Difficulty controlling emotions

☐

0.  
Never

☐

1.  
Occasionally

☐

2.  
Often

☐

3.  
Very Often

2. Easily frustrated in challenging situations

☐

0.  
Never

☐

1.  
Occasionally

☐

2.  
Often

☐

3.  
Very Often

3. Mood swings, erratic behavior

☐

0.  
Never

☐

1.  
Occasionally

☐

2.  
Often

☐

3.  
Very Often

4. Overreacts to minor provocations

☐

0.  
Never

☐

1.  
Occasionally

☐

2.  
Often

☐

3.  
Very Often

**Social Interaction**

1. Difficulty in maintaining friendships

☐

0.  
Never

☐

1.  
Occasionally

☐

2.  
Often

☐

3.  
Very Often

2. Interrupts or dominates conversations

☐

0.  
Never

☐

1.  
Occasionally

☐

2.  
Often

☐

3.  
Very Ofte

3. Misinterprets social cues and reactions of others

☐

0.  
Never

☐

1.  
Occasionally

☐

2.  
Often

☐

3.  
Very Often

4. Difficulty in adjusting behavior to different social settings

☐

0.  
Never

☐

1.  
Occasionally

☐

2.  
Often

☐

3.  
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.*