Inattentive ADD Test

Name			Age		
Part 1: Symptom Checklist					
Instructions: Please indicate the frequency of each symptom using the following scale: 1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Often, 5 = Very Often.	**1**	**2**	**3**	**4**	**5**
Difficulty sustaining attention in tasks or play activities.	☐	☐	☐	☐	☐
Failure to give close attention to details or making careless mistakes.	☐	☐	☐	☐	☐
Seems not to listen when spoken to directly.	☐	☐	☐	☐	☐
Does not follow through on instructions and fails to finish tasks.	☐	☐	☐	☐	☐
Difficulty organizing tasks and activities.	☐	☐	☐	☐	☐
Avoids or is reluctant to engage in tasks that require sustained mental effort.	☐	☐	☐	☐	☐
Loses things necessary for tasks or activities (e.g., keys, paperwork).	☐	☐	☐	☐	☐
Easily distracted by extraneous stimuli.	☐	☐	☐	☐	☐
Forgetful in daily activities (e.g., doing chores, running errands).	☐	☐	☐	☐	☐
Total					
Part 2: Impact on Daily Life					
Instructions: Describe how the above symptoms impact daily life, work, relationships, and emotional well-being.					

Mental Health Professional Details	
Name of Professional	**License Number**
Name of Practice	**Date of Review**
Additional Notes and Reminders from Your Mental Health Professional	