

Child's Name: _____

Month: _____ Year: _____

School: _____

No one knows your child better than you.

Please read the items below carefully and decide how much you think your child has been affected by each symptom in the past week. After 1 month, please return this card to your doctor for evaluation. This card is designed to help your doctor evaluate the effectiveness of your child's medication and determine the right dose. If you are working with your child's teacher, ask him or her to complete this ADHD Progress Report each week as well.

Performance Progress Report :

Part 1 For Teacher:

Frequency of Symptom(s)

- 0 - Never
- 1 - Occasionally
- 2 - Often
- 3 - Very Often

Circle one number for each symptom each week.

	WEEK 1	WEEK 2	WEEK 3	WEEK 4
1. Distractible, inattentive, not on task	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
2. Inaccurate; Makes careless mistakes	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
3. Restless, fidgety, can't sit still	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
4. Impulsive, Calls out, Talks too much	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
5. Disorganized, Fails to complete assignments	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
6. Does poorly on tests	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
7. Disruptive in class, disturbs others	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
8. Easily frustrated, touchy, angry	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
9. Oppositional, argumentative	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
10. Does not participate in class work	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
11. Unhappy, anxious, easily embarrassed	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3

Part 2 For Parent:

Severity of Symptom(s)

- 0 - None
- 1 - Mild
- 2 - Moderate
- 3 - Severe

Circle one number for each symptom each week.

	WEEK 1	WEEK 2	WEEK 3	WEEK 4
1. Does not listen to instructions	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
2. Disorganized for homework, needs constant supervision	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
3. Hyperactive, restless, fidgety at home	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
4. Forgetful, misses or loses things	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
5. Argumentative, Explosive, Oppositional	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
6. Compulsive movements, tics	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
7. Poor appetite	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
8. Headaches or Stomach aches	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
9. Trouble falling asleep, or: Waking up at night	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
10. Sad, worried, anxious	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
11. Poor parent-child relationship	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3

COMMENTS: _____
