

ALTAMONTE PEDIATRIC ASSOCIATES
PRACTICE LIMITED TO INFANTS, CHILDREN AND ADOLESCENTS

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Abbreviated Symptom Questionnaire

Child's Name: _____ Dr.'s Name _____

Teacher's Name: _____ Subject _____

Information obtained Date: _____ Time of Day Observed: _____
Mo / Day /Yr.

DEGREE OF ACTIVITY

TEACHER'S OBSERVATION

Not at All

Just a Little

Pretty Much

Very Much

Fails to finish things he/she starts				
Can't concentrate, can't pay attention for long				
Can't sit still, restless, or hyperactive				
Fidgets				
Daydreams or gets lost in his/her thoughts				
Impulsive or acts without thinking				
Difficulty following directions				
Talks out of turn				
Messy work				
Inattentive, easily distracted				
Talks too much				
Fails to carry out assigned tasks				

OTHER COMMENTS
