



Alertness, Attention and Mood Checklist

Patient _____ **Date** _____
Rater _____ **Location** _____

Instructions: Please rate the following on the basis of your observation on a scale of 1(not a problem) to 5 (a serious problem).

INATTENTION

Inattentive, short attention span	1	2	3	4	5
Can't concentrate	1	2	3	4	5
Easily distracted	1	2	3	4	5
Fails to complete tasks	1	2	3	4	5
Forgetful, needs constant reminding	1	2	3	4	5

HYPERACTIVITY

Restless, Overactive	1	2	3	4	5
Fidgeting, can't sit still	1	2	3	4	5
Can't play quietly	1	2	3	4	5
Impulsive, acts without thinking	1	2	3	4	5
Impatient, talks out of turn	1	2	3	4	5

INSTABILITY OF MOOD

Moods change quickly	1	2	3	4	5
Easily frustrated	1	2	3	4	5
Excitable nature	1	2	3	4	5
Explosive behavior	1	2	3	4	5
Nervous, high- strung, tense	1	2	3	4	5

OPPOSITIONAL BEHAVIOR

Stubborn, sullen, irritable	1	2	3	4	5
Defiant, argumentative	1	2	3	4	5
Temper tantrums	1	2	3	4	5
Blames others for mistakes	1	2	3	4	5
Hostile, negative, oppositional	1	2	3	4	5

DAYTIME ALERTNESS

Falls asleep easily during the day	1	2	3	4	5
Trouble falling asleep at night	1	2	3	4	5
Awakening in middle of the night	1	2	3	4	5
Early morning awakening	1	2	3	4	5
Cannot get back to sleep	1	2	3	4	5
Fatigue through out the day	1	2	3	4	5

TOTAL SCORE; _____