



Name	Weight	Date
medications, dosage, & dates		

Attention Monitor Self Report

Never *Rarely* *Occasionally* *Frequently* *Very Often*

Please read the items carefully and select the response which best reflects your general behavior and feelings over the past month.

					1. How often do you make careless mistakes with work you find dull and uninteresting?
					2. How difficult is it to focus on dull and repetitive tasks?
					3. How difficult is it to focus on personal conversations?
					4. How difficult is it to finish up the last details of assignments or projects that are otherwise mostly completed?
					5. How difficult is it to organize for a project or task?
					6. How difficult is it to get started on complicated work?
					7. How often do you lose or misplace things?
					8. How difficult is it to ignore distractions while trying to work or study?
					9. How often do you forget appointments or errands?
					10. How often do you fidget or squirm when seated?
					11. How often do you leave your seat at inappropriate times?
					12. How often do you feel restless?
					13. How difficult is it to relax quietly?
					14. How often do you feel "on the go" or "driven by a motor"?
					15. How often do you talk excessively?
					16. How often do you blurt out answers or finish others' sentences while they are still talking?
					17. How difficult is it to patiently wait your turn such as in lines or when driving?
					18. How often do you interrupt or intrude on others?