

Attention-Deficit/Hyperactivity Disorder Progress Diary

Record how frequently you observe the following behaviors and share this information with your child's doctor.

		DATE: / / DOSE: MG	DATE: / / DOSE: MG	DATE: / / DOSE: MG	DATE: / / DOSE: MG	DATE: / / DOSE: MG	DATE: / / DOSE: MG	DATE: / / DOSE: MG	DATE: / / DOSE: MG													
		NEVER/RARELY	SOMETIMES	OFTEN	VERY OFTEN	NEVER/RARELY	SOMETIMES	OFTEN	VERY OFTEN	NEVER/RARELY	SOMETIMES	OFTEN	VERY OFTEN	NEVER/RARELY	SOMETIMES	OFTEN	VERY OFTEN	NEVER/RARELY	SOMETIMES	OFTEN	VERY OFTEN	
BEHAVIORS ASSOCIATED WITH HYPERACTIVE AND IMPULSIVE SYMPTOMS	Fidgets with hands and feet/ squirms in seat																					
	Moves around when expected to remain seated																					
	Runs or climbs when not appropriate																					
	Unable to play quietly																					
	Often seems to be on the go																					
	Talks excessively																					
	Blurts out answers before question is completed																					
	Has trouble waiting his/her turn																					
BEHAVIORS ASSOCIATED WITH INATTENTIVE SYMPTOMS	Interrupts conversations, games, or activities																					
	Does not pay attention to detail																					
	Has trouble holding attention at home, school, or during play																					
	Does not listen when spoken to																					
	Does not follow through on instructions																					
	Has trouble organizing tasks and activities																					
	Avoids tasks that require sustained mental effort																					
	Often loses things, such as homework, glasses, or cell phones																					
Is easily distracted																						
Is often forgetful in daily activities																						

BEHAVIOR / SCHOOL PERFORMANCE NOTES: