

# Inattentiveness Scale

Patient Name	
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Name of Person Completing Form	
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Date	
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Relationship to Patient	
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**Instructions:** Please mark the box which correlates most closely with how you see the person you are rating. This should be based on general observations both at work and leisure, when possible.

	Not at all	Just a little	Pretty much	Very much
Little attention to details and makes careless mistakes				
Is distracted by extraneous stimuli				
Can't pay attention to the task at hand				
Doesn't seem to listen when spoken to directly				
Doesn't follow through on instructions				
Fails to finish schoolwork, chores, or workplace duties				
Has difficulty organizing				
Avoids or dislikes tasks that require sustained mental effort				
Loses things necessary for tasks or activities				
Is forgetful in daily activities				

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<b>Total</b>	
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