

Neurobehavioral Associates

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OFFICE MONITORING FORM

Patient's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Name of person completing form \_\_\_\_\_ Relationship to patient \_\_\_\_\_

- Please complete this form **BEFORE** you arrive at the office.

-The answers should reflect the time **since our last visit- or over the course of the last month** (not the last 24 hours).

At the **FRONT** of the statement (in the space provided)

At the **END** of the statement (in the space provided)

Indicate:

Indicate:

**0**= Not True    **1** = Sometimes  
**2**= Often    **3**= Very Much

**I** = Improved    **W** =  
**N/C** = No Change

\_\_\_\_\_ Fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities \_\_\_\_\_

\_\_\_\_\_ Has difficulty sustaining attention in tasks or play activities \_\_\_\_\_

\_\_\_\_\_ Does not listen when spoken to directly \_\_\_\_\_

\_\_\_\_\_ Does not follow through on instructions and fails to finish schoolwork or chores \_\_\_\_\_

\_\_\_\_\_ Has difficulty organizing tasks and activities \_\_\_\_\_

\_\_\_\_\_ Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g. schoolwork/homework) \_\_\_\_\_

\_\_\_\_\_ Loses things necessary for tasks or activities (e.g. toys, school assignments, pencils, books, or tools) \_\_\_\_\_

\_\_\_\_\_ Fidgets with hands or feet or squirms in seat \_\_\_\_\_

\_\_\_\_\_ Leaves seat in classroom or other situations in which remaining seated is expected \_\_\_\_\_

\_\_\_\_\_ Runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness) \_\_\_\_\_

\_\_\_\_\_ Has difficulty playing or engaging in leisure activities quietly \_\_\_\_\_

\_\_\_\_\_ Interrupts/intrudes on others ( butts into conversations/games) \_\_\_\_\_

\_\_\_\_\_ Is "on the go" or acts as if "driven by a motor" \_\_\_\_\_

\_\_\_\_\_ Blurts out answers before questions have been completed \_\_\_\_\_

\_\_\_\_\_ Is easily distracted by extraneous stimuli \_\_\_\_\_

\_\_\_\_\_ Talks excessively \_\_\_\_\_

\_\_\_\_\_ Has difficulty waiting his/her turn \_\_\_\_\_

\_\_\_\_\_ Is forgetful in daily exercises \_\_\_\_\_



\_\_\_\_\_  
\_\_\_\_\_

**ith-**

(the space provided)

*Worse*

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