

ADHD-RS

INITIAL EVAL

Name _____ Date _____

Completed by Self Other _____

ANSWER the following BASED ON your USUAL functioning, NOT on medication.

1	Fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities.								
<i>Part A</i>	<i>Part B</i>								
<p>✓ <i>all that apply</i></p> <p><input type="checkbox"/> Do you make a lot of mistakes in school or work because you're careless?</p> <p><input type="checkbox"/> Do you rush through work or activities?</p> <p><input type="checkbox"/> Do you have trouble with detailed work?</p> <p><input type="checkbox"/> Do you not check your work?</p> <p><input type="checkbox"/> Do people complain that you're careless?</p> <p><input type="checkbox"/> Do you turn in work or schoolwork that is messy or sloppy?</p>	<p>CIRCLE number describing how often these are a problem for you.</p> <table style="width: 100%; text-align: center;"> <tr> <td>Never or Rarely</td> <td>Sometimes</td> <td>Often</td> <td>Very Often</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table>	Never or Rarely	Sometimes	Often	Very Often	0	1	2	3
Never or Rarely	Sometimes	Often	Very Often						
0	1	2	3						
2	Fidgets with hands or feet or squirms in seat.								
<i>Part A</i>	<i>Part B</i>								
<p><input type="checkbox"/> Do you have trouble sitting still?</p> <p><input type="checkbox"/> Are you constantly moving your hands or feet, or fidgeting in your chair?</p> <p><input type="checkbox"/> Do you tap your pencil or your feet?</p> <p><input type="checkbox"/> Do people notice?</p> <p><input type="checkbox"/> Do you regularly play with your hair or clothing?</p> <p><input type="checkbox"/> Do you consciously resist fidgeting or squirming?</p>	<p>How often are these a problem for you?</p> <table style="width: 100%; text-align: center;"> <tr> <td>Never or Rarely</td> <td>Sometimes</td> <td>Often</td> <td>Very Often</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table>	Never or Rarely	Sometimes	Often	Very Often	0	1	2	3
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3	Has difficulty sustaining attention in tasks or play activities.								
<i>Part A</i>	<i>Part B</i>								
<p><input type="checkbox"/> Do you have trouble paying attention when reading, or during lectures? Or during fun activities such as sports, board games, or watching movies?</p> <p><input type="checkbox"/> Is it hard for you to keep your mind on school or work?</p> <p><input type="checkbox"/> Do you have unusual difficulty staying focused on boring or repetitive tasks?</p> <p><input type="checkbox"/> Do you take longer than you should to complete tasks because you're thinking about something else?</p> <p><input type="checkbox"/> Do you have trouble remembering what you read and need to reread the same passage several times?</p>	<p>How often are these a problem for you?</p> <table style="width: 100%; text-align: center;"> <tr> <td>Never or Rarely</td> <td>Sometimes</td> <td>Often</td> <td>Very Often</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table>	Never or Rarely	Sometimes	Often	Very Often	0	1	2	3
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4	Leaves seat in classroom or in other situations in which remaining seated is expected.								
<i>Part A</i>	<i>Part B</i>								
<p><input type="checkbox"/> Do you have trouble staying in your seat? (At work, in class, at home watching TV or eating dinner, or in church or temple.)</p> <p><input type="checkbox"/> Do you choose to walk around when you're expected to sit?</p> <p><input type="checkbox"/> Do you have to force yourself to remain seated?</p> <p><input type="checkbox"/> Is it unusually difficult for you to sit through a long meeting or lecture?</p> <p><input type="checkbox"/> Do you intentionally avoid situations that require sitting for long periods?</p>	<p>How often are these a problem for you?</p> <table style="width: 100%; text-align: center;"> <tr> <td>Never or Rarely</td> <td>Sometimes</td> <td>Often</td> <td>Very Often</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table>	Never or Rarely	Sometimes	Often	Very Often	0	1	2	3
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5	Does not seem to listen when spoken to directly.								
<i>Part A</i>	<i>Part B</i>								
<p><input type="checkbox"/> Do people complain you don't listen or respond when they're speaking to you? (spouse, boss, colleagues, friends)</p> <p><input type="checkbox"/> Do people have to repeat directions to you?</p> <p><input type="checkbox"/> Do you miss key parts of conversations because your mind wanders?</p>	<p>How often are these a problem for you?</p> <table style="width: 100%; text-align: center;"> <tr> <td>Never or Rarely</td> <td>Sometimes</td> <td>Often</td> <td>Very Often</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table>	Never or Rarely	Sometimes	Often	Very Often	0	1	2	3
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6 Runs about or climbs excessively in situations in which it is inappropriate. (in adolescents or adults, may be limited to subjective feelings of restlessness)

<i>Part A</i>	<i>Part B</i>			
<p>✓ <i>all that apply</i></p> <p><input type="checkbox"/> Are you physically restless?</p> <p><input type="checkbox"/> Do you feel restless inside?</p> <p><input type="checkbox"/> Do you feel more agitated when you can't exercise on an almost daily basis?</p>	<p><i>CIRCLE</i> number describing how often these are a problem for you.</p> <p>Never or Rarely Sometimes Often Very Often</p> <p>0 1 2 3</p>			

7 Does not follow through on instructions and fails to finish work.

<i>Part A</i>	<i>Part B</i>			
<p><input type="checkbox"/> Do you have trouble finishing things such as work or chores?</p> <p><input type="checkbox"/> Do you often leave things half done and start another project?</p> <p><input type="checkbox"/> Do you need consequences (such as deadlines) to finish things?</p> <p><input type="checkbox"/> Do you have trouble following instructions (especially multi-step instructions)?</p> <p><input type="checkbox"/> Do you need to write down instructions so you won't forget them?</p>	<p>How often are these a problem for you?</p> <p>Never or Rarely Sometimes Often Very Often</p> <p>0 1 2 3</p>			

8 Has difficulty playing or engaging in leisure activities quietly.

<i>Part A</i>	<i>Part B</i>			
<p><input type="checkbox"/> During leisure activities, are you agitated or restless?</p> <p><input type="checkbox"/> Do you always need to be busy after work or while on vacation?</p>	<p>How often are these a problem for you?</p> <p>Never or Rarely Sometimes Often Very Often</p> <p>0 1 2 3</p>			

9 Has difficulty organizing tasks and activities.

<i>Part A</i>	<i>Part B</i>			
<p><input type="checkbox"/> Do you have trouble organizing tasks into ordered steps?</p> <p><input type="checkbox"/> Is it hard prioritizing work and chores?</p> <p><input type="checkbox"/> Do you need others to plan for you?</p> <p><input type="checkbox"/> Do you have trouble with time management?</p>	<p>How often are these a problem for you?</p> <p>Never or Rarely Sometimes Often Very Often</p> <p>0 1 2 3</p>			

10 Is "on the go" or acts as if "driven by a motor."

<i>Part A</i>	<i>Part B</i>			
<p><input type="checkbox"/> Is it hard for you to slow down?</p> <p><input type="checkbox"/> Do you often feel like you have a lot of energy and have to be moving?</p> <p><input type="checkbox"/> Are you always "on the go"?</p> <p><input type="checkbox"/> Do you feel like you're "driven by a motor"?</p> <p><input type="checkbox"/> Do you feel unable to relax?</p>	<p>How often are these a problem for you?</p> <p>Never or Rarely Sometimes Often Very Often</p> <p>0 1 2 3</p>			

11 Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort.

<i>Part A</i>	<i>Part B</i>			
<p><input type="checkbox"/> Do you avoid challenging or lengthy tasks (work, chores, reading, board games) because it's hard to stay focused?</p> <p><input type="checkbox"/> Do you have to force yourself to do these tasks?</p> <p><input type="checkbox"/> Do you put off tasks until the last possible moment?</p>	<p>How often are these a problem for you?</p> <p>Never or Rarely Sometimes Often Very Often</p> <p>0 1 2 3</p>			

12 Talks excessively.

<i>Part A</i>	<i>Part B</i>			
<p><input type="checkbox"/> Do you seem to talk a lot more than other people?</p> <p><input type="checkbox"/> Do people complain about your talking?</p> <p><input type="checkbox"/> Are you often louder than the people you are talking to?</p>	<p>How often are these a problem for you?</p> <p>Never or Rarely Sometimes Often Very Often</p> <p>0 1 2 3</p>			

13	Loses things necessary for tasks or activities.													
Part A		Part B												
✓ <i>all that apply</i>		CIRCLE number describing how often these are a problem for you.												
<input type="checkbox"/> Do you often lose things (important work papers, keys, wallet, coats, etc.)? <input type="checkbox"/> Are you constantly looking for important items? <input type="checkbox"/> Do you need to put items in the same place to keep from losing them? <input type="checkbox"/> Are the materials you need for doing work or school tasks scattered, carelessly handled or damaged?		<table border="1"> <tr> <td>Never or Rarely</td> <td>Sometimes</td> <td>Often</td> <td>Very Often</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table>	Never or Rarely	Sometimes	Often	Very Often	0	1	2	3				
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14	Blurts out answers before questions have been completed.													
Part A		Part B												
<input type="checkbox"/> Do you give answers to questions before someone finishes asking? <input type="checkbox"/> Do you say things before it's your turn? <input type="checkbox"/> Do you say things that don't fit into the conversation? <input type="checkbox"/> Do you do things without thinking about the consequences?		<table border="1"> <tr> <td colspan="4">How often are these a problem for you?</td> </tr> <tr> <td>Never or Rarely</td> <td>Sometimes</td> <td>Often</td> <td>Very Often</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table>	How often are these a problem for you?				Never or Rarely	Sometimes	Often	Very Often	0	1	2	3
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15	Is easily distracted.													
Part A		Part B												
<input type="checkbox"/> Are you easily distracted by events around you, such as noise (TV, radio, conversations), movement, or clutter? <input type="checkbox"/> Do you need relative isolation to get work done? <input type="checkbox"/> Do you often begin a task, move on to another, then turn to something else before completing any of the tasks? <input type="checkbox"/> Is it hard to get back to a task once you stop?		<table border="1"> <tr> <td colspan="4">How often are these a problem for you?</td> </tr> <tr> <td>Never or Rarely</td> <td>Sometimes</td> <td>Often</td> <td>Very Often</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table>	How often are these a problem for you?				Never or Rarely	Sometimes	Often	Very Often	0	1	2	3
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16	Has difficulty awaiting turn.													
Part A		Part B												
<input type="checkbox"/> Is it hard to wait your turn in conversations, in lines, or while driving? <input type="checkbox"/> Do you get extremely frustrated with delays? <input type="checkbox"/> Do you avoid situations where you might have to wait? <input type="checkbox"/> Do you feel unable to relax when you're waiting? (e.g. for an appointment)		<table border="1"> <tr> <td colspan="4">How often are these a problem for you?</td> </tr> <tr> <td>Never or Rarely</td> <td>Sometimes</td> <td>Often</td> <td>Very Often</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table>	How often are these a problem for you?				Never or Rarely	Sometimes	Often	Very Often	0	1	2	3
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17	Is forgetful in daily activities.													
Part A		Part B												
<input type="checkbox"/> Do you often forget things in your daily routine? Chores? Work? Appointments or obligations? <input type="checkbox"/> Do you forget to take things to work or school, such as work materials or assignments, due that day? <input type="checkbox"/> Do you need to be reminded or write regular reminders to yourself to do most activities or tasks?		<table border="1"> <tr> <td colspan="4">How often are these a problem for you?</td> </tr> <tr> <td>Never or Rarely</td> <td>Sometimes</td> <td>Often</td> <td>Very Often</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table>	How often are these a problem for you?				Never or Rarely	Sometimes	Often	Very Often	0	1	2	3
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18	Interrupts or intrudes on others.													
Part A		Part B												
<input type="checkbox"/> Do you talk when others are talking, without waiting until you are acknowledged? <input type="checkbox"/> Do you butt into others' conversations before being invited? <input type="checkbox"/> Do you interrupt others' activities? <input type="checkbox"/> Do you grab things from others?		<table border="1"> <tr> <td colspan="4">How often are these a problem for you?</td> </tr> <tr> <td>Never or Rarely</td> <td>Sometimes</td> <td>Often</td> <td>Very Often</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table>	How often are these a problem for you?				Never or Rarely	Sometimes	Often	Very Often	0	1	2	3
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Adapted from ADHD Rating Scale-IV: Checklists, Norms, and Clinical Interpretation by George J. DuPaul, Thomas J. Power, Arthur D. Anastopoulos, and Robert Reid. © 1998 by the authors. ADHD criteria are adapted by permission from DSM-IV. © 1994 by the American Psychiatric Association. Also adapted from The Adult ADHD Rating Scale by Lenard A. Adlar, Joseph Biederman, Thomas Spencer © 2003 New York University and Massachusetts General Hospital.

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Reviewed by: _____
 Date: _____ PMC MC
 O/E _____