

ADHD-RS

INITIAL EVAL

Name _____ Date _____

Completed by Self Other _____

ANSWER the following BASED ON your USUAL functioning, ON MEDICATION

1 Fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities.	
Part A	Part B
<p><input checked="" type="checkbox"/> <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><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>
2 Fidgets with hands or feet or squirms in seat.	
Part A	Part B
<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><i>How often</i> are these a problem for you?</p> <p>Never or Rarely Sometimes Often Very Often</p> <p>0 1 2 3</p>
3 Has difficulty sustaining attention in tasks or play activities.	
Part A	Part B
<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><i>How often</i> are these a problem for you?</p> <p>Never or Rarely Sometimes Often Very Often</p> <p>0 1 2 3</p>
4 Leaves seat in classroom or in other situations in which remaining seated is expected.	
Part A	Part B
<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><i>How often</i> are these a problem for you?</p> <p>Never or Rarely Sometimes Often Very Often</p> <p>0 1 2 3</p>
5 Does not seem to listen when spoken to directly.	
Part A	Part B
<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><i>How often</i> are these a problem for you?</p> <p>Never or Rarely Sometimes Often Very Often</p> <p>0 1 2 3</p>

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

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

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

8 Has difficulty playing or engaging in leisure activities quietly.

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

9 Has difficulty organizing tasks and activities.

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

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

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

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

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

12 Talks excessively.

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

13 Loses things necessary for tasks or activities.

<i>Part A</i>	<i>Part B</i>			
<p>✓ all that apply</p> <p><input type="checkbox"/> Do you often lose things (important work papers, keys, wallet, coats, etc.)?</p> <p><input type="checkbox"/> Are you constantly looking for important items?</p> <p><input type="checkbox"/> Do you need to put items in the same place to keep from losing them?</p> <p><input type="checkbox"/> Are the materials you need for doing work or school tasks scattered, carelessly handled or damaged?</p>	<p>CIRCLE number describing how often these are a problem for you.</p>			
	Never or Rarely	Sometimes	Often	Very Often
	0	1	2	3

14 Blurts out answers before questions have been completed.

<i>Part A</i>	<i>Part B</i>			
<p><input type="checkbox"/> Do you give answers to questions before someone finishes asking?</p> <p><input type="checkbox"/> Do you say things before it's your turn?</p> <p><input type="checkbox"/> Do you say things that don't fit into the conversation?</p> <p><input type="checkbox"/> Do you do things without thinking about the consequences?</p>	<p>How often are these a problem for you?</p>			
	Never or Rarely	Sometimes	Often	Very Often
	0	1	2	3

15 Is easily distracted.

<i>Part A</i>	<i>Part B</i>			
<p><input type="checkbox"/> Are you easily distracted by events around you, such as noise (TV, radio, conversations), movement, or clutter?</p> <p><input type="checkbox"/> Do you need relative isolation to get work done?</p> <p><input type="checkbox"/> Do you often begin a task, move on to another, then turn to something else before completing any of the tasks?</p> <p><input type="checkbox"/> Is it hard to get back to a task once you stop?</p>	<p>How often are these a problem for you?</p>			
	Never or Rarely	Sometimes	Often	Very Often
	0	1	2	3

16 Has difficulty awaiting turn.

<i>Part A</i>	<i>Part B</i>			
<p><input type="checkbox"/> Is it hard to wait your turn in conversations, in lines, or while driving?</p> <p><input type="checkbox"/> Do you get extremely frustrated with delays?</p> <p><input type="checkbox"/> Do you avoid situations where you might have to wait?</p> <p><input type="checkbox"/> Do you feel unable to relax when you're waiting? (e.g. for an appointment)</p>	<p>How often are these a problem for you?</p>			
	Never or Rarely	Sometimes	Often	Very Often
	0	1	2	3

17 Is forgetful in daily activities.

<i>Part A</i>	<i>Part B</i>			
<p><input type="checkbox"/> Do you often forget things in your daily routine? Chores? Work? Appointments or obligations?</p> <p><input type="checkbox"/> Do you forget to take things to work or school, such as work materials or assignments, due that day?</p> <p><input type="checkbox"/> Do you need to be reminded or write regular reminders to yourself to do most activities or tasks?</p>	<p>How often are these a problem for you?</p>			
	Never or Rarely	Sometimes	Often	Very Often
	0	1	2	3

18 Interrupts or intrudes on others.

<i>Part A</i>	<i>Part B</i>			
<p><input type="checkbox"/> Do you talk when others are talking, without waiting until you are acknowledged?</p> <p><input type="checkbox"/> Do you butt into others' conversations before being invited?</p> <p><input type="checkbox"/> Do you interrupt others' activities?</p> <p><input type="checkbox"/> Do you grab things from others?</p>	<p>How often are these a problem for you?</p>			
	Never or Rarely	Sometimes	Often	Very Often
	0	1	2	3

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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	Date: _____ PMC MC
	O/E _____