

ASSOCIATED NEUROLOGICAL SPECIALTIES

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ADD Rating Scale

Date: _____

Child's Name: _____ Sex: _____ Age: _____

Completed By: _____

| | Not True | Somewhat or Sometimes True | Very or Often True |
|--|----------|----------------------------------|-----------------------------|
| 1. Fails to finish things he/she starts | | | |
| 2. Can't concentrate; can't pay attention for long | | | |
| 3. Can't sit still; restless or hyperactive | | | |
| 4. Fidgets | | | |
| 5. Daydreams or gets lost in his/her thoughts | | | |
| 6. Impulsive or acts without thinking | | | |
| 7. Difficulty following instructions | | | |
| 8. Talks out of turn | | | |
| 9. Messy work | | | |
| 10. Inattentive or easily distracted | | | |
| 11. Talks too much | | | |
| 12. Fails to carry out assigned tasks | | | |

COMMENTS REGARDING CHANGES IN BEHAVIOR PATTERN:

Please Rate.

0 = Not a problem

1 = Mild

2 = Moderate

3 = Severe

Learning Skills:

- _____ Reading
- _____ Writing
- _____ Spelling
- _____ Qualitative Reasoning
- _____ Math Calculating
- _____ Processing Speed
- _____ Memorizing
- _____ Concentrating
- _____ Listening
- _____ Other: _____

Please check all ADD symptoms listed that the patient exhibits:

- _____ Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities.
- _____ Often has difficulty sustaining attention in tasks or play activities.
- _____ Often does not seem to listen when spoken to directly.
- _____ Often does not follow through on instructions and details to finish schoolwork, chores, or duties intermittent eh workplace (not due to oppositional behavior or failure to understand instructions).
- _____ Often has difficulty organizing tasks and activities.
- _____ Often avoids, dislikes, or is reluctant to engage in tasks (such as schoolwork or homework) that required sustained mental effort.
- _____ Often loses things necessary for task and activities (e.g. school assignments, pencils, books, tools, etc.)
- _____ Often easily distracted by extraneous stimuli.
- _____ Often forgetful in daily activities.

Hyperactivity symptoms:

- _____ Often fidgets with hands or feet or squirms in seat.
- _____ Often leaves (or greatly feels the need to leave) seat in classroom or in other situations in which remaining seated is expected.
- _____ Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness).
- _____ Often has difficulty playing or engaging in leisure activities that are more sedate.
- _____ Often talks excessively.

Impulsivity Symptoms:

- _____ Often blurts out answers before questions have been completed.
- _____ Often has difficulty waiting turn.
- _____ Often interrupts or intrudes on others (e.g. butts into conversations or games)