

Adult Self-Report Scale (ASRS) Symptom Checklist

Pati	ient Name: Student #:		To	day's	Date:_			
	Please answer the questions below, rating yourself on each of the criteria the scale on the right side of the page. As you answer each question, circle numbers that best describes how you have felt and conducted yourself overmonths. Please give this completed checklist to your healthcare profession during today's appointment.	e the correct er the past 6		Rarely	Sometimes	Often	Very Often	Score
1)	How often do you make careless mistakes when you have to boring or difficult project?	work on a)	1	2	3	4	
2)	How often do you have difficulty keeping your attention whe doing boring or repetitive work?	you are (1	2	3	4	
3)	How often do you have difficulty concentrating on what peop you, even when they are speaking to you directly?	ele say to)	1	2	3	4	
4)	How often do you have trouble wrapping up the final details once the challenging parts have been done?	of a project,)	1	2	3	4	
5)	How often do you have difficulty getting things in order wher do a task that requires organization?	you have to)	1	2	3	4	
6)	When you have a task that requires a lot of thought, how oft avoid or delay getting started?	en do you		1	2	3	4	
7)	How often do you misplace or have difficulty finding things a work?	t home or at		1	2	3	4	
8)	How often are you distracted by activity or noise around you	? ()	1	2	3	4	
9)	How often do you have problems remembering appointmen obligations?	s or (0	1	2	3	4	
							- Total	
10)	How often do you fidget or squirm with your hands or feet w to sit down for a long time?	hen you have	0	1	2	3	4	
11)	How often do you leave your seat in meetings or other situa you are expected to remain seated?	tions in which	0	1	2	3	4	
12)	How often do you feel restless or fidgety?		0	1	2	3	4	
13)	How often do you have difficulty unwinding and relaxing wh time to yourself?	en you have	0	1	2	3	4	
14)	How often do you feel overly active and compelled to do thi were driven by a motor?	ngs like you	0	1	2	3	4	
15)	How often do you find yourself talking too much when you a situations?	re in social	0	1	2	3	4	
16)	When you're in a conversation, how often do you find yours the sentences of the people you are talking to before they of	elf finishing an finish?	0	1	2	3	4	-
17)	How often do you have difficulty waiting your turn in situation		0	1	2	3	4	ļ
18)) How often do you interrupt others when they are busy?		0	1	2	3	4	
<u> </u>						Part B	- Total	



Adult Self-Report Scale (ASRS) Symptom Checklist

Pati	ient Name: Student #:	<u> </u>	_ 1	oday's	s Date:					
	Please answer the questions below, rating yourself on each of the of the scale on the right side of the page. As you answer each question numbers that best describes how you have felt and conducted your months. Please give this completed checklist to your healthcare produring today's appointment.	n, circle the correct self over the past 6	Never	Rarely	Sometimes	Often	Very Often	Score		
1)	How often do you make careless mistakes when you h boring or difficult project?	ave to work on a	0	1	2	3	4			
2)	How often do you have difficulty keeping your attention doing boring or repetitive work?	when you are	0	1	2	3	4			
3)	How often do you have difficulty concentrating on what you, even when they are speaking to you directly?	people say to	0	1	2	3	4			
4)	How often do you have trouble wrapping up the final do once the challenging parts have been done?	etails of a project,	0	1	2	3	4			
5)	How often do you have difficulty getting things in order do a task that requires organization?	when you have to	0	1	2	3	4			
6)	When you have a task that requires a lot of thought, ho avoid or delay getting started?	ow often do you	0	1	2	3	4			
7)	How often do you misplace or have difficulty finding thi work?	ngs at home or at	0	1	2	3	4			
8)	How often are you distracted by activity or noise aroun	d you?	0	1	2	3	4			
9)	How often do you have problems remembering appoin obligations?	tments or	0	1	2	3	4			
						Part A	- Total			
10)	How often do you fidget or squirm with your hands or f to sit down for a long time?	eet when you have	0	1	2	3	4			
11)	How often do you leave your seat in meetings or other you are expected to remain seated?	situations in which	0	1	2	3	4			
12)	How often do you feel restless or fidgety?		0	1	2	3	4			
13)	How often do you have difficulty unwinding and relaxing time to yourself?	g when you have	0	1	2	3	4			
14)	How often do you feel overly active and compelled to diverse driven by a motor?	o things like you	0	1	2	3	4			
15)	How often do you find yourself talking too much when situations?	you are in social	0	1	2	3	4			
16)	When you're in a conversation, how often do you find the sentences of the people you are talking to before t	yourself finishing hey can finish?	0	1	2	3	4			
17)	How often do you have difficulty waiting your turn in si taking is required?	tuations when turn	0	1	2	3	4			
18)	How often do you interrupt others when they are busy	?	0	1	2	3	4			
L						Part B	- Total			

_,	NICHQ Vanderbilt Assessment Scale—F	PARENT	Informant		
Toda	nt's Name: Parent's			mr a	···
Pare	nt's Name:	DI	Date of	Birth:	·
Dira	Parents	Phone Ni	umber:	-	
Diff	ctions: Each rating should be considered in the context of what is ap	propriat	e for the age of y	our child,	
ما به داد	When completing this form, please think about your child's b	ehaviors	in the past <u>6 mo</u>	onths.	
is tn	is evaluation based on a time when the child 💢 🗀 was on medication	on 🗌 wa	as not on medica	stion 🗀 n	ot sure?
	emptoms	<u> </u>			·
1.	· · · · · · · · · · · · · · · · · · ·	Never 0	Occasionally	Often	Very Often
	with, for example, homework	U	1	2	3
	Has difficulty keeping attention to what needs to be done	0		2	3
3.	Does not seem to listen when spoken to directly	0	1	2	3
4.	and talls to fitting at fiving	0	1	2	3
	(not due to refusal or failure to understand)				
	Has difficulty organizing tasks and activities	0	1	2	3
6.	Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7.	Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8.	ls easily distracted by noises or other stimuli	0	· 1	2	3
9.	Is forgetful in daily activities	0	1	2	3
10). Fidgets with hands or feet or squirms in seat	0	1	2	3
	Leaves seat when remaining seated is expected	0	1 :	2	3
	2. Runs about or climbs too much when remaining seated is expected	0	1	2	3
	3. Has difficulty playing or beginning quiet play activities	0	1	2	3
	4. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
	5. Talks too much	0	1	2	3
16	5. Blurts out answers before questions have been completed	0	1	2	3
1	7. Has difficulty waiting his or her turn	0	1 .	2	3
1	8. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3
_1	9. Argues with adults	0	1	2	3
2	0. Loses temper	0	1	2	3
2	Actively defies or refuses to go along with adults' requests or rules	0	1	2	3
2	2. Deliberately annoys people	0	1	2	3
2	3. Blames others for his or her mistakes or misbehaviors	0	1	2	3
2	4. Is touchy or easily annoyed by others	0	1	2	3
	5. Is angry or resentful	0	1	2	3
	6. Is spiteful and wants to get even	0	1	2	3
	7. Bullies, threatens, or intimidates others	0	1	2	3
2	8. Starts physical fights	0	1	2	3
2	9. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	0	1	2	3
3	0. Is truant from school (skips school) without permission	0	1	2	3

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances

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Adapted from the Vanderbilt Pating Scales developed by Mark L. Wolraich, MD

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Revised - 1102

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31. Is physically cruel to people

32. Has stolen things that have value







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		mant
Today's Date: Child's Name: Parent's Name:	Parent's Phone Number	Date of Birth:

Symptoms (continued)	Never	Occasionally	04	
33. Deliberately destroys others' property	V	Occasionally	Often	Very Often
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	I	2	3
35. Is physically cruel to animals		- 1	2	3
36. Has deliberately set fires to cause damage	<u> </u>	1	2	3
37. Has broken into someone else's home, business, or car		- 1 1	2	3
38. Has stayed out at night without permission	O			
39. Has run away from home overnight	0	1		
40. Has forced someone into sexual activity	0	1	2	
41. Is fearful, anxious, or worried	0	1		
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0		2	3
44. Blames self for problems, feels guilty	0		2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her	·" 0	· · · · · · · · · · · · · · · · · · ·	2	3
46. Is sad, unhappy, or depressed	0	: 1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

	4.	Above		Somewhat of a	t
Performance	Excellent	Average	Average	Problem	Problematic
48. Overall school performance	1	2	. 3	4	5
49. Reading	1	2	, 3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	. 3	4	5
52. Relationship with parents	1	2	3	4	5
53. Relationship with siblings	1	2	3	4	5
54. Relationship with peers	1	2	. 3	4	5
55. Participation in organized activities (eg. teams)	1	2	3	4	5

Comments:

For Office Use Only
Total number of questions scored 2 or 3 in questions 1-9:
Total number of questions scored 2 or 3 in questions 10–18:
Total Symptom Score for questions 1-18:
Total number of questions scored 2 or 3 in questions 19-26:
Total number of questions scored 2 or 3 in questions 27-40:
Total number of questions scored 2 or 3 in questions 41-47:
Total number of questions scored 4 or 5 in questions 48-55:
Average Performance Score:

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		AKENI	Informant		
Today	e's Date: Child's Name:		Date of	Birth	
Paren		Phone N		NII II II	
<u>Direc</u>	tions: Each rating should be considered in the context of what is ap When completing this form, please think about your child's b s evaluation based on a time when the child	propriat ehavior	e for the age of y s in the past <u>6 mo</u>	onths.	
	mptoms		· · · · · · · · · · · · · · · · · · ·	- · .	
	Does not pay attention to details or makes careless mistakes with, for example, homework	Never 0	Occasionally l	Often 2	Very Often
2.	Has difficulty keeping attention to what needs to be done	0	: 1	2	3
3,	Does not seem to listen when spoken to directly	0	1	2	<u> </u>
4.	Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
	Has difficulty organizing tasks and activities	0	:	2	3
	Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	, 1	2	3
7.	Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8.	Is easily distracted by noises or other stimuli	0	: 1	2	3
9.	Is forgetful in daily activities	0	. 1	2	3
10.	Fidgets with hands or feet or squirms in seat	0	1	2	3
	Leaves seat when remaining seated is expected	0	1	2	3
	Runs about or climbs too much when remaining seated is expected	0	1	2	3
	. Has difficulty playing or beginning quiet play activities	0	1	2	3
	. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
	. Talks too much	0	1	2	3
16	Blurts out answers before questions have been completed	0	1	2	3
*****	. Has difficulty waiting his or her turn	0	1	2	3
	Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3
	. Argues with adults	0	' 1	2	3
20	Loses temper	0	1	2	3
21	Actively defies or refuses to go along with adults' requests or rules	0	1	2	3
	. Deliberately annoys people	0	<u> </u>	2	3
23	Blames others for his or her mistakes or misbehaviors	0	1	2	3
24	. Is touchy or easily annoyed by others	0	1	2	3
25	. Is angry or resentful	0	1	2	3
26	i. Is spiteful and wants to get even	0	1	. 2	3
27	Bullies, threatens, or intimidates others	0	1	2	3
28	3. Starts physical fights	0	. 1	2	3
29	D. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	0	1	2	3
). Is truant from school (skips school) without permission	0	1	2	3

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Woltraich, MD

Revised - 1102

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31. Is physically cruel to people

32. Has stolen things that have value







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NICHQ Vanderbilt Assessment Scale—PARENT Informant Today's Date: _____ Child's Name: _____ _ Date of Birth: ____ Parent's Name: Parent's Phone Number Symptoms (continued) Never Occasionally Often Very Often 33. Deliberately destroys others' property 34. Has used a weapon that can cause serious harm (bat, knife, brick, gun) 35. Is physically cruel to animals 36. Has deliberately set fires to cause damage 37. Has broken into someone else's home, business, or car 38. Has stayed out at night without permission 39. Has run away from home overnight 40. Has forced someone into sexual activity ı 41. Is fearful, anxious, or worried 42. Is afraid to try new things for fear of making mistakes 43. Feels worthless or inferior 44. Blames self for problems, feels guilty 45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her" 46. Is sad, unhappy, or depressed 47. Is self-conscious or easily embarrassed Somewhat Above of a Performance Excellent Average Average Problem Problematic 48. Overall school performance l 49. Reading l 50. Writing 51. Mathematics l 52. Relationship with parents 53. Relationship with siblings

Comments:

54. Relationship with peers

55. Participation in organized activities (eg, teams)

For Office Use Only
Total number of questions scored 2 or 3 in questions 1-9:
Total number of questions scored 2 or 3 in questions 10-18:
Total Symptom Score for questions 1–18:
Total number of questions scored 2 or 3 in questions 19–26:
Total number of questions scored 2 or 3 in questions 27-40;
Total number of questions scored 2 or 3 in questions 41-47:
Total number of questions scored 4 or 5 in questions 48-55;
Average Performance Score:







icher's Name, Class Time:	·-····································	Class Name/P	eriod:	
day's Date: Child's Name;	Grade I	Level:		
rections: Each rating should be considered in the context of what is appeared should reflect that child's behavior since the beginning of weeks or months you have been able to evaluate the behavior	ropriat f the scl	te for the age of t nool year. Please	he child y indicate t	you are ratin the number o
Symptoms Was on medication	n 🗌 w		tion 🗌 r	not sure?
	Never	Occasionally	Often	Very Ofter
 Fails to give attention to details or makes careless mistakes in schoolwork Has difficulty sustaining attention to tasks or activities 	0		2	3
3 Does not come to listen when a little to tasks or activities	0	1	2	3
Does not seem to listen when spoken to directly Does not follow through on instructions and follows follows.	0	1	2	3
Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	0	1	2	3
Has difficulty organizing tasks and activities		-n		
	0	<u> </u>	2	3
mental effort	0		2	3
 Loses things necessary for tasks or activities (school assignments, pencils or books) 	0	1	2	3
8 Is easily distracted by extraneous stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat in classroom or in other situations in which remaining seated is expected	0	1	2	3
12. Runs about or climbs excessively in situations in which remaining seated is expected	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
(4 Js, "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks excessively	0	1	2	3
16. Blurts out answers before questions have been completed	0]	2	3
17. Has difficulty waiting in line	0	1	2	3
18. Interrupts or intrudes on others (eg, butts into conversations/games)	0	1	2	3
19. Loses temper	0		2	3
20. Actively defies or refuses to comply with adult's requests or rules	0	I	2	3
21 Is angry or resentful	0	1	2	3
22. Is spiteful and vindictive	0)	2	3
23. Bullies, threatens, or intimidates others	0	1	2	3
23. Hullies, threatens, or infilmidates others 24. Initiates physical fights	0	1	2	3
25. Lies to obtain goods for favors or to avoid obligations (cg, "cons" others)	0	1	2	3
	0	1	2	3
26. Is physically cruel to people	0	1	2	3
27. Has stolen items of nontrivial value	0	1	2	3
28. Deliberately destroys others' property	0	1	2	3
29 & fearful, anxious, or worried	0	1	2	3
30. Is self-conscious or easily embarrassed 31. Is afraid to try new things for fear of making mistakes		1		3

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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Adapted from the Vanderbils Rating Scales developed by Mark L. Wolfaich, MD Revised - 0303

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eacher's Nante:		Class Time:		Class Name/	Period:	
oday's Date:	Child's Name;		Grade	Level:		
Symptoms (contin			Never	Occasionally	Often	Very Often
32. Feels worthless			0	1	2	3
			0	1	2	
34. Feels lonely, unv	vanted, or unloved; complains th	at "no one loves him or	her" 0	1	2	3
35. Is sad, unhappy,	or depressed		0	1	2	3
Performance Academic Perform	ance	Excellent	Above Average	Average	of a	
36 Reading		1	2	3	4	5
37. Mathematics		1	2	3	4	5
38. Written express	thless or inferior 0 1 2 2 1 2 2 3 4 2 2 3 4 2 2 3 4 2 2 3 4 2 2 3 4 4 2 2 3 3 4 3 4	5				
Classroom Behavid	oral Performance	Fycellent		Average	of a	
39. Relationship wi						5
40. Following direc	tions	1				<u>-</u> 5
41. Disrupting class	S					5
		1	2			
43 Organizational	SKIIIS		2	3		
wiaining additess.						
Fax number:						
For Office Use On	ıly					
Total number of qu	uestions scored 2 or 3 in questio	ns 1-9:				
Total number of qu	uestions scored 2 or 3 in questio	ns 10–18:				
_						
l '	uestions scored 2 or 3 in questio					
·	uestions scored 2 or 5 in questio			1		
	nce Score:					







D4	The state of the s				
feach	er's Name: Class Time:		Class Name/F	eriod.	
Today	's Date: Child's Name:	Grade I	_evel:	C110d,	
<u>Direc</u>	tions: Each rating should be considered in the context of whand should reflect that child's behavior since the begweeks or months you have been able to evaluate the	nat is appropriat inning of the scl behaviors:	te for the age of	indicate t	he number o
	mptoms	Never	Occasionally	Often	ot sure? Very Often
1.	Fails to give attention to details or makes careless mistakes in scho	olwork 0	1	2	3
2	Has difficulty sustaining attention to tasks or activities	0	1	2	3
3.	to listen when spoken to directly	0	1	7	
4	Does not follow through on instructions and fails to finish school (not due to oppositional behavior or failure to understand)	work 0	1	2	3
5	Has difficulty organizing tasks and activities	0	1	2	3
6.	Avoids, dislikes, or is reluctant to engage in tasks that require sust mental effort	ained 0	1	2	3
	Loses things necessary for tasks or activities (school assignments, pencils, or books)	0	1	2	3
8.	Is easily distracted by extraneous stimuli	0	1	2	3
9.	Is forgetful in daily activities	0	1	2	3
10.	Fidgets with hands or feet or squirms in seat	0	1	2	3
11.	Leaves seat in classroom or in other situations in which remainin seated is expected	g 0	1	2	3
12	Runs about or climbs excessively in situations in which remaining seated is expected	; 0	1	2	3
13.	Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
	Is "on the go" or often acts as if "driven by a motor"		1	2	3
	. Talks excessively	O	1	2	3
16	Blurts out answers before questions have been completed	0	1	2	3
17.	Has difficulty waiting in line	0	1	2	3
18.	. Interrupts or intrudes on others (eg, butts into conversations/gar	nes) 0	1	2	3
	Loses temper	0	1	2	3
	. Actively defies or refuses to comply with adult's requests or rules	0	1.	2	3
21	. Is angry or resentful	0	i	2	3
	. Is spiteful and vindictive	0	1	2	3
***	Bullies, threatens, or intimidates others	0	1	2	3
	Initiates physical fights	0	1	2	3
25	b. Lies to obtain goods for favors or to avoid obligations (cg, "cons"	others) 0	1	2	3
26	5. Is physically cruel to people	0	1	2	3
27	7. Has stolen items of nontrivial value	0	1	2	3
28	B. Deliberately destroys others' property	0	1		
	9. Is fearful, anxious, or worried	0	1	2	3
	0. Is self-conscious or easily embarrassed	00	1	2	3
	Is afraid to try new things for fear of making mistakes ⁱ	0	1	2	3

or serve as a standard of medical care. Variations, taking into account individual direumstances, may be appropriate

Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolfarch, MD









		Class In	me:	.	Class Name/	Period:	
day's Date:	Child's Name:			Grade I	Level:		· · · · · · · · · · · · · · · · · · ·
Symptoms (contin				Never	Occasionally	Often	Very Often
32. Feels worthless o				0	1	2	3
	problems; feels guilty			0	1	2	3
34 Feels lonely, unw	vanted, or unloved; complains	that "no one l	loves him or l	her" 0	1	2	3
35. Is sad, unhappy,	, or depressed			0	1	2	3
Performance Academic Perform	ance		Excellent	Above Average	Average	Somewhat of a Problem	Problematic
36. Reading			1	2	3	4	5
37. Mathematics			1	2	3	4	5
38. Written express	ion		1	2	3	4	5
Classroom Behavi	oral Performance	· · · · · · · · · · · · · · · · · · ·	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
39. Relationship wi	ith peers	··· ··· · · · · · · · · · · · · · · ·	1	2	3	4	5
	tions		1	2	3	4	5
41. Disrupting clas-	S		1	2	3	4	5
42. Assignment co.			1	2	3	4	5
			_	A-	ļ J	-	
43. Organizational Comments:	80	en Parlo Perra anno 1997 e comano Petrol Perra ala	1	2	3	4	5
	80			-			5
Comments:	80		1	2			5
Comments:	skills		1	2			5
Comments: Please return this f	skills form to:		1	2			5
Comments: Please return this 6 Mailing address: Fax number:	skills form to:		1	2			5
Please return this f Mailing address: _ Fax number: For Office Use Or	skills form to:		1	2			5
Please return this for Mailing address: Fax number: For Office Use On Total number of q	skills form to: nly uestions scored 2 or 3 in ques	tions 1–9:	1	2			5
Please return this f Mailing address: Fax number: For Office Use Or Total number of q Total number of q	nly uestions scored 2 or 3 in ques	tions 1–9:tions 10–18:	1	2	3		5
Please return this for Mailing address: Fax number: For Office Use Or Total number of quantumber o	nly questions scored 2 or 3 in questions scored 2 or 3 in questions for questions 1–18:	tions 1–9: tions 10–18:	1	2	3		5
Please return this for Mailing address: Fax number: For Office Use Or Total number of quantumber o	nly uestions scored 2 or 3 in ques	tions 1–9: tions 10–18:	1	2	3		5
Please return this for Mailing address: Fax number: For Office Use Or Total number of quantumber o	nly uestions scored 2 or 3 in questions scored 2 or 3 in questions for questions 1–18: questions scored 2 or 3 in questions sco	tions 1–9:	1	2	3		5
Please return this for Mailing address: Fax number: For Office Use Or Total number of quantumber o	nly questions scored 2 or 3 in questions scored 2 or 3 in questions for questions 1–18:	tions 1–9: tions 10–18: stions 19–28: stions 29–35:		2	3		5

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DΣ	NICHQ Vanderbilt Assessment Scale—TE	ACHER I	nformant		
Teach	ner's Name: Class Time:		Clare Name /	المعنوب	
Toda	y's Date: Child's Name:	Grade I	Level:	reriod:	
<u>Dire</u>	tions: Each rating should be considered in the context of what is a and should reflect that child's behavior since the beginning weeks or months you have been able to evaluate the behavior sevaluation based on a time when the child	ppropriat of the sch ors:	te for the age of nool year. Please	indicate t	he number of
Sy	mptoms	Never	Occasionally	Often	Very Often
. 1.	Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3
2.	Has difficulty sustaining attention to tasks or activities	0	1	2	·
3.	Does not seem to listen when spoken to directly	0	i	2	
4.	(not due to oppositional behavior or failure to understand)	0	1	2	3
5.	Has difficulty organizing tasks and activities	0	1	2	 3
6.	Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	0	1	2	3
7.	Loses things necessary for tasks or activities (school assignments, pencils, or books)	0	1	2	3
8	Is easily distracted by extraneous stimuli	0	1	2	3
9.	Is forgetful in daily activities	0	1	2	3
10	Fidgets with hands or feet or squirms in seat	0		2	3
	Leaves seat in classroom or in other situations in which remaining sented is expected	0	1	2	3
12	Runs about or climbs excessively in situations in which remaining seated is expected	0	1	2	3
13	. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
	Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
	. Talks excessively	0	1	2	3
	Blurts out answers before questions have been completed	0	1	2	3
	. Has difficulty waiting in line	0		2	3
	Interrupts or intrudes on others (eg, butts into conversations/games)	0	1	2	3
	Loses temper	0	1	2	3
	Actively defies or refuses to comply with adult's requests or rules	0	1	2	3
	. Islangry or resentful	0	1	2	3
	. Is spiteful and vindictive	0	1	2	3
	Bullies, threatens, or intimidates others	0	1	2	3
	Initiates physical fights	0	1	2	3
25	Lies to obtain goods for favors or to avoid obligations (eg, "cons" others)	0	1	2	3
	i. Is physically cruel to people	0	1	2	3
	Has stolen items of nontrivial value	0	1	2	3
	B. Deliberately destroys others' property	0	1	2	3
	9. Is fearful, anxious, or worried	0	1	2	3
	1. Is self-conscious or easily embarrassed	0	1	2	3
	1. Is afraid to try new things for fear of making mistakes	0	l l	2	3

The recommendations in this publication do not indicate an exclusive course of treatment or serve xd a standard of medical care. Variations, taking into account individual circumstances, may be appropriate

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolfaich, MD Revised - 0303







cher's Name: Cl	Class Time:		Class Name/Period:		
day's Date: Child's Name:		Grade	Level:		
Symptoms (continued)		Never	Occasionally	Often	Very Often
32 Feels worthless or inferior	······································	0	1	2	3
33. Blames self for problems; feels guilty		0	1	2	3
34. Feels lonely, unwanted, or unloved; complains that "n	o one loves him o	her" 0	1	2	3
35. Is sad, unhappy, or depressed		0	1	2	3
Performance Academic Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
36. Reading	1	2	3	4	
37. Mathematics]	2	3	4	
38. Written expression	1	2	3	4	5
	_	Above		Somewhat of a	
Classroom Behavioral Performance	Excellent		Average		Problemation
39. Relationship with peers	1	2	3	4 4	5
40. Following directions		2	3	4 4	 5
41. Disrupting class				4	ر
The second secon					5
42. Assignment completion 43. Organizational skulls Comments:	<u> </u>	2 2	3 3	4	5 5
42. Assignment completion 43. Organizational skills	1	2	3	4	5 5
42. Assignment completion 43. Organizational skulls Comments:	1	2 2	3	4	5
42. Assignment completion 43. Organizational skulls Comments:	1	2	3	4	5 5
42. Assignment completion 43. Organizational skulls Comments: Please return this form to:	1	2	3	4	5 5
42. Assignment completion 43. Organizational skulls Comments: Please return this form to:	1	2 2	3	4	5
42. Assignment completion 43. Organizational skulls Comments: Please return this form to: Mailing address: Fax number:	1	2 2	3	4	5 5
42. Assignment completion 43. Organizational skulls Comments: Please return this form to: Mailing address: Fax number: For Office Use Only	1	2 2	3 3	4	5 5
42. Assignment completion 43. Organizational skills Comments: Please return this form to: Mailing address: Fax number: For Office Use Only Total number of questions scored 2 or 3 in questions 1	-9:	2	3 3	4	5 5
42. Assignment completion 43. Organizational skills Comments: Please return this form to: Mailing address: Fax number: For Office Use Only Total number of questions scored 2 or 3 in questions 1 Total number of questions scored 2 or 3 in questions 1	-9: 0-18:	2 2	3 3	4	5 5
42. Assignment completion 43. Organizational skills Comments: Please return this form to: Mailing address: Fax number: For Office Use Only Total number of questions scored 2 or 3 in questions 1 Total number of questions scored 2 or 3 in questions 1 Total Symptom Score for questions 1–18:	-9:	2 2	3 3	4	5 5
42. Assignment completion 43. Organizational skills Comments: Please return this form to: Mailing address: Fax number: For Office Use Only Total number of questions scored 2 or 3 in questions 1 Total number of questions scored 2 or 3 in questions 1 Total Symptom Score for questions 1—18: Total number of questions scored 2 or 3 in questions 1	-9: 0-18:	2	3	4	5 5
42. Assignment completion 43. Organizational skills Comments: Please return this form to: Mailing address: Fax number: For Office Use Only Total number of questions scored 2 or 3 in questions 1 Total number of questions scored 2 or 3 in questions 1 Total Symptom Score for questions 1–18: Total number of questions scored 2 or 3 in questions 1 Total number of questions scored 2 or 3 in questions 1 Total number of questions scored 2 or 3 in questions 2	-9:	2	3	4	5
42. Assignment completion 43. Organizational skills Comments: Please return this form to: Mailing address: Fax number: For Office Use Only Total number of questions scored 2 or 3 in questions 1 Total number of questions scored 2 or 3 in questions 1 Total Symptom Score for questions 1—18: Total number of questions scored 2 or 3 in questions 1	-9:	2	3	4	5





