

TO BE COMPLETED BY ADULT PATIENTS

**ADHD RATING SCALE: SELF REPORT**

NAME: \_\_\_\_\_

Sex: M F AGE: \_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_

Circle the number that best describes your behavior over the past six months.

	Never/Rarely	Sometimes	Often	Very Often
I have problems paying close attention to details or make careless mistakes	0	1	2	3
I have problems sustaining attention when completing tasks	0	1	2	3
I have problems listening when spoken to directly	0	1	2	3
I do not follow through on instructions and fail to finish work	0	1	2	3
I have difficulty organizing tasks	0	1	2	3
I avoid tasks that require sustained mental effort	0	1	2	3
I lose things necessary for tasks	0	1	2	3
I am easily distracted	0	1	2	3
I am forgetful	0	1	2	3

Inattention: Raw Score \_\_\_\_\_ Percentile \_\_\_\_\_

I fidget or squirm while sitting	0	1	2	3
I tend to leave my seat in situations in which remaining seated is expected.	0	1	2	3
I move about excessively	0	1	2	3
I have difficulty engaging in leisure activities quietly	0	1	2	3

	Never/Rarely	Sometimes	Often	Very Often
<b>I feel like I am “on the go” or “driven by a motor”</b>	0	1	2	3
<b>I talk excessively</b>	0	1	2	3
<b>I blurt out answers before questions have been completed</b>	0	1	2	3
<b>I have difficulty waiting my turn</b>	0	1	2	3
<b>I interrupt or intrude on others</b>	0	1	2	3

**Hyperactivity/Impulsivity: Raw Score: \_\_\_\_\_ Percentile \_\_\_\_\_**