

ADHD RATING SCALE: SPOUSE RATING

NAME: _____

Sex: M F AGE: _____

DATE COMPLETED: _____

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

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

Inattention: Raw Score _____ Percentile _____

Fidgets or squirms while sitting	0	1	2	3
Tends to leave seat in situations in which remaining seated is expected.	0	1	2	3
Moves about excessively	0	1	2	3
Has difficulty engaging in leisure activities quietly	0	1	2	3

	Never/Rarely	Sometimes	Often	Very Often
Seems like he/she is “on the go” or is 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 her/his turn	0	1	2	3
Interrupts or intrude on others	0	1	2	3

Hyperactivity/Impulsivity: Raw Score: _____ Percentile _____