



DEPARTMENT OF VETERANS AFFAIRS
Samuel S. Stratton VA Medical Center
113 Holland Avenue, Albany, NY 12208

Dear Veteran,

You have been scheduled for an appointment for an **evaluation for Attention Deficit Hyperactivity Disorder (ADHD)** at the **Behavioral Health Outpatient Clinic**. The Clinic is located on the **10th floor** of the Stratton VA Medical Center at 113 Holland Avenue in Albany, New York 12208. Please check in at the centralized scheduling office when you arrive for your appointment.

If you are prescribed stimulant medication, please do not take this medication for 24 hours prior to this evaluation.

Enclosed you will find three sets of forms, **all of which need to be completed and brought with you to the evaluation.** At the time of your appointment we will review these 3 sets of forms, and will then proceed with the evaluation.

1. Self Report Forms:

- (1) Wender Utah Rating Scale for ADHD
- (2) Developmental, Health, Employment, and Social History Questionnaires
- (3) Current symptom scale and Childhood symptom scale

2. Forms to be completed by someone who knew you well as a child (preferably a parent).

- (1) Childhood Symptoms Scale – Other Report Form
- (2) Childhood School Performance Scale – Other Report Form

3. Form to be completed by someone who knows you well currently.

- (1) Current Symptoms Scale – Other Report Form

Please know that without these forms, we will not be able to complete the evaluation.

Also, please bring any school records (report cards from elementary school through college transcripts) or records of previous psychological/cognitive testing that you have. This will greatly help us make the most accurate evaluation. This evaluation usually takes about 3 hours. Your appointment will consist of a review of your medical and developmental history, inquiry as to current symptoms and day-to-day function, and various tests (both mental tasks and paper-and-pencil tasks).

We look forward to working with you. If you have any questions or concerns, please **Dr. Caitlin Holley** at (518) 626-5365 or **Dr. Annette Payne** at 626-5380.

Wender Utah Rating Scale for the Attention Deficit Hyperactivity Disorder

Overview:

The Wender Utah Rating Scale can be used to assess adults for Attention Deficit Hyperactivity Disorder with a subset of 25 questions associated with that diagnosis.

Wender Utah Rating Scale

- 61 questions answered by the adult patient recalling his or her childhood behavior
- 5 possible responses scored from 0 to 4 points

	As a child I was (or had):	not at all or very slightly	mildly	moderately	quite a bit	very much
1	active restless always on the go	0	1	2	3	4
2	afraid of things	0	1	2	3	4
3	concentration problems easily distracted	0	1	2	3	4
4	anxious worrying	0	1	2	3	4
5	nervous fidgety	0	1	2	3	4
6	inattentive daydreaming	0	1	2	3	4
7	hot- or short-tempered low boiling point	0	1	2	3	4
8	shy sensitive	0	1	2	3	4
9	temper outbursts tantrums	0	1	2	3	4
10	trouble with stick-to-it-tiveness not following through. failing to finish things started	0	1	2	3	4
11	stubborn strong-willed	0	1	2	3	4
12	sad or blue depressed unhappy	0	1	2	3	4
13	incautious. dare-devilish involved in pranks	0	1	2	3	4
14	not getting a kick out of things dissatisfied with life	0	1	2	3	4
15	disobedient with parents rebellious sassy	0	1	2	3	4
16	low opinion of myself	0	1	2	3	4
17	irritable	0	1	2	3	4

		not at all or very slightly	mildly	moder- ately	quite a bit	very much
18	outgoing friendly enjoyed company of people	0	1	2	3	4
19	sloppy disorganized	0	1	2	3	4
20	moody ups and downs	0	1	2	3	4
21	angry	0	1	2	3	4
22	friends popular	0	1	2	3	4
23	well-organized tidy neat	0	1	2	3	4
24	acting without thinking impulsive	0	1	2	3	4
25	tendency to be immature	0	1	2	3	4
26	guilty feelings regretful	0	1	2	3	4
27	losing control of myself	0	1	2	3	4
28	tendency to be or act irrational	0	1	2	3	4
29	unpopular with other children didn't keep friends for long didn't get along with other children	0	1	2	3	4
30	poorly coordinated did not participate in sports	0	1	2	3	4
31	afraid of losing control of self	0	1	2	3	4
32	well-coordinated picked first in games	0	1	2	3	4
33	tomboyish (for women only)	0	1	2	3	4
34	running away from home	0	1	2	3	4
35	getting into fights	0	1	2	3	4
36	teasing other children	0	1	2	3	4
37	leader bossy	0	1	2	3	4
38	difficulty getting awake	0	1	2	3	4
39	follower led around too much	0	1	2	3	4
40	trouble seeing things from someone else's point of view	0	1	2	3	4
41	trouble with authorities trouble with school visits to principal's office	0	1	2	3	4
42	trouble with police booked convicted	0	1	2	3	4

	Medical problems as a child	not at all or very slightly	mildly	moderately	quite a bit	very much
43	headaches	0	1	2	3	4
44	stomachaches	0	1	2	3	4
45	constipation	0	1	2	3	4
46	diarrhea	0	1	2	3	4
47	food allergies	0	1	2	3	4
48	other allergies	0	1	2	3	4
49	bedwetting	0	1	2	3	4
	As a child in school I was (or had)	not at all or very slightly	mildly	moderately	quite a bit	very much
50	overall a good student fast	0	1	2	3	4
51	overall a poor student slow learner	0	1	2	3	4
52	slow in learning to read	0	1	2	3	4
53	slow reader	0	1	2	3	4
54	trouble reversing letters	0	1	2	3	4
55	problems with spelling	0	1	2	3	4
56	trouble with mathematics or numbers	0	1	2	3	4
57	bad handwriting	0	1	2	3	4
58	able to read pretty well but never really enjoyed reading	0	1	2	3	4
59	not achieving up to potential	0	1	2	3	4
60	repeating grades	0	1	2	3	4
61	suspended or expelled	0	1	2	3	4

DEVELOPMENTAL HISTORY

Name _____	Date _____	
1. As far as you know, were there any problems with your mother's pregnancy with you? If yes, please give details:	Yes	No
2. Were there any problems associated with her delivery of you? If yes, please give details:	Yes	No
3. Did your mother use alcohol or other drugs during the pregnancy? If yes, please give details:	Yes	No
4. Did your mother smoke cigarettes during the pregnancy? If yes, please give any details:	Yes	No
5. Did you have any significant delays in your development (i.e., in walking, talking, or sitting up)? If yes, please give details:	Yes	No
6. Did you have any serious childhood illnesses/diseases/ major surgeries? If yes, please give details:	Yes	No

(cont.)

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7. Did you have any problems getting along with other children when you were a child? Yes No
If yes, please give details:

8. Please place a checkmark beside any of the following that you believe you had significant difficulties with as a child:

- | | | | |
|--------------------------------------|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Defiant | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Stubborn | <input type="checkbox"/> Destructive |
| <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Inattentive | <input type="checkbox"/> Distractible |
| <input type="checkbox"/> Shy | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Depressed | <input type="checkbox"/> Anxious |
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Lying | <input type="checkbox"/> Stealing | <input type="checkbox"/> Fighting |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Language | <input type="checkbox"/> Memory | <input type="checkbox"/> Motor skills |
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Eating | <input type="checkbox"/> Toilet training | |

Strange ideas (explain):

Strange behavior (explain):

EMPLOYMENT HISTORY

Name _____ Date _____

1. What is your current employment status (circle one)?

a. Full time	c. Unemployed	e. Homemaker
b. Part time	d. Student	f. Disabled
2. What is your current occupation? _____
3. Who is your current employer? _____
4. How long have you worked in your present job? _____ years
5. Please give us your history of previous employment since completing your education:

Job title	Time on job (years)	Reason for leaving

6. What is your longest period of employment at one place? _____
7. Have you ever been fired from a job? Yes No
 If yes, how many jobs were you fired from or asked to leave by your employer? _____
8. Have you served in the military? Yes No
 If yes, please give details: _____
9. Briefly describe the types of problems you have experienced with work, either at your current job or in the past:

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HEALTH HISTORY

Name _____ Date _____

Have you ever had any of the following:

Type of problem	During childhood	Past as an adult	Currently
Allergies/asthma			
Heart problems			
Epilepsy or seizures			
High blood pressure			
Serious head injury			
Injury resulting in loss of consciousness			
Lead poisoning			
Broken bones			
Surgery			
Migraine headaches			
Thyroid condition			
Problems with vision			
Problems with hearing			
Diabetes			
Any other serious medical problems (explain):			

Are you currently taking any medications? Yes No
If yes, please give details:

Please describe any other health difficulties you have experienced now or in the past:

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SOCIAL HISTORY

Name _____

Date _____

1. How would you describe your mood most of the time? (circle one)

a. Cheerful/happy	b. Sad/depressed	c. Changes all the time		
d. Anxious/nervous	e. Angry/irritable	d. Bland/unfeeling		
2. Do your moods change very frequently, abruptly, and/or unpredictably? Yes No
If yes, please give details:

3. Do you have trouble making friends? Yes No
4. Do you have trouble keeping friends? Yes No
5. Do you have trouble in your relationships with others? Yes No
If yes, please give details:

6. Do you have problems with your temper? Yes No
If yes, please give details:

7. Do you have a driver's license? Yes No
8. Has your license ever been suspended? Yes No
If so, please explain why:

9. How many speeding tickets have you ever gotten? _____
10. Have you ever been stopped for driving while intoxicated? Yes No
If so, how many times? _____ Were you arrested? Yes No
11. How many car accidents, regardless of fault, have you ever been involved in? _____
12. How many times did your family move during your childhood and adolescent years? _____
13. How many times have you moved since leaving high school? _____
14. If you believe that you have Attention-Deficit/Hyperactivity Disorder, or ADHD, in what ways have your ADHD symptoms interfered with your life?

15. In what ways have you tried to compensate for or cope with your deficits?

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CURRENT SYMPTOMS SCALE—SELF-REPORT FORM

Name _____ Date _____

Instructions: Please circle the number next to each item that best describes your behavior *during the past 6 months*.

Items:	Never or rarely	Sometimes	Often	Very often
1. Fail to give close attention to details or make careless mistakes in my work	0	1	2	3
2. Fidget with hands or feet or squirm in seat	0	1	2	3
3. Have difficulty sustaining my attention in tasks or fun activities	0	1	2	3
4. Leave my seat in situations in which seating is expected	0	1	2	3
5. Don't listen when spoken to directly	0	1	2	3
6. Feel restless	0	1	2	3
7. Don't follow through on instructions and fail to finish work	0	1	2	3
8. Have difficulty engaging in leisure activities or doing fun things quietly	0	1	2	3
9. Have difficulty organizing tasks and activities	0	1	2	3
10. Feel "on the go" or "driven by a motor"	0	1	2	3
11. Avoid, dislike, or am reluctant to engage in work that requires sustained mental effort	0	1	2	3
12. Talk excessively	0	1	2	3
13. Lose things necessary for tasks or activities	0	1	2	3
14. Blur out answers before questions have been completed	0	1	2	3
15. Am easily distracted	0	1	2	3
16. Have difficulty awaiting turn	0	1	2	3
17. Am forgetful in daily activities	0	1	2	3
18. Interrupt or intrude on others	0	1	2	3

(cont.)

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Current Symptoms Scale-Self-Report Form (p. 2 of 2)

How old were you when these problems with attention, impulsiveness, or hyperactivity first began to occur? _____ years old

To what extent do the problems you may have just circled interfere with your ability to function in each of these areas of life activities?

Areas:	Never or rarely	Sometimes	Often	Very often
In my home life with my immediate family	0	1	2	3
In my work or occupation	0	1	2	3
In my social interactions with others	0	1	2	3
In my activities or dealings in the community	0	1	2	3
In any educational activities	0	1	2	3
In my dating or marital relationship	0	1	2	3
In my management of my money	0	1	2	3
In my driving of a motor vehicle	0	1	2	3
In my leisure or recreational activities	0	1	2	3
In my management of my daily responsibilities	0	1	2	3

Instructions: Again, please circle the number next to each item that best describes your behavior during the past 6 months.

Items:	Never or rarely	Sometimes	Often	Very often
1. Lose temper	0	1	2	3
2. Argue	0	1	2	3
3. Actively defy or refuse to comply with requests or rules	0	1	2	3
4. Deliberately annoy people	0	1	2	3
5. Blame others for my mistakes or misbehavior	0	1	2	3
6. Am touchy or easily annoyed by others	0	1	2	3
7. Am angry or resentful	0	1	2	3
8. Am spiteful or vindictive	0	1	2	3

CHILDHOOD SYMPTOMS SCALE—SELF-REPORT FORM

Name _____ Date _____

Instructions: Please circle the number next to each item that best describes your behavior *when you were a child ages 5 to 12 years*.

Items:	Never or rarely	Sometimes	Often	Very often
1. Failed to give close attention to details or made careless mistakes in my work	0	1	2	3
2. Fidgeted with hands or feet or squirmed in seat	0	1	2	3
3. Had difficulty sustaining my attention in tasks or fun activities	0	1	2	3
4. Left my seat in classroom or in other situations in which seating was expected	0	1	2	3
5. Didn't listen when spoken to directly	0	1	2	3
6. Felt restless	0	1	2	3
7. Didn't follow through on instructions and failed to finish work	0	1	2	3
8. Had difficulty engaging in leisure activities or doing fun things quietly	0	1	2	3
9. Had difficulty organizing tasks and activities	0	1	2	3
10. Felt "on the go" or "driven by a motor"	0	1	2	3
11. Avoided, disliked, or was reluctant to engage in work that required sustained mental effort	0	1	2	3
12. Talked excessively	0	1	2	3
13. Lost things necessary for tasks or activities	0	1	2	3
14. Blurted out answers before questions were completed	0	1	2	3
15. Was easily distracted	0	1	2	3
16. Had difficulty awaiting turn	0	1	2	3
17. Was forgetful in daily activities	0	1	2	3
18. Interrupted or intruded on others	0	1	2	3

(cont.)

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WORK PERFORMANCE RATING SCALE—SELF-REPORT FORM

Name _____ Date _____

Instructions: Please rate yourself in your own work performance by circling the number next to each item that best describes your behavior at work *during the past 6 months*.

Items:	Never or rarely	Sometimes	Often	Very often
1. Fail to give close attention to details or make careless mistakes in my work	0	1	2	3
2. Fidget with hands or feet or squirm in seat	0	1	2	3
3. Have difficulty sustaining attention in tasks or other work-related activities	0	1	2	3
4. Leave my seat in meetings, classes, or in other situations in which seating is expected	0	1	2	3
5. Do not listen when spoken to directly	0	1	2	3
6. Feel restless	0	1	2	3
7. Do not follow through on instructions and fail to finish work	0	1	2	3
8. Have difficulty working quietly	0	1	2	3
9. Have difficulty organizing tasks and activities	0	1	2	3
10. Seem to be "on the go" or "driven by a motor"	0	1	2	3
11. Avoid, dislike, or am reluctant to engage in work that requires sustained mental effort	0	1	2	3
12. Talk excessively	0	1	2	3
13. Lose things necessary for tasks or activities	0	1	2	3
14. Blur out answers before questions have been completed	0	1	2	3
15. Am easily distracted	0	1	2	3
16. Have difficulty awaiting turn in group activities	0	1	2	3
17. Am forgetful in daily activities	0	1	2	3
18. Interrupt or intrude on others	0	1	2	3

(cont.)

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Work Performance Rating Scale—Self-Report Form (p. 2 of 2)

To what extent do the problems you may have just circled interfere with your ability to function in each of these areas of work activities?

Areas:	Never or rarely	Sometimes	Often	Very often
In my interactions with my coworkers	0	1	2	3
In my performance of assigned work	0	1	2	3
In my interactions with supervisors	0	1	2	3
In my activities or dealings with clients, customers, or the general public	0	1	2	3
In any educational activities at work	0	1	2	3
In my punctuality for work	0	1	2	3
In my management of my time and work-related deadlines	0	1	2	3
In my operation of any work-related equipment	0	1	2	3
In my operation of any work-related motor vehicles	0	1	2	3
In my management of my daily responsibilities	0	1	2	3

In general, how would you rate your overall work performance and productivity as an employee?
(circle one)

1. Excellent 2. Above average 3. Average 4. Below average 5. Poor

CHILDHOOD SYMPTOMS SCALE—OTHER REPORT FORM

Your name _____ Date _____

Person to be rated by you _____

Your relationship to that person _____

Instructions: Please circle the number next to each item that best describes the behavior of the person being rated when he/she was a *child ages 5 to 12 years*.

Items:	Never or rarely	Sometimes	Often	Very often
1. Failed to give close attention to details or made careless mistakes in his/her work	0	1	2	3
2. Fidgeted with hands or feet or squirmed in seat	0	1	2	3
3. Had difficulty sustaining his/her attention in tasks or fun activities	0	1	2	3
4. Left his/her seat in classroom or in other situations in which seating was expected	0	1	2	3
5. Didn't listen when spoken to directly	0	1	2	3
6. Seemed restless	0	1	2	3
7. Didn't follow through on instructions and failed to finish work	0	1	2	3
8. Had difficulty engaging in leisure activities or doing fun things quietly	0	1	2	3
9. Had difficulty organizing tasks and activities	0	1	2	3
10. Seemed "on the go" or "driven by a motor"	0	1	2	3
11. Avoided, disliked, or was reluctant to engage in work that required sustained mental effort	0	1	2	3
12. Talked excessively	0	1	2	3
13. Lost things necessary for tasks or activities	0	1	2	3
14. Blurted out answers before questions were completed	0	1	2	3
15. Was easily distracted	0	1	2	3
16. Had difficulty awaiting turn	0	1	2	3

(cont.)

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Childhood Symptoms Scale—Other Report Form (p. 2 of 3)

17. Was forgetful in daily activities	0	1	2	3
18. Interrupted or intruded on others	0	1	2	3

To what extent did the problems you may have just circled interfere with this person's ability to function in each of these areas of life activities when he/she was a child between 5 and 12 years of age?

Areas:	Never or rarely	Sometimes	Often	Very often
In his/her home life with the immediate family	0	1	2	3
In his/her social interactions with other children	0	1	2	3
In his/her activities or dealings in the community	0	1	2	3
In school	0	1	2	3
In sports, clubs, or other organizations	0	1	2	3
In learning to take care of him/herself	0	1	2	3
In his/her play, leisure, or recreational activities	0	1	2	3
In his/her handling of daily chores or other responsibilities	0	1	2	3

Instructions: Again, please circle the number next to each item that best describes the behavior of the person being rated when he/she was a child ages 5 to 12 years.

Items:	Never or rarely	Sometimes	Often	Very often
1. Lost temper	0	1	2	3
2. Argued with adults	0	1	2	3
3. Actively defied or refused to comply with adults' requests or rules	0	1	2	3
4. Deliberately annoyed people	0	1	2	3
5. Blamed others for his/her mistakes or misbehavior	0	1	2	3
6. Was touchy or easily annoyed by others	0	1	2	3
7. Was angry or resentful	0	1	2	3
8. Was spiteful or vindictive	0	1	2	3

(cont.)

Instructions: Please indicate whether the person being rated on this form engaged in any of the following *between 5 and 18 years of age*:

1. Often bullied, threatened, or intimidated others	No	Yes
2. Often initiated physical fights	No	Yes
3. Used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, or gun)	No	Yes
4. Was physically cruel to people	No	Yes
5. Was physically cruel to animals	No	Yes
6. Stole while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery)	No	Yes
7. Forced someone into sexual activity	No	Yes
8. Deliberately engaged in fire setting with the intention of causing serious damage	No	Yes
9. Deliberately destroyed others' property (other than by fire setting)	No	Yes
10. Broke into someone else's house, building, or car	No	Yes
11. Often lied to obtain goods or favors or to avoid obligations (i.e., "conned" others)	No	Yes
12. Stole items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery)	No	Yes
13. Often stayed out at night despite parental prohibitions If so, at what age did this begin? _____	No	Yes
14. Ran away from home overnight at least twice while living in parents' home, foster care, or group home If so, how many times? _____	No	Yes
15. Was often truant from school If so, at what age did this begin? _____	No	Yes

CHILDHOOD SCHOOL PERFORMANCE SCALE—OTHER REPORT FORM

Your name _____ Date _____

Person to be rated by you _____

Your relationship to that person _____

Instructions: Please think back to when the person named above ("Person to be rated") was a child in school. We want you to tell us about this person's behavior at school and his/her typical school performance. Please circle the number next to each item that best describes the behavior of this person in school *when he/she was in grades 1 to 12.*

Items:	Never or rarely	Sometimes	Often	Very often
1. Failed to give close attention to details or made careless mistakes in his/her work	0	1	2	3
2. Fidgeted with hands or feet or squirmed in seat	0	1	2	3
3. Had difficulty sustaining his/her attention in tasks or fun activities	0	1	2	3
4. Left his/her seat in classroom or in other situations in which seating was expected	0	1	2	3
5. Didn't listen when spoken to directly	0	1	2	3
6. Seemed restless	0	1	2	3
7. Didn't follow through on instructions and failed to finish work	0	1	2	3
8. Had difficulty engaging in leisure activities or doing fun things quietly	0	1	2	3
9. Had difficulty organizing tasks and activities	0	1	2	3
10. Seemed "on the go" or "driven by a motor"	0	1	2	3
11. Avoided, disliked, or was reluctant to engage in work that required sustained mental effort	0	1	2	3
12. Talked excessively	0	1	2	3
13. Lost things necessary for tasks or activities	0	1	2	3

(cont.)

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Childhood School Performance Scale—Other Report Form (p. 2 of 2)

14. Blurted out answers before questions had been completed	0	1	2	3
15. Was easily distracted	0	1	2	3
16. Had difficulty awaiting turn	0	1	2	3
17. Was forgetful in daily activities	0	1	2	3
18. Interrupted or intruded on others	0	1	2	3

To what extent did this person have difficulties in the following areas of school performance when he/she was in grades 1 to 12?

Areas:	Never or rarely	Sometimes	Often	Very often
In his/her completion of classwork	0	1	2	3
In his/her completion of homework assignments	0	1	2	3
In his/her behavior in the school classroom	0	1	2	3
In his/her behavior on the school bus	0	1	2	3
In sports, clubs, or other organizations at school	0	1	2	3
In his/her interactions with classmates	0	1	2	3
In his/her play or recreational activities at recess	0	1	2	3
In his/her behavior in the lunchroom at school	0	1	2	3
In his/her management of time at school	0	1	2	3

1. Was this person ever held back a grade in school?	Yes	No
2. Was this person ever suspended or expelled from school?	Yes	No
3. Did this person receive any special education services?	Yes	No
4. Was this person punished at school more often than others?	Yes	No
5. Did this person skip school without permission?	Yes	No
6. Did this person drop out of or fail to graduate from high school?	Yes	No
7. Did this person ever take any medication to help manage his/her behavior at school?	Yes	No

CURRENT SYMPTOMS SCALE—OTHER REPORT FORM

Your name _____ Date _____

Person to be rated by you _____

Your relationship to that person _____

Instructions: Please rate the person named above by circling the number next to each item that best describes this person's behavior *during the past 6 months*.

Items:	Never or rarely	Sometimes	Often	Very often
1. Fails to give close attention to details or makes careless mistakes in his/her work	0	1	2	3
2. Fidgets with hands or feet or squirms in seat	0	1	2	3
3. Has difficulty sustaining his/her attention in tasks or fun activities	0	1	2	3
4. Leaves his/her seat in situations in which seating is expected	0	1	2	3
5. Doesn't listen when spoken to directly	0	1	2	3
6. Seems restless	0	1	2	3
7. Doesn't follow through on instructions and fails to finish work	0	1	2	3
8. Has difficulty engaging in leisure activities or doing fun things quietly	0	1	2	3
9. Has difficulty organizing tasks and activities				
10. Seems to be "on the go" or "driven by a motor"	0	1	2	3
11. Avoids, dislikes, or is reluctant to engage in work that requires sustained mental effort	0	1	2	3
12. Talks excessively	0	1	2	3
13. Loses things necessary for tasks or activities	0	1	2	3
14. Blurts out answers before questions have been completed	0	1	2	3
15. Is easily distracted	0	1	2	3

(cont.)

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Current Symptoms Scale—Other Report Form (p. 2 of 2)

16. Has difficulty awaiting turn	0	1	2	3
17. Is forgetful in daily activities	0	1	2	3
18. Interrupts or intrudes on others	0	1	2	3
19. If you indicated that this person experienced any of the problems above, at what age did these problems develop?	At approximately _____ years old			

To what extent do the problems you may have just circled interfere with this person's ability to function in each of these areas of life activities?

Areas:	Never or rarely	Sometimes	Often	Very often
In his/her home life with the immediate family	0	1	2	3
In his/her work or occupation	0	1	2	3
In his/her social interactions with others	0	1	2	3
In his/her activities or dealings in the community	0	1	2	3
In any educational activities	0	1	2	3
In his/her dating or marital relationship	0	1	2	3
In his/her management of money	0	1	2	3
In his/her driving of a motor vehicle	0	1	2	3
In his/her leisure or recreational activities	0	1	2	3
In his/her management of daily responsibilities	0	1	2	3