

ADHD-RS

Name _____ Date _____

Completed by Self Other _____

ANSWER the following BASED ON your USUAL functioning, ON MEDICATION

1 Fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities.

Part A	Part B								
<p><input checked="" type="checkbox"/> all that apply</p> <p><input type="checkbox"/> Do you make a lot of mistakes in school or work because you're careless?</p> <p><input type="checkbox"/> Do you rush through work or activities?</p> <p><input type="checkbox"/> Do you have trouble with detailed work?</p> <p><input type="checkbox"/> Do you not check your work?</p> <p><input type="checkbox"/> Do people complain that you're careless?</p> <p><input type="checkbox"/> Do you turn in work or schoolwork that is messy or sloppy?</p>	<p>CIRCLE number describing how often these are a problem for you.</p> <table border="1"><thead><tr><th>Never or Rarely</th><th>Sometimes</th><th>Often</th><th>Very Often</th></tr></thead><tbody><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></tbody></table>	Never or Rarely	Sometimes	Often	Very Often	0	1	2	3
Never or Rarely	Sometimes	Often	Very Often						
0	1	2	3						

2 Fidgets with hands or feet or squirms in seat.

Part A	Part B								
<p><input type="checkbox"/> Do you have trouble sitting still?</p> <p><input type="checkbox"/> Are you constantly moving your hands or feet, or fidgeting in your chair?</p> <p><input type="checkbox"/> Do you tap your pencil or your feet?</p> <p><input type="checkbox"/> Do people notice?</p> <p><input type="checkbox"/> Do you regularly play with your hair or clothing?</p> <p><input type="checkbox"/> Do you consciously resist fidgeting or squirming?</p>	<p>How often are these a problem for you?</p> <table border="1"><thead><tr><th>Never or Rarely</th><th>Sometimes</th><th>Often</th><th>Very Often</th></tr></thead><tbody><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></tbody></table>	Never or Rarely	Sometimes	Often	Very Often	0	1	2	3
Never or Rarely	Sometimes	Often	Very Often						
0	1	2	3						

3 Has difficulty sustaining attention in tasks or play activities.

Part A	Part B								
<p><input type="checkbox"/> Do you have trouble paying attention when reading, or during lectures? Or during fun activities such as sports, board games, or watching movies?</p> <p><input type="checkbox"/> Is it hard for you to keep your mind on school or work?</p> <p><input type="checkbox"/> Do you have unusual difficulty staying focused on boring or repetitive tasks?</p> <p><input type="checkbox"/> Do you take longer than you should to complete tasks because you're thinking about something else?</p> <p><input type="checkbox"/> Do you have trouble remembering what you read and need to reread the same passage several times?</p>	<p>How often are these a problem for you?</p> <table border="1"><thead><tr><th>Never or Rarely</th><th>Sometimes</th><th>Often</th><th>Very Often</th></tr></thead><tbody><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></tbody></table>	Never or Rarely	Sometimes	Often	Very Often	0	1	2	3
Never or Rarely	Sometimes	Often	Very Often						
0	1	2	3						

4 Leaves seat in classroom or in other situations in which remaining seated is expected.

Part A	Part B								
<p><input type="checkbox"/> Do you have trouble staying in your seat? (At work, in class, at home watching TV or eating dinner, or in church or temple.)</p> <p><input type="checkbox"/> Do you choose to walk around when you're expected to sit?</p> <p><input type="checkbox"/> Do you have to force yourself to remain seated?</p> <p><input type="checkbox"/> Is it unusually difficult for you to sit through a long meeting or lecture?</p> <p><input type="checkbox"/> Do you intentionally avoid situations that require sitting for long periods?</p>	<p>How often are these a problem for you?</p> <table border="1"><thead><tr><th>Never or Rarely</th><th>Sometimes</th><th>Often</th><th>Very Often</th></tr></thead><tbody><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></tbody></table>	Never or Rarely	Sometimes	Often	Very Often	0	1	2	3
Never or Rarely	Sometimes	Often	Very Often						
0	1	2	3						

5 Does not seem to listen when spoken to directly.

Part A	Part B								
<p><input type="checkbox"/> Do people complain you don't listen or respond when they're speaking to you? (spouse, boss, colleagues, friends)</p> <p><input type="checkbox"/> Do people have to repeat directions to you?</p> <p><input type="checkbox"/> Do you miss key parts of conversations because your mind wanders?</p>	<p>How often are these a problem for you?</p> <table border="1"><thead><tr><th>Never or Rarely</th><th>Sometimes</th><th>Often</th><th>Very Often</th></tr></thead><tbody><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></tbody></table>	Never or Rarely	Sometimes	Often	Very Often	0	1	2	3
Never or Rarely	Sometimes	Often	Very Often						
0	1	2	3						

6 | **Runs about or climbs excessively in situations in which it is inappropriate. (In adolescents or adults, may be limited to subjective feelings of restlessness)**

- Part A*
- all that apply*
- Are you physically restless?
 - Do you feel restless inside?
 - Do you feel more agitated when you can't exercise on an almost daily basis?

Part B

CIRCLE number describing how often these are a problem for you.

Never or Rarely	Sometimes	Often	Very Often
0	1	2	3

7 | **Does not follow through on instructions and fails to finish work.**

- Part A*
- Do you have trouble finishing things such as work or chores?
 - Do you often leave things half done and start another project?
 - Do you need consequences (such as deadlines) to finish things?
 - Do you have trouble following instructions (especially multi-step instructions)?
 - Do you need to write down instructions so you won't forget them?

Part B

How often are these a problem for you?

Never or Rarely	Sometimes	Often	Very Often
0	1	2	3

8 | **Has difficulty playing or engaging in leisure activities quietly.**

- Part A*
- During leisure activities, are you agitated or restless?
 - Do you always need to be busy after work or while on vacation?

Part B

How often are these a problem for you?

Never or Rarely	Sometimes	Often	Very Often
0	1	2	3

9 | **Has difficulty organizing tasks and activities.**

- Part A*
- Do you have trouble organizing tasks into ordered steps?
 - Is it hard prioritizing work and chores?
 - Do you need others to plan for you?
 - Do you have trouble with time management?

Part B

How often are these a problem for you?

Never or Rarely	Sometimes	Often	Very Often
0	1	2	3

10 | **Is "on the go" or acts as if "driven by a motor."**

- Part A*
- Is it hard for you to slow down?
 - Do you often feel like you have a lot of energy and have to be moving?
 - Are you always "on the go"?
 - Do you feel like you're "driven by a motor"?
 - Do you feel unable to relax?

Part B

How often are these a problem for you?

Never or Rarely	Sometimes	Often	Very Often
0	1	2	3

11 | **Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort.**

- Part A*
- Do you avoid challenging or lengthy tasks (work, chores, reading, board games) because it's hard to stay focused?
 - Do you have to force yourself to do these tasks?
 - Do you put off tasks until the last possible moment?

Part B

How often are these a problem for you?

Never or Rarely	Sometimes	Often	Very Often
0	1	2	3

12 | **Talks excessively.**

- Part A*
- Do you seem to talk a lot more than other people?
 - Do people complain about your talking?
 - Are you often louder than the people you are talking to?

Part B

How often are these a problem for you?

Never or Rarely	Sometimes	Often	Very Often
0	1	2	3

13	Loses things necessary for tasks or activities.								
<i>Part A</i>	<i>Part B</i>								
<input checked="" type="checkbox"/> <i>all that apply</i> <input type="checkbox"/> Do you often lose things (important work papers, keys, wallet, coats, etc.)? <input type="checkbox"/> Are you constantly looking for important items? <input type="checkbox"/> Do you need to put items in the same place to keep from losing them? <input type="checkbox"/> Are the materials you need for doing work or school tasks scattered, carelessly handled or damaged?	CIRCLE number describing how often these are a <i>problem</i> for you. <table border="1"> <tr> <td>Never or Rarely</td> <td>Sometimes</td> <td>Often</td> <td>Very Often</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table>	Never or Rarely	Sometimes	Often	Very Often	0	1	2	3
Never or Rarely	Sometimes	Often	Very Often						
0	1	2	3						

14	Blurts out answers before questions have been completed.								
<i>Part A</i>	<i>Part B</i>								
<input type="checkbox"/> Do you give answers to questions before someone finishes asking? <input type="checkbox"/> Do you say things before it's your turn? <input type="checkbox"/> Do you say things that don't fit into the conversation? <input type="checkbox"/> Do you do things without thinking about the consequences?	How often are these a problem for you? <table border="1"> <tr> <td>Never or Rarely</td> <td>Sometimes</td> <td>Often</td> <td>Very Often</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table>	Never or Rarely	Sometimes	Often	Very Often	0	1	2	3
Never or Rarely	Sometimes	Often	Very Often						
0	1	2	3						

15	Is easily distracted.								
<i>Part A</i>	<i>Part B</i>								
<input type="checkbox"/> Are you easily distracted by events around you, such as noise (TV, radio, conversations), movement, or clutter? <input type="checkbox"/> Do you need relative isolation to get work done? <input type="checkbox"/> Do you often begin a task, move on to another, then turn to something else before completing any of the tasks? <input type="checkbox"/> Is it hard to get back to a task once you stop?	How often are these a problem for you? <table border="1"> <tr> <td>Never or Rarely</td> <td>Sometimes</td> <td>Often</td> <td>Very Often</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table>	Never or Rarely	Sometimes	Often	Very Often	0	1	2	3
Never or Rarely	Sometimes	Often	Very Often						
0	1	2	3						

16	Has difficulty awaiting turn.								
<i>Part A</i>	<i>Part B</i>								
<input type="checkbox"/> Is it hard to wait your turn in conversations, in lines, or while driving? <input type="checkbox"/> Do you get extremely frustrated with delays? <input type="checkbox"/> Do you avoid situations where you might have to wait? <input type="checkbox"/> Do you feel unable to relax when you're waiting? (e.g. for an appointment)	How often are these a problem for you? <table border="1"> <tr> <td>Never or Rarely</td> <td>Sometimes</td> <td>Often</td> <td>Very Often</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table>	Never or Rarely	Sometimes	Often	Very Often	0	1	2	3
Never or Rarely	Sometimes	Often	Very Often						
0	1	2	3						

17	Is forgetful in daily activities.								
<i>Part A</i>	<i>Part B</i>								
<input type="checkbox"/> Do you often forget things in your daily routine? Chores? Work? Appointments or obligations? <input type="checkbox"/> Do you forget to take things to work or school, such as work materials or assignments, due that day? <input type="checkbox"/> Do you need to be reminded or write regular reminders to yourself to do most activities or tasks?	How often are these a problem for you? <table border="1"> <tr> <td>Never or Rarely</td> <td>Sometimes</td> <td>Often</td> <td>Very Often</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table>	Never or Rarely	Sometimes	Often	Very Often	0	1	2	3
Never or Rarely	Sometimes	Often	Very Often						
0	1	2	3						

18	Interrupts or intrudes on others.								
<i>Part A</i>	<i>Part B</i>								
<input type="checkbox"/> Do you talk when others are talking, without waiting until you are acknowledged? <input type="checkbox"/> Do you butt into others' conversations before being invited? <input type="checkbox"/> Do you interrupt others' activities? <input type="checkbox"/> Do you grab things from others?	How often are these a problem for you? <table border="1"> <tr> <td>Never or Rarely</td> <td>Sometimes</td> <td>Often</td> <td>Very Often</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table>	Never or Rarely	Sometimes	Often	Very Often	0	1	2	3
Never or Rarely	Sometimes	Often	Very Often						
0	1	2	3						

Adapted from ADHD Rating Scale-IV: Checklists, Norms, and Clinical Interpretation by George J. DuPaul, Thomas J. Power, Arthur D. Anastopoulos, and Robert Reid. © 1998 by the authors. ADHD criteria are adapted by permission from DSM-IV. © 1994 by the American Psychiatric Association. Also adapted from The Adult ADHD Rating Scale by Leonard A. Adjar, Joseph Niederman, Thomas Spencer. © 2003 New York University and Massachusetts General Hospital.

FOR CLINICIAN'S USE ONLY	Reviewed by: _____
	Date: _____ <input type="checkbox"/> PMC <input type="checkbox"/> MC
	O/E _____