

Today's Date _____ Child's Name _____ Date of Birth _____ Parent's Name _____

- Each rating should be considered in the context of what is appropriate for the age of your child.
- Is this evaluation based on a time when the child * was on medication * was not on medication * not sure

SYMPTOMS	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
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	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or misunderstanding).	0	1	2	3
5. 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. Is easily distracted by noises or other stimuli.	0	1	2	3
9. Is forgetful in daily activities.	<input type="checkbox"/> 0	1	2	3
10. Fidgets with hands or feet or squirms in seat.	<input type="checkbox"/> 0	1	2	3
11. Leaves seat when remaining seated is expected.	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected.	0	1	2	3
13. Has difficulty playing or beginning quiet play activities.	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor."	0	1	2	3
15. Talks too much.	0	1	2	3
16. Blurts out answers before questions have been completed.	0	1	2	3
17. Has difficulty waiting his/her turn.	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities.	<input type="checkbox"/> <input type="checkbox"/> 0	1	2	3
19. Argues with adults.	<input type="checkbox"/> <input type="checkbox"/> 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
22. Deliberately annoys people.	0	1	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. Is spiteful and wants to get even	<input type="checkbox"/> 0	1	2	3
27. Bullies, threatens, or intimidates others	<input type="checkbox"/> 0	1	2	3
28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble or to avoid obligations (i.e., "cons" others	0	1	2	3
30. Is truant from school (skips school) without permission	0	1	2	3

Today's Date _____ Child's Name _____ Date of Birth _____ Parent's Name _____

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

PERFORMANCE	Excellent	Above Average	Average	Somewhat of a 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	1	2	3	4	5

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

SEVERITY OF IMPAIRMENT

Considering your total experience with this child, how severely impaired is he/she at this time? Compare this child to average normal children you are familiar with from your totality of experience. Please circle the number that best describes this child.

NO IMPAIRMENT (NORMAL)	1	Symptoms are not present any more than expected (of a typical child of the same age and gender in the same situations) and do not produce impairment of normal functioning at home or school.
SLIGHT IMPAIRMENT	2	Symptoms are present a little more frequently or intensely than expected (of a typical child of the same age and gender in the same situations) and only rarely produce impairment of normal functioning at home or school.
MILD IMPAIRMENT	3	Symptoms are present somewhat more frequently or intensely than expected (of a typical child of the same age and gender in the same situations) and only sometimes produce impairment of normal functioning at home or school.
MODERATE IMPAIRMENT	4	Symptoms are present a lot more frequently or intensely than expected (of a typical child of the same age and gender in the same situations) and usually produce impairment of normal functioning at home or school.
SEVERE IMPAIRMENT	5	Symptoms are present a great deal more frequently or intensely than expected (of a typical child of the same age and gender in the same situation) and most of the time produce impairment of normal functioning at home or school.
VERY SEVERE IMPAIRMENT	6	Symptoms are present so much more frequently or intensely than expected (of a typical child of the same age and gender in the same situations) that they almost always produce impairment of normal functioning at home or school.
MAXIMAL (PROFOUND) IMPAIRMENT	7	Symptoms are present so frequently or intensely that they produce significant and pervasive impairment, which creates a crisis requiring immediate action to prevent serious deterioration, to avoid danger, or to prevent harm.