

ADHD Rating Scale-IV—Home Version

Child's Name: _____ Sex: M _____ F _____ Age: _____ Grade: _____
 Completed by: Mother _____ Father _____ Guardian _____ Grandparent _____

Circle the number that **best describes** your child's home behavior over the past 6 months.

	Never or Rarely	Sometimes	Often	Very Often
1. Fails to give close attention to details or makes mistakes in schoolwork.	0	1	2	3
2. Fidgets with hands or feet or squirms in seat.	0	1	2	3
3. Has difficulty sustaining attention in tasks or activities.	0	1	2	3
4. Leaves seat in classroom or in other situations in which remaining seated is expected.	0	1	2	3
5. Does not seem to listen when spoken to directly.	0	1	2	3
6. Runs about or climbs excessively in situations in which it is inappropriate.	0	1	2	3
7. Does not follow through on instructions and fails to finish work.	0	1	2	3
8. Has difficulty playing or engaging in leisure activities quietly.	0	1	2	3
9. Has difficulty organizing tasks and activities.	0	1	2	3
10. Is "on the go" or acts as if "driven by a motor."	0	1	2	3
11. Avoids tasks (e.g. schoolwork, homework) that require sustained mental activity.	0	1	2	3
12. Talks excessively	0	1	2	3
13. Loses things necessary for tasks and 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
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

- At what age did you first notice increased activity, fidgetiness, on the go tendency? _____
- At what age did you first notice the distractibility, difficulty following through with directions? _____

ADHD Rating Scale-IV -- School Version

Child's Name _____

Child's Age _____ Sex: M F Grade _____ Child's Race _____

Circle the number that best describes this student's school behavior over the past 6 months (or since the beginning of the school year).

	never or rarely	sometimes	often	very often
1. Fails to give close attention to details or makes careless mistakes in schoolwork.	0	1	2	3
2. Fidgets with hands or feet or squirms in seat.	0	1	2	3
3. Has difficulty sustaining attention in tasks or play activities.	0	1	2	3
4. Leaves seat in classroom or in other situations in which remaining seated is expected.	0	1	2	3
5. Does not seem to listen when spoken to directly.	0	1	2	3
6. Runs about or climbs excessively in situations in which it is inappropriate.	0	1	2	3
7. Does not follow through on instructions and fails to finish work.	0	1	2	3
8. Has difficulty playing or engaging in leisure activities quietly.	0	1	2	3
9. Has difficulty organizing tasks and activities.	0	1	2	3
10. Is "on the go" or acts as if "driven by a motor."	0	1	2	3
11. Avoids tasks (e.g., schoolwork, homework) that require 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
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

CAP RATING SCALE

Child's Name:

For Office Use Only

Today's Date:

Filled out by:

Below is a list of items that describes pupils. For each item that describes the pupil now or within the past _____, check whether the item is Not True, Somewhat or Sometimes True, or Very or Often True. Please check all items as well as you can, even if some do not seem to apply to this pupil.

	Not True	Somewhat or Sometimes True	Very or Often True
1. Fails to finish things he/she starts	[]	[]	[]
2. Can't concentrate, can't pay attention for long ...	[]	[]	[]
3. Can't sit still, restless, or hyperactive	[]	[]	[]
4. Fidgets	[]	[]	[]
5. Daydreams or gets lost in his/her thoughts	[]	[]	[]
6. Impulsive or acts without thinking	[]	[]	[]
7. Difficulty following directions	[]	[]	[]
8. Talks out of turn	[]	[]	[]
9. Messy work	[]	[]	[]
10. Inattentive, easily distracted	[]	[]	[]
11. Talks too much	[]	[]	[]
12. Fails to carry out assigned tasks	[]	[]	[]

Please feel free to write any comments about the pupil's work or behavior in the last week.

Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist

Patient Name		Today's Date					
<p>Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months. Please give this completed checklist to your healthcare professional to discuss during today's appointment.</p>			Never	Rarely	Sometimes	Often	Very Often
1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?							
2. How often do you have difficulty getting things in order when you have to do a task that requires organization?							
3. How often do you have problems remembering appointments or obligations?							
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?							
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?							
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?							
Part A							
7. How often do you make careless mistakes when you have to work on a boring or difficult project?							
8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?							
9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?							
10. How often do you misplace or have difficulty finding things at home or at work?							
11. How often are you distracted by activity or noise around you?							
12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?							
13. How often do you feel restless or fidgety?							
14. How often do you have difficulty unwinding and relaxing when you have time to yourself?							
15. How often do you find yourself talking too much when you are in social situations?							
16. When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish them themselves?							
17. How often do you have difficulty waiting your turn in situations when turn taking is required?							
18. How often do you interrupt others when they are busy?							
Part B							

Appendix

The Mood Disorder Questionnaire

Instructions: Please answer each question as best you can.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Has there ever been a period of time when you were not your usual self and... | | |
| ...you were so irritated that you shouted at people or started fights or arguments? | <input type="checkbox"/> | <input type="checkbox"/> |
| ...you felt much more self-confident than usual? | <input type="checkbox"/> | <input type="checkbox"/> |
| ...you got much less sleep than usual and found you didn't really miss it? | <input type="checkbox"/> | <input type="checkbox"/> |
| ...you were much more talkative or spoke much faster than usual? | <input type="checkbox"/> | <input type="checkbox"/> |
| ...thoughts raced through your head or you couldn't slow your mind down? | <input type="checkbox"/> | <input type="checkbox"/> |
| ...you were so easily distracted by things around you that you had trouble concentrating or staying on track? | <input type="checkbox"/> | <input type="checkbox"/> |
| ...you had much more energy than usual? | <input type="checkbox"/> | <input type="checkbox"/> |
| ...you were much more active and did many more things than usual? | <input type="checkbox"/> | <input type="checkbox"/> |
| ...you were much more social or outgoing than usual; for example, you telephoned friends in the middle of the night? | <input type="checkbox"/> | <input type="checkbox"/> |
| ...you were much more interested in sex than usual? | <input type="checkbox"/> | <input type="checkbox"/> |
| ...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky? | <input type="checkbox"/> | <input type="checkbox"/> |
| ...spending money got you or your family into trouble? | <input type="checkbox"/> | <input type="checkbox"/> |

2. If you checked Yes to more than one of the above, have several of these ever happened during the same period of time?
3. How much of a problem did any of these cause you — like being unable to work; having family, money, or legal troubles; or getting into arguments or fights?

Please circle one response only.

No problem Minor problem Moderate problem Serious problem

4. Have any of your blood relatives (ie, children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?
5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?

ARUN A. POL, M.D., P.C.
CHILD, ADOLESCENT AND ADULT PSYCHIATRY
BOARD CERTIFIED
6290 ABBOTTS BRIDGE ROAD, SUITE 502
DULUTH, GA 30097

TEL # (770) 623-8830

FAX# (770) 623-8846

REQUEST FOR RELEASE OF INFORMATION

TO:

DATE: _____

CLIENT'S NAME: _____

DOB: _____

PURPOSE OR NEED FOR RELEASE:

INFORMATION TO BE DISCLOSED:

I hereby authorize Arun A. Pol, M.D., P.C. to _____ obtain or _____ release the above information regarding myself or my dependent. It is further understood that this is subject to revocation at any time in writing and unless otherwise specified hereinafter, it automatically expires in sixty (60) days from the signature date.

Signature: _____

Witness: _____

Date: _____