



## CHILD REPORT SCALE: SYMPTOM CHECKLIST

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Please answer the questions below, rating yourself in each of the criteria shown using the scale on the right side of the page. As you answer each question, circle the correct number that best describes how you have felt and conducted yourself over the past 6 months.		Never	Rarely	Sometime	Often	Very Often	Score
<b>1</b>	Inattention to detail: How often does your child make careless mistakes?	0	1	2	3	4	
<b>2</b>	How often does your child struggle to sustain attention at work or play?	0	1	2	3	4	
<b>3</b>	How often does your child not pay attention when spoken to?	0	1	2	3	4	
<b>4</b>	How often is your child not able to follow or finish instructions?	0	1	2	3	4	
<b>5</b>	How often is your child not able to finish work or tasks?	0	1	2	3	4	
<b>6</b>	How often does your child exhibit poor organizational skills?	0	1	2	3	4	
<b>7</b>	How often does your child avoid tasks requiring sustained attention?	0	1	2	3	4	
<b>8</b>	How often does your child lose things?	0	1	2	3	4	
<b>9</b>	How often is your child easily distracted?	0	1	2	3	4	
<b>10</b>	How often is your child forgetful or “zoned out in activities of daily living?”	0	1	2	3	4	
<b>PART A SCORE</b>							
<b>11</b>	How often does your child fidget or squirm with his/her hands or feet when he/she has to sit for a long time?	0	1	2	3	4	
<b>12</b>	How often does your child have trouble staying seated?	0	1	2	3	4	
<b>13</b>	How often does your child display excessive and/or inappropriate physical activity such as running, climbing, jumping?	0	1	2	3	4	
<b>14</b>	How often is your child inappropriately noisy while working or during leisure time?	0	1	2	3	4	
<b>15</b>	How often does your child feel hyper or revved up?	0	1	2	3	4	
<b>16</b>	How often does your child talk excessively?	0	1	2	3	4	
<b>17</b>	How often does your child impulsively answer before hearing the entire question?	0	1	2	3	4	
<b>18</b>	How often does your child intrude or but in on conversations?	0	1	2	3	4	
<b>19</b>	How often does your child have difficulty taking turns with others or awaiting his/her turn?	0	1	2	3	4	
<b>20</b>	How often does your child interrupt or intrude on other’s activities?	0	1	2	3	4	
<b>PART B SCORE</b>							
<b>TOTAL</b>							