

ATTENTION SYMPTOMS SELF-REPORT

Patient's Name: _____ Age: _____ Date: _____

Instructions: Rate yourself on the following behaviors using the following scale:

- 0 = Not at all
- 1 = Just a little
- 2 = Pretty much true
- 3 = Often or very true

Rate since: over the past year or so between ages ____ and ____
 beginning medication the last few weeks only
 the several weeks before medication Other _____

circle one

Office Use Only

- | | | | | |
|-----|---------|--|---------|---------|
| 1. | 0 1 2 3 | Fail to give close attention to details, making careless errors in my work | IN ____ | |
| 2. | 0 1 2 3 | Fidget with my hands or feet, unable to sit still | | HI ____ |
| 3. | 0 1 2 3 | Difficulty sustaining attention to tasks or fun activities | IN ____ | |
| 4. | 0 1 2 3 | Leave my seat when remaining seated is expected or can't sit in one place | | HI ____ |
| 5. | 0 1 2 3 | Don't listen when spoken to directly | IN ____ | |
| 6. | 0 1 2 3 | Feel restless | | HI ____ |
| 7. | 0 1 2 3 | Don't follow through on instructions and fail to finish work | IN ____ | |
| 8. | 0 1 2 3 | Have difficulty engaging in leisure or fun activities quietly | | HI ____ |
| 9. | 0 1 2 3 | Have difficulty organizing tasks and activities | IN ____ | |
| 10. | 0 1 2 3 | Feeling "on the go" or "driven by a motor" | | HI ____ |
| 11. | 0 1 2 3 | Avoid or dislike tasks that require sustained mental effort | IN ____ | |
| 12. | 0 1 2 3 | Talking excessively, overly chatty | | HI ____ |
| 13. | 0 1 2 3 | Losing things necessary for tasks and activities | IN ____ | |
| 14. | 0 1 2 3 | Blurting out answers before questions have been completed | | HI ____ |
| 15. | 0 1 2 3 | Easily distracted | IN ____ | |
| 16. | 0 1 2 3 | Have difficulty waiting my turn in line | | HI ____ |
| 17. | 0 1 2 3 | Forgetful in daily activities | IN ____ | |
| 18. | 0 1 2 3 | Interrupting or intruding on others | | HI ____ |

circle one

- Yes No Some or most of the above symptoms were evident and caused trouble since childhood
- Yes No These problems are evident in two or more settings (i.e., at work **and** at home)
- Yes No The behaviors have caused **clear** problems in the way you relate socially to others, your progress in school, or performance on the job.

Thank you. Please return this form to your clinician.

Office Use:		IA	HI	Total
ADHD-RS-IV total ____ SS ____	17-25	6.3 4.7	8.5 4.7	14.7 8.7
DSM IA ____ DSM HI ____	30-49	5.5 4.4	6.7 4.3	12.0 7.8
IN total ____ SS ____ HI total ____ SS ____	50+	4.5 3.3	5.1 3.2	9.5 5.8