

CURRENT SYMPTOMS SCALE—OTHER REPORT FORM

Your name _____ Date _____

Person to be rated by you _____

Your relationship to that person _____

Instructions: Please rate the person named above by circling the number next to each item that best describes this person's behavior *during the past 6 months*.

Items:	Never or rarely	Sometimes	Often	Very often
1. Fails to give close attention to details or makes careless mistakes in his/her work	0	1	2	3
2. Fidgets with hands or feet or squirms in seat	0	1	2	3
3. Has difficulty sustaining his/her attention in tasks or fun activities	0	1	2	3
4. Leaves his/her seat in situations in which seating is expected	0	1	2	3
5. Doesn't listen when spoken to directly	0	1	2	3
6. Seems restless	0	1	2	3
7. Doesn't follow through on instructions and fails to finish work	0	1	2	3
8. Has difficulty engaging in leisure activities or doing fun things quietly	0	1	2	3
9. Has difficulty organizing tasks and activities	0	1	2	3
10. Seems to be "on the go" or "driven by a motor"	0	1	2	3
11. Avoids, dislikes, or is reluctant to engage in work that requires 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

(cont.)

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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
19. If you indicated that this person experienced any of the problems on the first page, at what age did these problems develop: _____ At approximately _____ years old				

To what extent do the problems you may have circled on the previous page interfere with this person's ability to function in each of these areas of life activities?

Areas:	Never or rarely	Sometimes	Often	Very often
In his/her home life with the immediate family	0	1	2	3
In his/her work or occupation	0	1	2	3
In his/her social interactions with others	0	1	2	3
In his/her activities or dealings in the community	0	1	2	3
In any educational activities	0	1	2	3
In his/her dating or marital relationship	0	1	2	3
In his/her management of money	0	1	2	3
In his/her driving of a motor vehicle	0	1	2	3
In his/her leisure or recreational activities	0	1	2	3
In his/her management of daily responsibilities	0	1	2	3