

Carithers Pediatric Group ADHD Self-Reporting Follow-up Scale

[Parents, have your child complete this form and bring to the appointment]

Name _____ Date _____

***Place a check in the box that describes your behavior **at school days on days you are taking your medicine since the time of your last visit** here where we discussed your ADHD medication. Remember, there is no right or wrong answer. Your answers will help us understand how your medicine is working.

		Never or rarely	As often as your classmates	More often than your classmates	Very often
1	I fail to give close attention to details, or I make careless mistakes in my work.				
2	I have difficulty keeping my attention span going to what needs to be done.				
3	I do not listen when directly spoken to.				
4	I do not follow through on instructions and fail to finish work.				
5	I have difficulty organizing tasks and activities.				
6	I avoid, dislike or do not want to do activities or schoolwork that requires a lot of mental work.				
7	I lose things necessary for activities or schoolwork (classwork, pencils, etc.).				
8	I am easily distracted.				
9	I am forgetful at school or in daily activities.				
10	I fidget with my hands or feet or squirm in my seat.				
11	I leave my seat in class or in other situations in which remaining seating is expected.				
12	I run about or climb too much when I should remain seated, or I am restless.				
13	I have difficulty playing or doing fun activities quietly.				
14	I feel like I am "on the go" or "driven by a motor."				
15	I talk too much when I should not be.				
16	I blurt out answers before questions have been completed.				
17	I have difficulty waiting my turn.				
18	I interrupt or intrude on others' conversations or activities.				

Adapted from:

1. NICHQ ADHD Vanderbilt Assessment Follow-up—Parent Informant
2. ADHD Rating Scale IV – Self Report Version