



Child's Name: \_\_\_\_\_

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  M  F Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Years \_\_\_\_ Months

Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Instructions: Here are some things parents might say about their children. Please tell us about your child and what he/she has been like in the PAST MONTH. Read each item carefully, then decide how well it describes your child or how frequently it has happened:

- In the PAST MONTH, this was . . . NOT TRUE AT ALL about my child. It never (or seldom) happened.
- JUST A LITTLE TRUE about my child. It happened occasionally.
- PRETTY MUCH TRUE about my child. It happened often (or quite a bit).
- VERY MUCH TRUE about my child. It happened very often (very frequently).

Please circle only one number for each statement. The numbers are for physician's scoring only—be sure to circle your choice based on the truth of the statement.

It is important to respond to every item. For items that you find difficult to answer, please give your best guess.

Rate your child on the following in the PAST MONTH:	NOT TRUE AT ALL	JUST A LITTLE TRUE	PRETTY MUCH TRUE	VERY MUCH TRUE	PHYSICIAN ONLY Transfer the circled number into the unshaded box across each row.									
					IN	HY	LP	EF	AG	PR	PI	NI		
1. Forgets to turn in completed work.	0	1	2	3										
2. Is perfect in every way.	0	0	0	1										
3. Fidgets or squirms in seat.	0	1	2	3										
4. Is one of the last to be picked for teams or games.	0	1	2	3										
5. Restless or overactive.	0	1	2	3										
6. Does not know how to make friends.	0	1	2	3										
7. Runs or climbs when he/she is not supposed to.	0	1	2	3										
8. Cannot grasp arithmetic.	0	1	2	3										
9. Is difficult to please or amuse.	0	0	1	1										
10. Needs extra explanation of instructions.	0	1	2	3										
11. Is hard to motivate (even with rewards like candy or money).	0	0	1	1										
12. Makes mistakes.	1	0	0	0										
13. Acts as if driven by a motor.	0	1	2	3										
14. Starts fights with others on purpose.	0	1	2	3										
15. Has trouble getting started on tasks or projects.	0	1	2	3										
16. Is happy, cheerful, and has a positive attitude.	1	1	0	0										
17. Does not pay attention to details; makes careless mistakes.	0	1	2	3										
18. Has trouble keeping friends.	0	1	2	3										
19. Bullies, threatens, or scares others.	0	1	2	3										
20. Loses things (for example, schoolwork, pencils, books, tools, or toys).	0	1	2	3										
21. Tells lies to hurt other people.	0	1	2	3										
22. I cannot figure out what makes him/her happy.	0	0	1	1										
					PHYSICIAN ONLY: Subtotal raw scores and continue to back page.									

