

ADHD-RS

SIGNIFICANT OTHER

Patient Name _____ Date _____

Your Name _____

Relationship to Patient _____

ANSWER the following BASED ON patient's USUAL functioning when NOT ON medication.

1 Fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities.

| Part A | Part B | | | | | | | | |
|--|--|--------------------|---------------|-------|---------------|----------|----------|----------|----------|
| <p>✓ <i>all that apply</i></p> <p><input type="checkbox"/> Makes a lot of mistakes in school or work because of carelessness.</p> <p><input type="checkbox"/> Rushes through work or activities.</p> <p><input type="checkbox"/> Has trouble with detailed work.</p> <p><input type="checkbox"/> Does not check work.</p> <p><input type="checkbox"/> Others complain he/she is careless.</p> <p><input type="checkbox"/> Turns in work or schoolwork that is messy or sloppy.</p> | <p><i>CIRCLE</i> number describing how often these are a problem.</p> <table style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">Never or Rarely</td> <td style="width: 25%;">Sometimes</td> <td style="width: 25%;">Often</td> <td style="width: 25%;">Very Often</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table> | Never or Rarely | Sometimes | Often | Very Often | 0 | 1 | 2 | 3 |
| Never or Rarely | Sometimes | Often | Very Often | | | | | | |
| 0 | 1 | 2 | 3 | | | | | | |

2 Fidgets with hands or feet or squirms in seat.

| Part A | Part B | | | | | | | | |
|--|--|--------------------|---------------|-------|---------------|----------|----------|----------|----------|
| <p><input type="checkbox"/> Has trouble sitting still.</p> <p><input type="checkbox"/> Is constantly moving hands or feet or fidgeting in chair.</p> <p><input type="checkbox"/> Taps pencil or feet.</p> <p><input type="checkbox"/> Regularly plays with hair or clothing.</p> <p><input type="checkbox"/> Must consciously resist fidgeting or squirming.</p> | <p><i>How often</i> are these a problem?</p> <table style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">Never or Rarely</td> <td style="width: 25%;">Sometimes</td> <td style="width: 25%;">Often</td> <td style="width: 25%;">Very Often</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table> | Never or Rarely | Sometimes | Often | Very Often | 0 | 1 | 2 | 3 |
| Never or Rarely | Sometimes | Often | Very Often | | | | | | |
| 0 | 1 | 2 | 3 | | | | | | |

3 Has difficulty sustaining attention in tasks or play activities.

| Part A | Part B | | | | | | | | |
|---|--|--------------------|---------------|-------|---------------|----------|----------|----------|----------|
| <p><input type="checkbox"/> Has trouble paying attention when reading, during lectures, or during other activities such as sports, board games, or watching movies.</p> <p><input type="checkbox"/> Has a hard time keeping mind on school or work.</p> <p><input type="checkbox"/> Has unusual difficulty staying focused on boring or repetitive tasks.</p> <p><input type="checkbox"/> Takes too long to complete tasks because he/she is thinking about something else.</p> <p><input type="checkbox"/> Has trouble remembering what he/she read and needs to reread the same passage several times.</p> | <p><i>How often</i> are these a problem?</p> <table style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">Never or Rarely</td> <td style="width: 25%;">Sometimes</td> <td style="width: 25%;">Often</td> <td style="width: 25%;">Very Often</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table> | Never or Rarely | Sometimes | Often | Very Often | 0 | 1 | 2 | 3 |
| Never or Rarely | Sometimes | Often | Very Often | | | | | | |
| 0 | 1 | 2 | 3 | | | | | | |

4 Leaves seat in classroom or in other situations in which remaining seated is expected.

| Part A | Part B | | | | | | | | |
|---|--|--------------------|---------------|-------|---------------|----------|----------|----------|----------|
| <p><input type="checkbox"/> Has trouble staying seated. (e.g., at work, in class, at home watching TV or eating dinner, or in church or temple)</p> <p><input type="checkbox"/> Chooses to walk around when sitting is expected.</p> <p><input type="checkbox"/> Has to force himself/herself to remain seated.</p> <p><input type="checkbox"/> Has unusual difficulty sitting through a long meeting or lecture.</p> <p><input type="checkbox"/> Intentionally avoids situations that require sitting for long periods.</p> | <p><i>How often</i> are these a problem?</p> <table style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">Never or Rarely</td> <td style="width: 25%;">Sometimes</td> <td style="width: 25%;">Often</td> <td style="width: 25%;">Very Often</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table> | Never or Rarely | Sometimes | Often | Very Often | 0 | 1 | 2 | 3 |
| Never or Rarely | Sometimes | Often | Very Often | | | | | | |
| 0 | 1 | 2 | 3 | | | | | | |

5 Does not seem to listen when spoken to directly.

| Part A | Part B | | | | | | | | |
|---|--|--------------------|---------------|-------|---------------|----------|----------|----------|----------|
| <p><input type="checkbox"/> Others complain he/she doesn't listen or respond when spoken to. (e.g., spouse, boss, colleagues, friends)</p> <p><input type="checkbox"/> Needs to have directions repeated.</p> <p><input type="checkbox"/> Misses key parts of conversations because his/her mind wanders.</p> | <p><i>How often</i> are these a problem?</p> <table style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">Never or Rarely</td> <td style="width: 25%;">Sometimes</td> <td style="width: 25%;">Often</td> <td style="width: 25%;">Very Often</td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table> | Never or Rarely | Sometimes | Often | Very Often | 0 | 1 | 2 | 3 |
| Never or Rarely | Sometimes | Often | Very Often | | | | | | |
| 0 | 1 | 2 | 3 | | | | | | |

6 Runs about or climbs excessively in situations in which it is inappropriate. (in adolescents or adults, may be limited to subjective feelings of restlessness)

| <i>Part A</i> | <i>Part B</i> | | | |
|--|--|--|--|--|
| <p><input checked="" type="checkbox"/> <i>all that apply</i></p> <p><input type="checkbox"/> Is physically restless.</p> <p><input type="checkbox"/> Feels restless inside.</p> <p><input type="checkbox"/> Feels more agitated when not exercising on an almost daily basis</p> | <p>CIRCLE number describing how often these are a problem.</p> <p>Never or Rarely Sometimes Often Very Often</p> <p>0 1 2 3</p> | | | |

7 Does not follow through on instructions and fails to finish work.

| <i>Part A</i> | <i>Part B</i> | | | |
|---|---|--|--|--|
| <p><input type="checkbox"/> Has trouble finishing things such as work or chores.</p> <p><input type="checkbox"/> Often leaves things half done and starts another project.</p> <p><input type="checkbox"/> Needs consequences (such as deadlines) to finish things.</p> <p><input type="checkbox"/> Has trouble following instructions (especially multi-step instructions).</p> <p><input type="checkbox"/> Needs to write down instructions to not forget them.</p> | <p>How often are these a problem?</p> <p>Never or Rarely Sometimes Often Very Often</p> <p>0 1 2 3</p> | | | |

8 Has difficulty playing or engaging in leisure activities quietly.

| <i>Part A</i> | <i>Part B</i> | | | |
|---|---|--|--|--|
| <p><input type="checkbox"/> Is agitated or restless during leisure activities.</p> <p><input type="checkbox"/> Always needs to be busy after work or while on vacation.</p> | <p>How often are these a problem?</p> <p>Never or Rarely Sometimes Often Very Often</p> <p>0 1 2 3</p> | | | |

9 Has difficulty organizing tasks and activities.

| <i>Part A</i> | <i>Part B</i> | | | |
|---|---|--|--|--|
| <p><input type="checkbox"/> Has trouble organizing tasks into ordered steps.</p> <p><input type="checkbox"/> Has difficulty prioritizing work and chores.</p> <p><input type="checkbox"/> Needs others to plan for him/her.</p> <p><input type="checkbox"/> Has trouble with time management.</p> | <p>How often are these a problem?</p> <p>Never or Rarely Sometimes Often Very Often</p> <p>0 1 2 3</p> | | | |

10 Is "on the go" or acts as if "driven by a motor."

| <i>Part A</i> | <i>Part B</i> | | | |
|---|---|--|--|--|
| <p><input type="checkbox"/> Has a hard time slowing down.</p> <p><input type="checkbox"/> Often feels like he/she has a lot of energy and has to be moving.</p> <p><input type="checkbox"/> Is always "on the go."</p> <p><input type="checkbox"/> Feels like he/she is "driven by a motor."</p> <p><input type="checkbox"/> Feels unable to relax.</p> | <p>How often are these a problem?</p> <p>Never or Rarely Sometimes Often Very Often</p> <p>0 1 2 3</p> | | | |

11 Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort.

| <i>Part A</i> | <i>Part B</i> | | | |
|---|---|--|--|--|
| <p><input type="checkbox"/> Avoids challenging or lengthy tasks because it's hard to stay focused. (e.g., work, chores, reading, board games)</p> <p><input type="checkbox"/> Has to force himself/herself to do these tasks.</p> <p><input type="checkbox"/> Puts off tasks until the last possible moment.</p> | <p>How often are these a problem?</p> <p>Never or Rarely Sometimes Often Very Often</p> <p>0 1 2 3</p> | | | |

12 Talks excessively.

| <i>Part A</i> | <i>Part B</i> | | | |
|--|---|--|--|--|
| <p><input type="checkbox"/> Seems to talk a lot more than other people.</p> <p><input type="checkbox"/> People complain about his/her talking.</p> <p><input type="checkbox"/> Is often louder than the people he/she is talking to.</p> | <p>How often are these a problem?</p> <p>Never or Rarely Sometimes Often Very Often</p> <p>0 1 2 3</p> | | | |

13 Loses things necessary for tasks or activities.

| <i>Part A</i> | <i>Part B</i> | | | |
|--|---|-----------|----------|---------------|
| <p><i>✓ all that apply</i></p> <p><input type="checkbox"/> Often loses things. (e.g., work papers, keys, wallet, coat)</p> <p><input type="checkbox"/> Is constantly looking for important items.</p> <p><input type="checkbox"/> Needs to put items in the same place to keep from losing them.</p> <p><input type="checkbox"/> Materials he/she needs for doing work or school tasks are scattered, carelessly handled or damaged.</p> | <p>CIRCLE number describing how often these are a problem.</p> | | | |
| | Never or Rarely | Sometimes | Often | Very Often |
| | 0 | 1 | 2 | 3 |

14 Blurts out answers before questions have been completed.

| <i>Part A</i> | <i>Part B</i> | | | |
|---|--|-----------|----------|---------------|
| <p><input type="checkbox"/> Answers questions before someone finishes asking.</p> <p><input type="checkbox"/> Says things before his/her turn.</p> <p><input type="checkbox"/> Says things that don't fit into the conversation.</p> <p><input type="checkbox"/> Does things without thinking about the consequences.</p> | <p>How often are these a problem?</p> | | | |
| | Never or Rarely | Sometimes | Often | Very Often |
| | 0 | 1 | 2 | 3 |

15 Is easily distracted.

| <i>Part A</i> | <i>Part B</i> | | | |
|--|--|-----------|----------|---------------|
| <p><input type="checkbox"/> Is easily distracted by noises (TV, radio, conversations), movement, or clutter.</p> <p><input type="checkbox"/> Needs relative isolation to get work done.</p> <p><input type="checkbox"/> Often begins a task, moves on to another, then turns to something else before completing any of the tasks.</p> <p><input type="checkbox"/> Has a hard time getting back to a task once he/she has stopped.</p> | <p>How often are these a problem?</p> | | | |
| | Never or Rarely | Sometimes | Often | Very Often |
| | 0 | 1 | 2 | 3 |

16 Has difficulty awaiting turn.

| <i>Part A</i> | <i>Part B</i> | | | |
|--|--|-----------|----------|---------------|
| <p><input type="checkbox"/> Has a hard time waiting his/her turn in conversations, in lines, or while driving.</p> <p><input type="checkbox"/> Gets extremely frustrated with delays.</p> <p><input type="checkbox"/> Avoids situations where he/she might have to wait.</p> <p><input type="checkbox"/> Feels unable to relax while waiting. (i.e., for an appointment)</p> | <p>How often are these a problem?</p> | | | |
| | Never or Rarely | Sometimes | Often | Very Often |
| | 0 | 1 | 2 | 3 |

17 Is forgetful in daily activities.

| <i>Part A</i> | <i>Part B</i> | | | |
|--|--|-----------|----------|---------------|
| <p><input type="checkbox"/> Often forgets things in daily routine. (e.g., chores, work, appointments obligations)</p> <p><input type="checkbox"/> Forgets to take things to work or school, such as work materials or assignments due that day.</p> <p><input type="checkbox"/> Needs to be reminded or write regular reminders to himself/herself to do most activities or tasks.</p> | <p>How often are these a problem?</p> | | | |
| | Never or Rarely | Sometimes | Often | Very Often |
| | 0 | 1 | 2 | 3 |

18 Interrupts or intrudes on others.

| <i>Part A</i> | <i>Part B</i> | | | |
|--|--|-----------|----------|---------------|
| <p><input type="checkbox"/> Talks when others are talking, without waiting to be acknowledged.</p> <p><input type="checkbox"/> Butts into others' conversations before being invited.</p> <p><input type="checkbox"/> Interrupts others' activities.</p> <p><input type="checkbox"/> Grabs things from others.</p> | <p>How often are these a problem?</p> | | | |
| | Never or Rarely | Sometimes | Often | Very Often |
| | 0 | 1 | 2 | 3 |

Adapted from ADHD Rating Scale-IV: Checklists, Norms, and Clinical Interpretation by George J. DuPaul, Thomas J. Power, Arthur D. Anastopoulos, and Robert Reid. © 1998 by the authors. ADHD criteria are adapted by permission from DSM-IV. © 1994 by the American Psychiatric Association. Also adapted from The Adult ADHD Rating Scale by Lenard A. Adlar, Joseph Biederman, Thomas Spencer © 2003 New York University and Massachusetts General Hospital.

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Reviewed by: _____

Date: _____ PMC MC

O/E _____