

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

CHILDHOOD SYMPTOMS SCALE—OTHER REPORT FORM

Your name _____ Date _____

Person to be rated by you _____

Your relationship to that person _____

Instructions: Please circle the number next to each item that best describes the behavior of the person being rated when he/she was a *child age 5 to 12 years*.

Items:	Never or rarely	Sometimes	Often	Very often
1. Failed to give close attention to details or made careless mistakes in his/her work	0	1	2	3
2. Fidgeted with hands or feet or squirmed in seat	0	1	2	3
3. Had difficulty sustaining his/her attention in tasks or fun activities	0	1	2	3
4. Left his/her seat in classroom or in other situations in which seating was expected	0	1	2	3
5. Didn't listen when spoken to directly	0	1	2	3
6. Seemed restless	0	1	2	3
7. Didn't follow through on instructions and failed to finish work	0	1	2	3
8. Had difficulty engaging in leisure activities or doing fun things quietly	0	1	2	3
9. Had difficulty organizing tasks and activities	0	1	2	3
10. Seemed "on the go" or "driven by a motor"	0	1	2	3
11. Avoided, disliked, or was reluctant to engage in work that required sustained mental effort	0	1	2	3
12. Talked excessively	0	1	2	3
13. Lost things necessary for tasks or activities	0	1	2	3
14. Blurted out answers before questions were completed	0	1	2	3
15. Was easily distracted	0	1	2	3
16. Had difficulty awaiting turn	0	1	2	3

(cont.)

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17. Was forgetful in daily activities	0	1	2	3
18. Interrupted or intruded on others	0	1	2	3

To what extent did 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 *when he/she was a child between 5 and 12 years of age?*

Areas:	Never or rarely	Sometimes	Often	Very often
In his/her home life with the immediate family	0	1	2	3
In his/her social interactions with other children	0	1	2	3
In his/her activities or dealings in the community	0	1	2	3
In school	0	1	2	3
In sports, clubs, or other organizations	0	1	2	3
In learning to take care of him/herself	0	1	2	3
In his/her play, leisure, or recreational activities	0	1	2	3
In his/her handling of daily chores or other responsibilities	0	1	2	3

Instructions: Again, please circle the number next to each item that best describes the behavior of the person being rated *when he/she was a child age 5 to 12 years.*

Items:	Never or rarely	Sometimes	Often	Very often
1. Lost temper	0	1	2	3
2. Argued with adults	0	1	2	3
3. Actively defied or refused to comply with adults' requests or rules	0	1	2	3
4. Deliberately annoyed people	0	1	2	3
5. Blamed others for his/her mistakes or misbehavior	0	1	2	3
6. Was touchy or easily annoyed by others	0	1	2	3
7. Was angry or resentful	0	1	2	3
8. Was spiteful or vindictive	0	1	2	3

(cont.)

Instructions: Please indicate whether the person being rated on this form engaged in any of the following items *between 5 and 18 years of age*:

1. Often bullied, threatened, or intimidated others	No	Yes
2. Often initiated physical fights	No	Yes
3. Used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, or gun)	No	Yes
4. Was physically cruel to people	No	Yes
5. Was physically cruel to animals	No	Yes
6. Stole while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery)	No	Yes
7. Forced someone into sexual activity	No	Yes
8. Deliberately engaged in fire setting with the intention of causing serious damage	No	Yes
9. Deliberately destroyed others' property (other than by fire setting)	No	Yes
10. Broke into someone else's house, building, or car	No	Yes
11. Often lied to obtain goods or favors or to avoid obligations (i.e., "conned" others)	No	Yes
12. Stole items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery)	No	Yes
13. Often stayed out at night despite parental prohibitions If so, at what age did this begin? _____	No	Yes
14. Ran away from home overnight at least twice while living in parents' home, foster care, or group home. If so, how many times? _____	No	Yes
15. Was often truant from school If so, at what age did this begin? _____	No	Yes