

# FRONTIER HEALTH SERVICES

## Child - ADHD Self-Report Scale Symptom Checklist

Client Name		Today's Date					
Please answer the questions below by placing an X in the box that best describes how you have felt <b>over the past 6 months</b> . Please give this completed checklist to your healthcare professional to discuss during your next appointment.			Never	Rarely	Sometimes	Often	Very Often
1. I can be forgetful in daily activities, chores or homework							
2. I have difficulty organizing activities, chores or homework							
3. I don't follow through on instructions or fall behind on my work							
4. I avoid, dislike, or refuse to do work that requires a lot of mental effort							
5. I fidget with my hands, my feet or squirm in my seat							
6. I feel "on the go" or "driven by a motor" Or others tell me that I am "on the go" or "driven by a motor"							
<b>Part A</b>							
7. I can fail to give close attention to details or make careless mistakes in my work							
8. I have difficulty keeping my attention on tasks or fun activities							
9. I don't listen when spoken to directly							
10. I lose things I need for tasks, homework, chores or activities							
11. I get distracted by people, things or noises							
12. I leave my seat in classroom or in other situations when being seated is expected							
13. I feel restless							
14. I have difficulty or get in trouble when engaging in fun activities Or I get in trouble for being too loud when I'm supposed to be doing things quietly							
15. People tell me I "talk too much"							
16. I blurt out answers before questions have been completed							
17. I have difficulty awaiting for my turn							
18. I interrupt or intrude on others							
<b>Part B</b>							