

CHILDHOOD ADHD SYMPTOMS SCALE .SELF-REPORT

Name _____ Date _____

Instructions

Please circle the number next to each item that best describes your behavior **WHEN YOU WERE A CHILD AGE 5 TO 12 YEARS.**

Items:	Never or Rarely	Some- times	Often	Very Often
1. Failed to give close attention to details or make careless mistakes in my work	0	1	2	3
2. Fidgeted with hands or feet or squirm in seat	0	1	2	3
3. Difficulty sustaining my attention in tasks or fun activities	0	1	2	3
4. Left my 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. Felt 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. Felt "on the go" or "driven by a motor"	0	1	2	3
11. Avoided, disliked, or was reluctant to engage in work that requires 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 had been completed	0	1	2	3
15. Easily distracted	0	1	2	3
16. Had difficulty awaiting turn	0	1	2	3
17. Forgetful in daily activities	0	1	2	3
18. Interrupted or intruded on others	0	1	2	3