

Adolescent Current Symptoms Scale - Parent Report Form

Name: _____

Date: _____

Instructions: Please circle the number next to each item that best describes your behavior during the past 6 months.

Items	Never or Rarely	Sometimes	Often	Very Often
Fail to give close attention to details or make careless mistakes in my work	0	1	2	3
Fidget with hands or feet or squirm in seat	0	1	2	3
Have difficulty sustaining my attention in tasks or fun activities	0	1	2	3
Leave my seat in situations in which seating is expected	0	1	2	3
Don't listen when spoken to directly	0	1	2	3
Feel restless	0	1	2	3
Don't follow through on instructions and fail to finish work	0	1	2	3
Have difficulty engaging in leisure activities or doing fun things quietly	0	1	2	3
Have difficulty organizing tasks and activities	0	1	2	3
Feel "on the go" or "driven by a motor"	0	1	2	3
Avoid, dislike, or am reluctant to engage in work that requires sustained mental effort	0	1	2	3
Talk excessively	0	1	2	3
Lose things necessary for tasks or activities	0	1	2	3
Blurt out answers before questions have been completed	0	1	2	3
Am easily distracted	0	1	2	3
Have difficulty awaiting turn	0	1	2	3
Am forgetful in daily activities	0	1	2	3
Interrupt or intrude on others	0	1	2	3

From *Attention-Deficit Hyperactivity Disorder: A Clinical Workbook* (2nd ed.) by Russel A. Barkley and Kevin R. Murphy. Copyright 1998 by The Guilford Press.

Total Symptom Score _____