

ADHD Assessment for Children

Child's Name: _____ **Sex:** M F **Age:** _____ **Grade:** _____

Completed by: Mother Father Guardian Grandparent

Circle the number that best describes your child's home behavior over the past 6 months.

| | Never or Rarely | Sometimes | Often | Very Often |
|---|--------------------|-----------|----------|---------------|
| 1. Fails to give close attention to details or makes careless mistakes in schoolwork. | 0 | 1 | 2 | 3 |
| 2. Fidgets with hands or feet or squirms in seat. | 0 | 1 | 2 | 3 |
| 3. Has difficulty sustaining attention in tasks or play activities. | 0 | 1 | 2 | 3 |
| 4. Leaves seat in classroom or in other situation in which remaining seated is expected. | 0 | 1 | 2 | 3 |
| 5. Does not seem to listen when spoken to directly. | 0 | 1 | 2 | 3 |
| 6. Runs about or climbs excessively in situations in which it is inappropriate. | 0 | 1 | 2 | 3 |
| 7. Does not follow through on instructions and fails to finish work. | 0 | 1 | 2 | 3 |
| 8. Has difficulty playing or engaging in leisure activities quietly | 0 | 1 | 2 | 3 |
| 9. Has difficulty organizing tasks and activities. | 0 | 1 | 2 | 3 |
| 10. Is "on the go" or acts as if "driven by a motor". | 0 | 1 | 2 | 3 |
| 11. Avoids tasks (e.g., schoolwork, homework) that require 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 |
| 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 |

If you feel that your child may be showing signs of ADHD, please complete this questionnaire and share the results with your healthcare provider.