

CURRENT SYMPTOMS SCALE-OTHER REPORT FORM

to be completed by a parent, partner, roommate, best friend, etc

Your Name _____ Date _____

Person to be rated by you _____ Your relationship to this person _____

Instructions: Please circle the number next to each item that best describes the behavior of this person's behavior *during the last 6 months.*

Items:	Never or rarely	Sometimes	Often	Very often
1. Fails to give close attention to details or make 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 sitting 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 were 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 of daily activities	0	1	2	3
18. Interrupts or intrudes on others	0	1	2	3

(Cont.)

If you indicated that this person experienced any of the problems above, at what age did these problems develop?

At approximately _____ years old

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To what extent did the problems you may have just circled 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 my 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 handling of daily responsibilities	0	1	2	3

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