

# ADHD-RS RETROSPECTIVE PARENT REPORT

Your son or daughter has requested an evaluation for possible Attention Deficit/Hyperactivity Disorder (ADHD). Your input is an important part of this assessment. Please complete this confidential checklist regarding how your child seemed to behave, on average, **between the ages of 5 and 15**. When completed, return the form using the provided envelope.

Patient's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Rater's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions:** Rate the patient **between ages 5 and 15** using the following scale:

0 = Not at all    1 = Just a little    2 = Pretty much true    3 = Often or very true

circle one			Office Use Only
1.	0 1 2 3 Often failed to give close attention to details, making careless errors	IN	___
2.	0 1 2 3 Fidgeted with hands or feet or squirmed in seat		HI ___
3.	0 1 2 3 Had difficulty sustaining attention to tasks or play activities	IN	___
4.	0 1 2 3 Left seat in classroom or in other areas in which remaining seated was expected		HI ___
5.	0 1 2 3 Did not seem to listen when spoken to directly	IN	___
6.	0 1 2 3 Ran about or climbed excessively in situations in which it is inappropriate		HI ___
7.	0 1 2 3 Did not follow through on instructions or failed to finish work	IN	___
8.	0 1 2 3 Had difficulty playing or engaging in leisure activities quietly		HI ___
9.	0 1 2 3 Had difficulty organizing tasks and activities	IN	___
10.	0 1 2 3 Was "on the go" or acted as if "driven by a motor"		HI ___
11.	0 1 2 3 Avoided tasks that require sustained mental effort (i.e., homework)	IN	___
12.	0 1 2 3 Talked excessively		HI ___
13.	0 1 2 3 Lost things necessary for tasks and activities	IN	___
14.	0 1 2 3 Blurted out answers before questions were completed		HI ___
15.	0 1 2 3 Was easily distracted	IN	___
16.	0 1 2 3 Had difficulty awaiting turn		HI ___
17.	0 1 2 3 Was forgetful in daily activities	IN	___
18.	0 1 2 3 Interrupted or intruded on others		HI ___
19.	0 1 2 3 Lost temper easily		OD
20.	0 1 2 3 Argued with adults		OD
21.	0 1 2 3 Actively defied rules and requests		OD
22.	0 1 2 3 Deliberately annoyed other people		OD
23.	0 1 2 3 Blamed others for his/her mistakes		OD
24.	0 1 2 3 Was touchy or easily annoyed		OD
25.	0 1 2 3 Was angry and resentful		OD
26.	0 1 2 3 Was spiteful or vindictive		OD

- Yes No    Some or most of the above symptoms were evident and caused trouble before age 7
- Yes No    These problems were evident in two or more settings (i.e., at school **and** at home)
- Yes No    The behaviors caused **clear** problems in the way your child related socially to others, his/her progress in school, or performance on the job.

**Thank you for your help. Please return this form to your son or daughter's clinician at:  
945 11<sup>th</sup> Avenue, Suite B ~ Longview, WA 98632 ~ fax: 360-636-7372**