



ADHD RATING SCALE IV - SELF REPORT VERSION
(University of Massachusetts Medical Center)

Your Name: _____ Age: _____ Date: _____

Circle the number that best describes your behavior over the past 6 months.

| | <u>Never or Rarely</u> | <u>Sometimes</u> | <u>Often</u> | <u>Very Often</u> |
|---|----------------------------|------------------|--------------|-----------------------|
| 1. Fail to give close attention to details or make careless mistakes in my work. | 0 | 1 | 2 | 3 |
| 2. Fidget with hands or feet or squirm in my seat. | 0 | 1 | 2 | 3 |
| 3. Difficulty sustaining my attention in tasks or fun activities. | 0 | 1 | 2 | 3 |
| 4. Leave my seat in classroom or in other situations in which seating is expected. | 0 | 1 | 2 | 3 |
| 5. Don't listen when spoken to directly. | 0 | 1 | 2 | 3 |
| 6. Feel restless. | 0 | 1 | 2 | 3 |
| 7. Don't follow through on instructions and fail to finish work. | 0 | 1 | 2 | 3 |
| 8. Have difficulty engaging in leisure activities or doing fun things quietly. | 0 | 1 | 2 | 3 |
| 9. Have difficulty organizing tasks and activities. | 0 | 1 | 2 | 3 |
| 10. Feel "on the go" or "driven by a motor." | 0 | 1 | 2 | 3 |
| 11. Avoid, dislike, or reluctant to engage in work that requires sustained mental effort. | 0 | 1 | 2 | 3 |
| 12. Talk excessively. | 0 | 1 | 2 | 3 |
| 13. Lose things necessary for tasks or activities. | 0 | 1 | 2 | 3 |
| 14. Blur out answers before questions have been completed. | 0 | 1 | 2 | 3 |
| 15. Easily distracted. | 0 | 1 | 2 | 3 |
| 16. Have difficulty awaiting turn. | 0 | 1 | 2 | 3 |
| 17. Forgetful in daily activities. | 0 | 1 | 2 | 3 |
| 18. Interrupt or intrude on others. | 0 | 1 | 2 | 3 |