

ABBREVIATED ADHD SYMPTOM CHECKLIST-4

CHILD'S NAME	DATE
NAME OF PERSON COMPLETING FORM	RELATIONSHIP TO CHILD

DIRECTIONS: INDICATE THE DEGREE TO WHICH EACH ITEM BELOW IS A PROBLEM. PLEASE RESPOND TO ALL ITEMS. CONSIDER THE CHILD'S BEHAVIOR ON THE FOLLOWING DAYS: _____

	NEVER	SOMETIMES	OFTEN	VERY OFTEN
1. DOESNT PAY ATTENTION TO DETAILS; MAKES CARELESS MISTAKES.....	0	1	2	3
2. DIFFICULTY PAYING ATTENTION.....	0	1	2	3
3. DOES NOT SEEM TO LISTEN.....	0	1	2	3
4. DIFFICULTY FOLLOWING INSTRUCTIONS; DOES NOT FINISH THINGS.....	0	1	2	3
5. DIFFICULTY GETTING ORGANIZED.....	0	1	2	3
6. AVOIDS DOING THINGS THAT REQUIRE A LOT OF MENTAL EFFORT.....	0	1	2	3
7. LOSES THINGS.....	0	1	2	3
8. EASILY DISTRACTED.....	0	1	2	3
9. FORGETFUL.....	0	1	2	3
10. FIDGETS WITH HANDS OR FEET; SQUIRMS IN SEAT.....	0	1	2	3
11. DIFFICULTY REMAINING SEATED.....	0	1	2	3
12. RUNS ABOUT OR CLIMBS ON THINGS.....	0	1	2	3
13. DIFFICULTY PLAYING QUIETLY.....	0	1	2	3
14. "ON THE GO"; ACTS AS IF "DRIVEN BY A MOTOR".....	0	1	2	3
15. TALKS EXCESSIVELY.....	0	1	2	3
16. BLURTS OUT ANSWERS TO QUESTIONS.....	0	1	2	3
17. DIFFICULTY AWAITING TURN.....	0	1	2	3
18. INTERRUPTS OTHERS OR BUTTS INTO THEIR ACTIVITIES.....	0	1	2	3

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To be used as part of an evaluation of AD/HD behaviors.
(See accompanying literature.)

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HOW I FEEL QUESTIONNAIRE

Developed by CD Spielberger, CD Edwards, J Montouri, and R Lushene

SIDE 1

Name: _____ Age: _____ Date: _____

DIRECTIONS: Read each of the following statements below and decide how you FEEL RIGHT NOW. Circle the answer that describes you best at this moment. There are no right or wrong answers.

- | | | | |
|----------------------|-----------------|------------|----------------|
| 1. I feel | very calm | calm | not calm |
| 2. I feel | very upset | upset | not upset |
| 3. I feel | very pleasant | pleasant | not pleasant |
| 4. I feel | very nervous | nervous | not nervous |
| 5. I feel | very jittery | jittery | not jittery |
| 6. I feel | very rested | rested | not rested |
| 7. I feel | very scared | scared | not scared |
| 8. I feel | very relaxed | relaxed | not relaxed |
| 9. I feel | very worried | worried | not worried |
| 10. I feel | very satisfied | satisfied | not satisfied |
| 11. I feel | very frightened | frightened | not frightened |
| 12. I feel | very happy | happy | not happy |
| 13. I feel | very sure | sure | not sure |
| 14. I feel | very good | good | not good |
| 15. I feel | very troubled | troubled | not troubled |
| 16. I feel | very bothered | bothered | not bothered |
| 17. I feel | very nice | nice | not nice |
| 18. I feel | very terrified | terrified | not terrified |
| 19. I feel | very mixed-up | mixed-up | not mixed-up |
| 20. I feel | very cheerful | cheerful | not cheerful |

HOW I FEEL QUESTIONNAIRE

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SIDE 2

DIRECTIONS: Read each of the following statements below and decide how you USUALLY FEEL. Circle the answer that most of the time describes you best. There are no right or wrong answers.

- | | | | |
|---|-------------|-----------|-------|
| 1. I worry about making mistakes | hardly ever | sometimes | often |
| 2. I feel like crying | hardly ever | sometimes | often |
| 3. I feel unhappy | hardly ever | sometimes | often |
| 4. I have trouble making up my mind | hardly ever | sometimes | often |
| 5. It is difficult for me to face my problems | hardly ever | sometimes | often |
| 6. I worry too much | hardly ever | sometimes | often |
| 7. I get upset at home | hardly ever | sometimes | often |
| 8. I am shy | hardly ever | sometimes | often |
| 9. I feel troubled | hardly ever | sometimes | often |
| 10. Unimportant thoughts run through my
mind and bother me | hardly ever | sometimes | often |
| 11. I worry about school | hardly ever | sometimes | often |
| 12. I have trouble deciding what to do | hardly ever | sometimes | often |
| 13. I notice my heart beats fast | hardly ever | sometimes | often |
| 14. I am secretly afraid | hardly ever | sometimes | often |
| 15. I worry about my parents | hardly ever | sometimes | often |
| 16. My hands get sweaty | hardly ever | sometimes | often |
| 17. I worry about things that may happen | hardly ever | sometimes | often |
| 18. It is hard for me to fall asleep at night | hardly ever | sometimes | often |
| 19. I get a funny feeling in my stomach | hardly ever | sometimes | often |
| 20. I worry about what others think of me | hardly ever | sometimes | often |