

**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