

**Appendix 1: ADHD Rating Scale**

**ADHD Rating Scale**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Completed By: \_\_\_\_\_ Parent \_\_\_ Teacher \_\_\_ Other \_\_\_\_\_

For each line below, please put an "x" in the box that best describes the child's behaviour over the last 6 months

	BEHAVIOUR	Always or very often	Often	Somewhat	Rarely or Never
<b>Inattention</b>	Fails to give close attention to details or makes careless mistakes in schoolwork/homework.				
	Has difficulty keeping attention on tasks or play activities.				
	Does not seem to listen when spoken to directly.				
	Does not follow through on instructions and fails to finish schoolwork or chores.				
	Has difficulty organizing tasks and activities.				
	Avoids or strongly dislikes tasks that require sustained mental effort (e.g., homework)				
	Loses things necessary for tasks or activities (e.g., pencils, books, toys, etc).				
	Is easily distracted by outside stimuli.				
	Is forgetful in daily activities.				
	<b>TOTALS for Inattention</b>				
<b>Hyperactivity and Impulsivity</b>	Fidgets with hands or feet or squirms in seat.				
	Leaves seat in situations in which remaining seated is expected (e.g., dinner table).				
	Runs about or climbs in situations where it is inappropriate.				
	Has difficulty playing quietly.				
	Is "on the go" or acts "driven by a motor."				
	Talks excessively.				
	Blurts out answers to questions before the questions have been completed.				
	Has difficulty awaiting turn.				
	Interrupts others or intrudes on others (e.g., butts into games)				
	<b>TOTALS for Hyperactivity and Impulsivity</b>				

Were some of these behaviours present before age 7? Yes \_\_\_ No \_\_\_ Unsure \_\_\_ N/A \_\_\_

Sources: (1) American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders. 4th edition. Washington DC: American Psychiatric Association; 1994. (2) ICSI Guidelines. Diagnosis and management of attention deficit hyperactivity disorder in primary care for school age children and adolescents Available from: URL:<http://www.guideline.gov/> (accessed November 2007). (3) El Camino Pediatrics Available from: URL:[http://elcaminopediatrics.com/forms\\_medrecords\\_childattentionprofile\\_pf.htm](http://elcaminopediatrics.com/forms_medrecords_childattentionprofile_pf.htm) (accessed November 2007). (4) Morrison D. Off-task and fidgety. An update on ADHD. The Canadian Journal of CME 2003; February:79-85.



### GUIDE TO INTERPRETATION OF ADHD RATING SCALE

Using the DSM-IV-TR criteria with information from multiple sources is the gold standard for diagnosis. These criteria have ensured a degree of standardization in the assessment of ADHD.

Look first at the number of symptoms in the **Inattention** section in the "Always or very often" and the "Often" columns. To meet the criteria for ADHD inattentive sub-type, there must **six or more** of these. In other words, the child must have at least six of these symptoms which have persisted for at least 6 months to a degree that is maladaptive (significant impairment in social, academic, or occupational functioning) and inconsistent with developmental level.

Look next at the totals for the **Impulsivity and Hyperactivity** section. To be consistent with the criteria for ADHD hyperactive sub-type, six or more of these symptoms should be in the "Always or very often" and the "Often" categories.

If the criteria for both inattention and hyperactivity are met (i.e., six or more in both), this is an ADHD combined sub-type.

There are alternative rating scales that have been validated for ADHD. One of these is the 90-item SNAP-IV Teacher and Parent Rating Scale. It is available, along with scoring instructions, for free download from the CADDRA website [www.caddra.ca](http://www.caddra.ca).

The remaining DSM-IV-TR criteria include:

- Some of these symptoms were present before age 7 years.
- The symptoms are present in two or more settings (e.g., at home and at school). Thus, rating scales are completed by a teacher, as well as by a parent.

In addition, the DSM criteria state that the symptoms must not be caused by another psychiatric disorder (Pervasive Developmental Disorder, Schizophrenia or other Psychotic Disorder) **and/or** are not better accounted for by another disorder (Mood Disorder, Anxiety Disorder, etc).

