

Parents' Rating Scale

Child's name _____ # _____ Date _____ Physician _____

to be filled out by the *mother* of the subject (or father only if mother is unavailable).

Instructions: Listed below are items concerning children's behavior and the problems they sometimes have. Read each item carefully and decide how much you think your child was bothered by these problems when he/she was between *six* and *ten* years old. Rate the amount of the problem by putting a check in the column that describes your child at that time.

	NOT AT ALL	JUST A LITTLE	PRETTY MUCH	VERY MUCH
RESTLESS (OVERACTIVE)				
EXCITABLE, IMPULSIVE				
DISTURBS OTHER CHILDREN				
FAILS TO FINISH THINGS STARTED (SHORT ATTENTION SPAN)				
FIDGETING				
INATTENTIVE, DISTRACTIBLE				
DEMANDS MUST BE MET IMMEDIATELY; GETS FRUSTRATED				
CRIES				
MOOD CHANGES QUICKLY				
TEMPER OUTBURSTS (EXPLOSIVE AND UNPREDICTABLE BEHAVIOR)				