

**DEPARTMENT OF DEFENSE
EDUCATION ACTIVITIES
ADD/ADHD MONITORING SCALE**

Name of Student: _____ Grade: _____
 Name of Rater: _____
 Subject/Setting: _____ Date: _____
 Time(s) of contact: (when is the student with you?) _____

(Circle your response.)

1. <u>Inattention</u>	Almost Never	Almost Always	Not Observed
a. Fails to pay close attention to details, or makes careless mistakes in school work, chores, or other daily activities.	0 1	2 3	N/0
b. Has trouble keeping attention on tasks or play activities	0 1	2 3	N/0
c. Has trouble listening when spoken to.	0 1	2 3	N/0
d. Has difficulty following through on directions and failed to complete schoolwork, chores, or other responsibilities.	0 1	2 3	N/0
e. Has difficulty organizing tasks or activities.	0 1	2 3	N/0
f. Dislikes, avoids, or does not want to engage in activities that require sustained concentration.	0 1	2 3	N/0
g. Loses things required for school work or other activities.	0 1	2 3	N/0
h. Is easily distracted from tasks.	0 1	2 3	N/0
i. Is typically forgetful in daily activities.	0 1	2 3	N/0

of items with rating of 2, or 3:
Total Score:

2. <u>Hyperactivity</u>	0 1	2 3	N/0
a. Often squirms in his/her seat or fidgets.	0 1	2 3	N/0
b. Frequently is out of his/her seat at school or in other situations where he/she is expected to remain seated.	0 1	2 3	N/0
c. Runs about or climbs excessively when he/she are not supposed to.	0 1	2 3	N/0
d. Seems to have trouble playing quietly.	0 1	2 3	N/0
e. Can be described as 'always on the go' or as if 'driven by a motor'.	0 1	2 3	N/0
f. Seems to talk excessively.	0 1	2 3	N/0

#of items with rating of 2, or 3:
Total Score:

Almost Never	Almost Always	Not Observed
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3. Impulsivity

a. Frequently blurts out the answer to a question.	0	1	2	3	N/0
b. Typically has difficulty waiting his/her turn.	0	1	2	3	N/0
c. Frequently interrupts others or intrudes on others.	0	1	2	3	N/0

of items with Rating of 2 or 3:
Total Score:

4. Academic Performance

a. Does not complete in-class projects.	0	1	2	3	N/0
b. Does not return homework completed.	0	1	2	3	N/0
c. Does not complete in-class written work.	0	1	2	3	N/0

of items with rating of 2, or 3:
Total Score:

1. Have you noticed any of the following symptoms? (check behaviors reported or noticed.)

- appetite loss insomnia headaches stomach aches staring often irritable
 excessive crying motor/vocal tics nervousness sadness withdrawn moody

2. Have you noticed a change in behavior during the school day, as if effects of medication are wearing off?
 NO YES If yes, at what time? _____

Teacher Comments: Thoughts or observations you wish to share with the physician.

Teacher Signature

Original to Physician