

**NEW BRAUNFELS PEDIATRIC ASSOCIATES, P.A.**  
**1535 E. Common Street, New Braunfels, Texas 78130**  
**Office # (830)625-9153 Fax # (830)609-0572**

To the Parent/Guardian of: \_\_\_\_\_

Thank you for choosing New Braunfels Pediatrics to evaluate your child for ADHD or Attention Deficit/Hyperactivity Disorder. **Please complete all paperwork and return to our office with your appointment. The forms must be complete or the visit may have to be rescheduled. Please arrive at our office 30 minutes before your appointment to allow staff time to review these forms.**

There are steps that need to be taken to make a diagnosis of ADHD. Some children may have a learning disability, some children may have difficulty with their hearing or vision, and some children may actually have ADHD. The answers come from the parents, other family members, teachers, doctors and other professionals working as a team. Here are the steps that the team needs to take to evaluate your child.

- Step 1. Read the Attention Deficit Disorder information sheet.
- Step 2. Parents/Guardian fill out the Vanderbilt Assessment scale – parent informant.
- Step 3. Parents/ Guardian fill out the Controlled substance prescription refill guideline.
- Step 4. Have primary teacher and or instructors (these can be school teachers, karate instructors, scout leaders, etc.) fill out the DePaul ADHD rating scale. There can be more than one teacher completing scale. This step can be omitted in the summer.
- Step 5. Return all paperwork to New Braunfels Pediatrics with your appointment.

Because of the complexity of ADHD, we block extra time for the initial evaluation. Please be on time, and call in advance if you cannot make the appointment time as it will need to be rescheduled. Our doctors base their diagnosis and treatment plan on all information received so it is important to return all paperwork, including teacher evaluations, as soon as possible.

Thank you for your time and patience.

Timothy W. Owens, M.D., Mark D. Statler, M.D., Jay S. Weinberg, M.D., Sarah E. Rieger, M.D.,  
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## DEFINITION

Attention deficit disorder (ADD) occurs in 3% to 5% of children, most of them boys. A normal attention span is 3 to 5 minutes per year of a child's age. A child in kindergarten needs a 15-minute attention span. First and second graders need a 20-minute span to do the work. (*Note:* The attention span while watching television doesn't count.) If you suspect that your child has a short attention span, ask another adult (a teacher or day care provider, for example) if she has observed this also. The following characteristics are common:

- A child hasn't learned to listen when someone talks, wait his turn, complete a task, or return to a task if interrupted. (*Caution:* These can be normal characteristics of children less than 3 or 4 years old.)
- Some children (80% of boys and 50% of girls) also have associated hyperactivity (increased motor activity) with symptoms of being restless, impulsive, and in a hurry. This is called attention deficit hyperactivity disorder, or ADHD.
- Some children (50%) also have an associated learning disability. The most common one is an auditory processing deficit (i.e., they have difficulty remembering complex verbal directions). However, the intelligence of most children with ADD is usually normal.

## Similar Conditions

Disruptive children, children who don't mind, and aggressive children are sometimes included under the broad category of hyperactivity. These children should be looked on as children with behavior problems and approached with appropriate discipline techniques.

## Causes

ADD is the most common developmental disability. "Developmental" means that the disability is caused by delayed brain development (immaturity). This delay results in poor self-control, requiring external controls by the parents for a longer period of time. Often this type of temperament and short attention span are hereditary. Minor brain damage has not been proven to cause ADD.

## Expected Course

Children with developmental ADD can improve significantly if parents and teachers provide understanding and direction and preserve the children's self-esteem. When these children become adults, many of them have good attention spans but remain restless, have to keep busy, and, in a sense, have not entirely outgrown the problem. However, not only does society learn to tolerate such traits in adults, but in some settings the person with endless energy is prized.

## GUIDELINES FOR LIVING WITH A CHILD HAVING A SHORT ATTENTION SPAN AND HYPERACTIVITY

ADD is a chronic condition that needs special parenting and school intervention. If your child seems to have a poor attention span and is over 3 years of age, these recommendations may assist you. Your main obligations involve organizing your child's home life and improving discipline. Only after your child's behavior has improved will you know for certain if your child also has ADD. If he does, specific interventions to help him learn to listen and complete tasks ("stretch" his attention span) can be initiated. Even though you can't be sure about ADD until your child is 3 or 4 years of age, you can detect and improve behavior problems after 8 months of age.

1. **Accept your child's limitations.** Accept the fact that your child is intrinsically active and energetic and possibly always will be. The hyperactivity is not intentional. Don't expect to eliminate the hyperactivity but merely to bring it under reasonable control. Any criticism or other attempt to change an energetic child into a quiet or model child will cause more harm than good. Nothing helps a hyperactive child more than having a tolerant, patient, low-keyed parent.
2. **Provide an outlet for the release of excess energy.** This energy can't be bottled up and stored. Daily outdoor activities such as running, sports, and long walks are good outlets. A fenced yard helps. In bad weather your child needs a recreational area where he can play as he pleases with minimal restrictions and supervision. A garage will suffice. Too many toys can cause him to be more easily distracted from playing with any one toy. The toys should be safe and relatively unbreakable. Encourage your child to play with one toy at a time.
3. **Keep your home well organized.** Household routines help the hyperactive child to accept order. Keep the times for wake-up, meals, chores, naps, and bed regular. Keep your environment relatively quiet to encourage thinking, listening, and reading at home. In general, leave the radio and television off. Predictable daily events help your child's responses become more predictable. ADD symptoms are made worse by sleep deprivation and hunger. Be sure your child has an early bedtime and a big breakfast on school days.
4. **Try not to let your child become fatigued.** When a hyperactive child becomes exhausted, his self-control often breaks down and the hyperactivity becomes worse. Try to have your child sleep or rest when he is fatigued. If he can't seem to "turn off his motor," hold and rock him in a rocking chair.
5. **Avoid taking your child to formal gatherings.** Except for special occasions, avoid places where

hyperactivity would be extremely inappropriate and embarrassing (such as churches or restaurants). You also may wish to reduce the number of times your child goes with you to stores and supermarkets. After your child develops adequate self-control at home, he can gradually be introduced to these situations.

6. **Maintain firm discipline.** These children are unquestionably difficult to manage. They need more carefully planned discipline than the average child. Rules should be formulated mainly to prevent harm to your child and to others. Aggressive behavior, such as biting, hitting, and pushing, should be no more accepted in the hyperactive child than in the normal child. Try to eliminate such aggressive behaviors, but avoid unnecessary or unattainable rules; that is, don't expect your child to keep his hands and feet still. Hyperactive children tolerate fewer rules than the normal child. Enforce a few clear, consistent, important rules and add other rules at your child's pace. Avoid constant negative comments like "Don't do this" and "Stop that."

7. **Enforce rules with nonphysical punishment.** Physical punishment suggests to your child that physically aggressive behavior is acceptable. We want to teach hyperactive children to be less aggressive. Your child needs adult models of control and calmness. Use a friendly, matter-of-fact tone of voice to discipline your child. If you yell, your child will be quick to imitate you.

Punish your child for misbehavior immediately. When your child breaks a rule, isolate him in a chair or time-out room if a show of disapproval doesn't work. The time-out should last about 1 minute per year of your child's age. Without a time-out system, success is unlikely.

8. **Stretch your child's attention span.** Encouraging attentive (nonhyperactive) behavior is the key to preparing your child for school. Increased attention span and persistence with tasks can be taught at home. Don't wait until your child is of school age and expect the teacher to change him. By 5 years of age he needs at least a 15-minute attention span to perform adequately.

Set aside several brief periods each day to teach your child listening skills by reading to him. Start with picture books, and gradually progress to reading stories. Coloring pictures can be encouraged and praised. Teach games to your child, gradually increasing the difficulty by starting with building blocks and progressing to puzzles, dominoes, card games, and dice games. Matching pictures is an excellent way to build your child's memory and concentration span. Later, consequence games such as checkers or tic-tac-toe can be introduced. When your child becomes restless, stop and return to it later. Praise your child for attentive behavior. This process is invaluable in preparing your child for school.

9. **Buffer your child against any overreaction by neighbors.** Ask neighbors with whom your child has contact to be helpers. If your child is labeled by some adults as a "bad" kid, it is important that this image doesn't carry over into your home life. At home the attitude that must prevail is that your child is a good child with excess energy. It is extremely important that you not give up on him. Your child must always feel loved and accepted within the family. As long as a child has this acceptance, his self-esteem will survive.

10. **From time to time, get away from it all.** Periodic breaks help parents to tolerate hyperactive behavior. If just the father works outside the home, he should try to look after the child when he comes home, not only to give his wife a deserved break but also to understand better what she must contend with during the day. A babysitter one afternoon each week and an occasional evening out can provide much-needed breaks for an exhausted mother. Preschool is another helpful option. Parents need time to rejuvenate themselves so they can continue to meet their child's extra needs.

11. **Use special programs at school.** Try to start your child in preschool by 3 years of age to help him learn to organize his thoughts and develop his ability to focus. However, consider enrolling your child in kindergarten a year late (i.e., at 6 years old rather than 5) because the added maturity may help him fit in better with his classmates.

Once your child enters grade school, the school is responsible for providing appropriate programs for your child's ADD and any learning disability he might have. Some standard approaches used to help children with ADD are smaller class size, isolated study space, spaced learning techniques, and inclusion of the child in tasks such as erasing the blackboard (as outlets for excessive energy). Many of these children spend part of their day with a teacher specializing in learning disabilities who helps to improve their skills and confidence.

If you think your child has ADD and he has not been tested by the school's special education team, you can request an evaluation. Usually you can obtain the help your child needs with schoolwork by working with the school through parent-teacher conferences. Your main job is to continue to help your child improve his attention span and self-discipline, at home.

12. **Medications are sometimes helpful.** Stimulant drugs can improve a child's ability to concentrate. Discuss the use of drugs with your child's physician. In general, medications are not prescribed before school age. Medications without special education and home management programs have no long-term benefit. They need to be part of a broader program.

## Controlled Substance Prescription Refill Guidelines

New Braunfels Pediatric Assoc. 1535 E Common St., New Braunfels, Tx, 78130

Revised 7/26/10

In order to simplify the refill process, please understand that we have the following guidelines in place.

**UPDATE—3/11/08** Lost or stolen controlled prescriptions must be, by law, reported to the Department of Public Safety and the local law enforcement agency. Lost or stolen prescriptions will be charged a fee of \$25.00 to rewrite. A script is considered lost if you cannot return it to our office for a rewrite.

\*After the initial visit, a follow up for ADD/ADHD is generally required between two and four weeks at the Doctor's request. After medication is stabilized, an ADD/ADHD follow up or check-up is required twice a year (usually every 6 months). A sick visit does not meet this requirement. If you do not keep your follow up appointments, the provider cannot refill your prescription. Regular follow ups are very important to assess that the patient is doing well and that the medication does not need to be adjusted.

\*Please call 2-3 days in advance when requesting controlled substance refills. The phone nurse must verify the script information and complete the form. The prescribing doctor must then sign it off. This takes time and is difficult to complete in an hour.

\*Controlled substance refills must be paper prescriptions and picked up at our office. Controlled substance prescriptions are regulated by the federal government, and we are not allowed to call in or fax these prescriptions in any circumstance.

\*If you leave a message for the phone nurse to complete the refill, they will return your call ONLY if there is a question about dosing or you have requested them to. We will have the prescription ready 2-3 days after your call.

\*Please remember that all controlled substance prescriptions must be picked up from us and dropped off at the pharmacy in **twenty one days**, or they will have to be rewritten. Once the prescription has been taken to the pharmacy to be filled, it must be picked up within 7 days, or have to be rewritten. Again, this is regulated by the federal government.

\*There is a \$5.00 charge for prescriptions that are returned to be re-written due to not filling the prescription within the specified time. This fee is due at the time of re-write and is not covered by insurance.

Thank you for your cooperation.

I have been given a copy of the guidelines for controlled substance refills and understand how they apply.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

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Teacher's Name: \_\_\_\_\_ Class Time: \_\_\_\_\_ Class Name/Period: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

**Directions:** Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: \_\_\_\_\_.

Is this evaluation based on a time when the child  was on medication  was not on medication  not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (school assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by extraneous stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat in classroom or in other situations in which remaining seated is expected	0	1	2	3
12. Runs about or climbs excessively in situations in which remaining seated is expected	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks excessively	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting in line	0	1	2	3
18. Interrupts or intrudes on others (eg, butts into conversations/games)	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to comply with adult's requests or rules	0	1	2	3
21. Is angry or resentful	0	1	2	3
22. Is spiteful and vindictive	0	1	2	3
23. Bullies, threatens, or intimidates others	0	1	2	3
24. Initiates physical fights	0	1	2	3
25. Lies to obtain goods for favors or to avoid obligations (eg, "cons" others)	0	1	2	3
26. Is physically cruel to people	0	1	2	3
27. Has stolen items of nontrivial value	0	1	2	3
28. Deliberately destroys others' property	0	1	2	3
29. Is fearful, anxious, or worried	0	1	2	3
30. Is self-conscious or easily embarrassed	0	1	2	3
31. Is afraid to try new things for fear of making mistakes	0	1	2	3

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

American Academy  
of Pediatrics



REGISTERED TO THE HEALTH OF ALL CHILDREN

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

Revised - 1102

NICHQ

National Initiative for Children's Healthcare Quality

McNeil  
Consumer & Specialty Pharmaceuticals

Teacher's Name: \_\_\_\_\_ Class Time: \_\_\_\_\_ Class Name/Period: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Symptoms (continued)	Never	Occasionally	Often	Very Often
32. Feels worthless or inferior	0	1	2	3
33. Blames self for problems; feels guilty	0	1	2	3
34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3

Performance Academic Performance	Excellent	Average	Above Average	Somewhat of a	
				Problem	Problematic
36. Reading	1	2	3	4	5
37. Mathematics	1	2	3	4	5
38. Written expression	1	2	3	4	5

Classroom Behavioral Performance	Excellent	Above Average	Average	Somewhat of a	
				Problem	Problematic
39. Relationship with peers	1	2	3	4	5
40. Following directions	1	2	3	4	5
41. Disrupting class	1	2	3	4	5
42. Assignment completion	1	2	3	4	5
43. Organizational skills	1	2	3	4	5

**Comments:**

Please return this form to: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Fax number: \_\_\_\_\_

**For Office Use Only**

Total number of questions scored 2 or 3 in questions 1-9: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 10-18: \_\_\_\_\_

Total Symptom Score for questions 1-18: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 19-28: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 29-35: \_\_\_\_\_

Total number of questions scored 4 or 5 in questions 36-43: \_\_\_\_\_

Average Performance Score: \_\_\_\_\_



Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Phone Number: \_\_\_\_\_

**Directions:** Each rating should be considered in the context of what is appropriate for the age of your child.  
 When completing this form, please think about your child's behaviors in the past 6 months.

Is this evaluation based on a time when the child  was on medication  was not on medication  not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to go along with adults' requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and wants to get even	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	0	1	2	3
30. Is truant from school (skips school) without permission	0	1	2	3
31. Is physically cruel to people	0	1	2	3
32. Has stolen things that have value	0	1	2	3

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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Revised - 1102

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NICHQ

McNeil  
Consumer & Specialty Pharmaceuticals

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Phone Number: \_\_\_\_\_

Symptoms (continued)	Never	Occasionally	Often	Very Often
33. Deliberately destroys others' property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Is physically cruel to animals	0	1	2	3
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business, or car	0	1	2	3
38. Has stayed out at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3
41. Is fearful, anxious, or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems, feels guilty	0	1	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
46. Is sad, unhappy, or depressed	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
48. Overall school performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationship with parents	1	2	3	4	5
53. Relationship with siblings	1	2	3	4	5
54. Relationship with peers	1	2	3	4	5
55. Participation in organized activities (eg, teams)	1	2	3	4	5

Comments:

**For Office Use Only**

Total number of questions scored 2 or 3 in questions 1-9: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 10-18: \_\_\_\_\_

Total Symptom Score for questions 1-18: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 19-26: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 27-40: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 41-47: \_\_\_\_\_

Total number of questions scored 4 or 5 in questions 48-55: \_\_\_\_\_

Average Performance Score: \_\_\_\_\_



Dear Teacher,

The parents of one of your students are seeking to have their child evaluated by our office for a health concern. As part of our evaluation process, we ask that both the child's parents and teacher complete a set of behavioral rating scales. This information is important for the diagnosis and treatment of your student. **Your time and cooperation in this matter is greatly appreciated. Please find attached a teacher rating scale.**

**Generally the teacher who spends the most time with the child should complete the teacher rating scales. However, if the child has more than one primary teacher, or has a special education teacher, it would be useful for us to obtain a separate rating scale from each teacher.**

Please fill out the forms as completely as possible. If you do not know their answer to a question, please write, "don't know," so that we can be sure the item was not simply overlooked.

**We ask that you complete these forms as soon as possible, as we are unable to begin a child's evaluation without the teacher rating scales. This form should be returned to the parent, who will return it to our office.**

Thank you for your assistance and cooperation in the completion of these forms.

Sincerely,  
The Doctors of New Braunfels Pediatric Associates

# DEPAUL ADHD RATING SCALE for parents and teachers

New Braunfels Pediatrics Associates, 1535 Common St., New Braunfels, 830-625-9153

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

Completed by \_\_\_\_\_ Title \_\_\_\_\_

Circle the number in the *one* column which best describes the child.

	Never Or rarely	Some- times	Often	Very often
1. Fails to give close attention to details or makes careless mistakes in work.	0	1	2	3
2. Fidgets with hands or feet or squirms in seat.	0	1	2	3
3. Has difficulty sustaining attention in tasks or play activities.	0	1	2	3
4. Leaves seat in classroom or in other situations in which seating is expected.	0	1	2	3
5. Does not seem to listen when spoken to directly.	0	1	2	3
6. Runs about or climbs excessively in situations in which it is not appropriate.	0	1	2	3
7. Does not follow through on instructions and fails to finish work.	0	1	2	3
8. Has difficulty playing or engaging in leisure activities quietly.	0	1	2	3
9. Has difficulty organizing tasks and activities	0	1	2	3
10. Is "on the go" or acts as if "driven by a motor".	0	1	2	3
11. Avoids tasks (eg. Schoolwork, homework) that require sustained mental effort.	0	1	2	3
12. Talks excessively.	0	1	2	3
13. Often loses things necessary for tasks or activities.	0	1	2	3
14. Blurts out answers before questions have been completed.	0	1	2	3
15. Is easily distracted.	0	1	2	3
16. Has difficulty awaiting turn.	0	1	2	3
17. Is forgetful in daily activities.	0	1	2	3
18. Interrupts or intrudes on others.	0	1	2	3