



melmed center

Adolescent Self Report

Name: _____ (Form to be completed by self)

On specified date, please rate each symptom by circling the number that best describes the symptoms or severity of challenge.

Frequency Code: 0 = Never 1 = Occasionally 2 = Often 3 = Very Often

Date:	Date:	Date:	
0 1 2 3	0 1 2 3	0 1 2 3	Make careless mistakes when working on boring or difficult task
0 1 2 3	0 1 2 3	0 1 2 3	Difficulty sustaining attention in tasks
0 1 2 3	0 1 2 3	0 1 2 3	Difficulty listening when spoken to directly
0 1 2 3	0 1 2 3	0 1 2 3	Difficulty following instructions and fails to complete assigned tasks
0 1 2 3	0 1 2 3	0 1 2 3	Difficulty organizing tasks and/or things
0 1 2 3	0 1 2 3	0 1 2 3	Avoid or dislike tasks that require sustained mental effort
0 1 2 3	0 1 2 3	0 1 2 3	Lose or misplace things needed for tasks
0 1 2 3	0 1 2 3	0 1 2 3	Distracted by activity or noise around you
0 1 2 3	0 1 2 3	0 1 2 3	Forgetful in daily activities
0 1 2 3	0 1 2 3	0 1 2 3	Fidget with hands or feet when seated for a long time
0 1 2 3	0 1 2 3	0 1 2 3	Difficulty remaining seated when expected
0 1 2 3	0 1 2 3	0 1 2 3	Feel restless or fidgety
0 1 2 3	0 1 2 3	0 1 2 3	Difficulty relaxing, unwinding or playing quietly
0 1 2 3	0 1 2 3	0 1 2 3	Feel overly active like you were "driven by a motor"
0 1 2 3	0 1 2 3	0 1 2 3	Talk too much in social situations
0 1 2 3	0 1 2 3	0 1 2 3	Blurt out answers before questions complete or finish sentences of others
0 1 2 3	0 1 2 3	0 1 2 3	Difficulty awaiting your turn when turn taking required
0 1 2 3	0 1 2 3	0 1 2 3	Interrupt others when they are busy
0 1 2 3	0 1 2 3	0 1 2 3	Difficult with homework completion, missing assignments
0 1 2 3	0 1 2 3	0 1 2 3	Feel like I don't want to socialize with my friends
0 1 2 3	0 1 2 3	0 1 2 3	Feel tired during the day
0 1 2 3	0 1 2 3	0 1 2 3	Feel dull, flat, not myself
0 1 2 3	0 1 2 3	0 1 2 3	Feel worried or anxious about things
0 1 2 3	0 1 2 3	0 1 2 3	Feel sad, depressed, low mood, tearful
0 1 2 3	0 1 2 3	0 1 2 3	Feel irritated easily by things or crabby feeling
0 1 2 3	0 1 2 3	0 1 2 3	Overreact emotionally (yelling, slamming doors) when I am irritated
0 1 2 3	0 1 2 3	0 1 2 3	Movements, twitches, jerks or noises
0 1 2 3	0 1 2 3	0 1 2 3	Habits such as nail biting or skin picking, increased
0 1 2 3	0 1 2 3	0 1 2 3	Decreased appetite
0 1 2 3	0 1 2 3	0 1 2 3	Difficulty falling asleep
			Target Symptoms
0 1 2 3	0 1 2 3	0 1 2 3	1
0 1 2 3	0 1 2 3	0 1 2 3	2
0 1 2 3	0 1 2 3	0 1 2 3	3
0 1 2 3	0 1 2 3	0 1 2 3	4
0 1 2 3	0 1 2 3	0 1 2 3	5
0 1 2 3	0 1 2 3	0 1 2 3	6
0 1 2 3	0 1 2 3	0 1 2 3	7

Thank you for your help! Please fax the ratings to Melmed Center at (480) 443-4018.