



CONNERS 4TM

4th EDITION

CONNERS 4TM PARENT

RESPONSE BOOKLET :: C. Keith Conners, PhD

Instructions:

Here are some things parents might say about their children. Please read each item carefully. Indicate how true it is of your child or how often it happened in the **past month**. Think about whether:

0 = In the past month, this was **not true at all** about my child. It **never or rarely** happened.

1 = In the past month, this was **just a little true** about my child. It happened **occasionally**.

2 = In the past month, this was **pretty much true** about my child. It happened **often or quite a bit**.

3 = In the past month, this was **completely true** about my child. It happened **very often or always**.

Please circle only one answer for each item. If you want to change your answer, put an X through it and circle your new choice. Be sure to answer every item. For items that you find difficult to answer, please give your best guess.

**Required field*

CHILD BEING DESCRIBED

First Name:* _____

Last Name:* _____

ID:* (or First and Last Name) _____

Birth Date:* _____ (MMM) / _____ (DD) / _____ (YYYY)

Age:* _____

Gender:

☐ Male

☐ Female

☐ Other (Please specify) _____

Grade: _____

YOUR INFORMATION

First Name: _____

Last Name: _____

ID: _____

Relationship to Child:

☐ Biological parent

☐ Non-biological parent (Please specify) _____

☐ Other relative/guardian (Please specify) _____

Today's Date:* _____ (MMM) / _____ (DD) / _____ (YYYY)

FORM CODE: 1

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CONNERS 4TM PARENT • C. Keith Conners, PhD

Child's Name/ID: _____ Today's Date: _____ (MM) / _____ (DD) / _____ (YYYY)

Think about your child in the past month.

0 = Not true at all
(Never/Rarely)

1 = Just a little true
(Occasionally)

2 = Pretty much true
(Often/Quite a bit)

3 = Completely true
(Very often/Always)

- | | | | | |
|--|---|---|---|---|
| 1. Gets invited to play or go out with others. | 0 | 1 | 2 | 3 |
| 2. Is forgetful in daily activities. | 0 | 1 | 2 | 3 |
| 3. Leaves their seat when they should stay seated. | 0 | 1 | 2 | 3 |
| 4. Loses temper. | 0 | 1 | 2 | 3 |
| 5. Avoids or dislikes things that take a lot of effort and are not fun. | 0 | 1 | 2 | 3 |
| 6. Physically hurts people. | 0 | 1 | 2 | 3 |
| 7. Has trouble getting started on tasks or projects. | 0 | 1 | 2 | 3 |
| 8. Is sad, gloomy, or irritable. | 0 | 1 | 2 | 3 |
| 9. Blurts out the first thing that comes to mind. | 0 | 1 | 2 | 3 |
| 10. Is easily distracted. | 0 | 1 | 2 | 3 |
| 11. Has trouble falling or staying asleep. | 0 | 1 | 2 | 3 |
| 12. Gets a headache when they have to pay attention for a long time. | 0 | 1 | 2 | 3 |
| 13. Disrupts family activities. | 0 | 1 | 2 | 3 |
| 14. Needs to be moving around. | 0 | 1 | 2 | 3 |
| 15. Doesn't seem to listen to what people are saying to them. | 0 | 1 | 2 | 3 |
| 16. Actively refuses to follow the rules. | 0 | 1 | 2 | 3 |
| 17. Steals while confronting a person (for example, mugging, purse snatching, or armed robbery). | 0 | 1 | 2 | 3 |
| 18. Isn't aware that they are being loud. | 0 | 1 | 2 | 3 |
| 19. Doesn't finish schoolwork, work, or other tasks. | 0 | 1 | 2 | 3 |
| 20. Is annoying to peers. | 0 | 1 | 2 | 3 |
| 21. Starts fights with people. | 0 | 1 | 2 | 3 |
| 22. Has trouble controlling their worries. | 0 | 1 | 2 | 3 |
| 23. Has hurt themselves on purpose. | 0 | 1 | 2 | 3 |
| 24. Doesn't know what their homework is or where they put it. | 0 | 1 | 2 | 3 |
| 25. Uses other people's things without asking permission. | 0 | 1 | 2 | 3 |
| 26. Has trouble getting back on task after being interrupted. | 0 | 1 | 2 | 3 |
| 27. Steals valuable things secretly (for example, through shoplifting or forgery). | 0 | 1 | 2 | 3 |
| 28. Creates stress for the family. | 0 | 1 | 2 | 3 |
| 29. Has intentionally set fires for the purpose of causing damage. | 0 | 1 | 2 | 3 |
| 30. Has trouble controlling their emotions. | 0 | 1 | 2 | 3 |
| 31. It's impossible for them to pay attention to things. | 0 | 1 | 2 | 3 |
| 32. Fails to follow through on instructions. | 0 | 1 | 2 | 3 |
| 33. Bullies, threatens, or scares others. | 0 | 1 | 2 | 3 |
| 34. Makes impulsive decisions. | 0 | 1 | 2 | 3 |
| 35. Wants good things to happen to them. | 0 | 1 | 2 | 3 |
| 36. Seems hopeless about the future. | 0 | 1 | 2 | 3 |
| 37. Is angry and resentful. | 0 | 1 | 2 | 3 |
| 38. Peers complain about their behavior. | 0 | 1 | 2 | 3 |
| 39. Has trouble calming down when upset. | 0 | 1 | 2 | 3 |
| 40. Forgets to turn in completed work. | 0 | 1 | 2 | 3 |
| 41. Makes it hard for the family to have fun together. | 0 | 1 | 2 | 3 |
| 42. Has difficulty managing their time. | 0 | 1 | 2 | 3 |
| 43. Enjoys doing their favorite activity. | 0 | 1 | 2 | 3 |

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Child's Name/ID: _____ Today's Date: _____ (MMM) / _____ (DD) / _____ (YYYY)

Think about your child in the past month.

0 = Not true at all
(Never/Rarely)

1 = Just a little true
(Occasionally)

2 = Pretty much true
(Often/Quite a bit)

3 = Completely true
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- | | | | | |
|--|---|---|---|---|
| 1. Gets invited to play or go out with others. | 0 | 1 | 2 | 3 |
| 2. Is forgetful in daily activities. | 0 | 1 | 2 | 3 |
| 3. Leaves their seat when they should stay seated. | 0 | 1 | 2 | 3 |
| 4. Loses temper. | 0 | 1 | 2 | 3 |
| 5. Avoids or dislikes things that take a lot of effort and are not fun. | 0 | 1 | 2 | 3 |
| 6. Physically hurts people. | 0 | 1 | 2 | 3 |
| 7. Has trouble getting started on tasks or projects. | 0 | 1 | 2 | 3 |
| 8. Is sad, gloomy, or irritable. | 0 | 1 | 2 | 3 |
| 9. Blurts out the first thing that comes to mind. | 0 | 1 | 2 | 3 |
| 10. Is easily distracted. | 0 | 1 | 2 | 3 |
| 11. Has trouble falling or staying asleep. | 0 | 1 | 2 | 3 |
| 12. Gets a headache when they have to pay attention for a long time. | 0 | 1 | 2 | 3 |
| 13. Disrupts family activities. | 0 | 1 | 2 | 3 |
| 14. Needs to be moving around. | 0 | 1 | 2 | 3 |
| 15. Doesn't seem to listen to what people are saying to them. | 0 | 1 | 2 | 3 |
| 16. Actively refuses to follow the rules. | 0 | 1 | 2 | 3 |
| 17. Steals while confronting a person (for example, mugging, purse snatching, or armed robbery). | 0 | 1 | 2 | 3 |
| 18. Isn't aware that they are being loud. | 0 | 1 | 2 | 3 |
| 19. Doesn't finish schoolwork, work, or other tasks. | 0 | 1 | 2 | 3 |
| 20. Is annoying to peers. | 0 | 1 | 2 | 3 |
| 21. Starts fights with people. | 0 | 1 | 2 | 3 |
| 22. Has trouble controlling their worries. | 0 | 1 | 2 | 3 |
| 23. Has hurt themselves on purpose. | 0 | 1 | 2 | 3 |
| 24. Doesn't know what their homework is or where they put it. | 0 | 1 | 2 | 3 |
| 25. Uses other people's things without asking permission. | 0 | 1 | 2 | 3 |
| 26. Has trouble getting back on task after being interrupted. | 0 | 1 | 2 | 3 |
| 27. Steals valuable things secretly (for example, through shoplifting or forgery). | 0 | 1 | 2 | 3 |
| 28. Creates stress for the family. | 0 | 1 | 2 | 3 |
| 29. Has intentionally set fires for the purpose of causing damage. | 0 | 1 | 2 | 3 |
| 30. Has trouble controlling their emotions. | 0 | 1 | 2 | 3 |
| 31. It's impossible for them to pay attention to things. | 0 | 1 | 2 | 3 |
| 32. Fails to follow through on instructions. | 0 | 1 | 2 | 3 |
| 33. Bullies, threatens, or scares others. | 0 | 1 | 2 | 3 |
| 34. Makes impulsive decisions. | 0 | 1 | 2 | 3 |
| 35. Wants good things to happen to them. | 0 | 1 | 2 | 3 |
| 36. Seems hopeless about the future. | 0 | 1 | 2 | 3 |
| 37. Is angry and resentful. | 0 | 1 | 2 | 3 |
| 38. Peers complain about their behavior. | 0 | 1 | 2 | 3 |
| 39. Has trouble calming down when upset. | 0 | 1 | 2 | 3 |
| 40. Forgets to turn in completed work. | 0 | 1 | 2 | 3 |
| 41. Makes it hard for the family to have fun together. | 0 | 1 | 2 | 3 |
| 42. Has difficulty managing their time. | 0 | 1 | 2 | 3 |
| 43. Enjoys doing their favorite activity. | 0 | 1 | 2 | 3 |

CONNERS 4™ PARENT • C. Keith Conners, PhD

Child's Name/ID: _____ Today's Date: _____ (MM) / _____ (DD) / _____ (YY)

Think about your child in the past month.

0 = Not true at all (Never/Rarely)	1 = Just a little true (Occasionally)	2 = Pretty much true (Often/Quite a bit)	3 = Completely true (Very often/Always)
44. Has broken into someone else's house, building, or car.	0	1	2 3
45. Tries to get even with people.	0	1	2 3
46. Gets tired or worn out from worrying.	0	1	2 3
47. Talks too much.	0	1	2 3
48. Has trouble concentrating.	0	1	2 3
49. Is irritable or easily annoyed by others.	0	1	2 3
50. Has difficulty waiting for their turn.	0	1	2 3
51. Runs or climbs when they are not supposed to.	0	1	2 3
52. Says or does things they don't mean to because they are angry.	0	1	2 3
53. Causes the family to be late for appointments or activities.	0	1	2 3
54. Feels worthless.	0	1	2 3
55. Interrupts other people's conversations, games, or activities.	0	1	2 3
56. Has trouble completing schoolwork or work because of distractions.	0	1	2 3
57. Has trouble organizing tasks or activities.	0	1	2 3
58. Argues with family members.	0	1	2 3
59. Annoys other people on purpose.	0	1	2 3
60. Is unable to be quiet when playing or using free time.	0	1	2 3
61. Stays out at night, even though it breaks the rules.	0	1	2 3
62. Fails to pay close attention to details.	0	1	2 3
63. Interacts well with peers.	0	1	2 3
64. Hands things in late.	0	1	2 3
65. Gets really angry all of a sudden.	0	1	2 3
66. Makes careless mistakes in schoolwork or other activities.	0	1	2 3
67. Upsets or offends others on purpose.	0	1	2 3
68. Lies to avoid having to do something or to get things.	0	1	2 3
69. Gets overly excited.	0	1	2 3
70. Is cruel to animals.	0	1	2 3
71. Has trouble planning ahead.	0	1	2 3
72. Worries too much about many different things.	0	1	2 3
73. People don't want to be friends with them.	0	1	2 3
74. Hands in incomplete work or tests.	0	1	2 3
75. Intrudes on or takes over what others are doing.	0	1	2 3
76. Has talked about, planned, or attempted suicide.	0	1	2 3
77. There is nothing they can pay attention to for a long time.	0	1	2 3
78. Doesn't get along well with family members.	0	1	2 3
79. Loses or misplaces things that they need.	0	1	2 3
80. Overreacts when they get upset.	0	1	2 3
81. Intentionally damages or destroys things that belong to others.	0	1	2 3
82. Seems tired.	0	1	2 3
83. Actively refuses to do what adults tell them to do.	0	1	2 3
84. Uses a weapon to scare or hurt people.	0	1	2 3
85. Has at least one happy memory.	0	1	2 3
86. Has trouble sitting still.	0	1	2 3
87. Gets so focused on something that they lose track of what is going on around them.	0	1	2 3

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Child's Name/ID: _____ Today's Date: _____ (MM) / _____ (DD) / _____ (YYYY)

Think about your child in the past month.

0 = Not true at all
(Never/Rarely)

1 = Just a little true
(Occasionally)

2 = Pretty much true
(Often/Quite a bit)

3 = Completely true
(Very often/Always)

88. Creates a chaotic family life.	0	1	2	3
89. Acts before thinking.	0	1	2	3
90. Skips classes.	0	1	2	3
91. Blames their mistakes or misbehavior on others.	0	1	2	3
92. Mood changes quickly and drastically.	0	1	2	3
93. Has a hard time prioritizing tasks.	0	1	2	3
94. Doesn't enjoy things like they used to.	0	1	2	3
95. Acts as if driven by a motor.	0	1	2	3
96. Is impossible to please.	0	1	2	3
97. Talks out of turn.	0	1	2	3
98. Argues with adults.	0	1	2	3
99. Appears tense, nervous, or jumpy.	0	1	2	3
100. Has trouble making or keeping friends.	0	1	2	3
101. Has forced someone into sexual activity.	0	1	2	3
102. Has a short attention span.	0	1	2	3
103. Writes reminders that they don't remember writing.	0	1	2	3
104. Has run away from home for at least one night.	0	1	2	3
105. Has trouble changing from one task to another.	0	1	2	3
106. Blurts out answers before the question has been completed.	0	1	2	3
107. Has trouble staying focused on work or play for a long time.	0	1	2	3
108. Fidgets or squirms in their seat.	0	1	2	3
109. Is impulsive.	0	1	2	3
110. Feels helpless.	0	1	2	3
111. Is restless.	0	1	2	3
112. Fears they will act in a way that could lead to embarrassment or rejection.	0	1	2	3
113. Has trouble controlling their anger.	0	1	2	3
114. Checks their work for mistakes.	0	1	2	3

Additional Questions:

115. Describe how these behaviors cause serious problems for your child at home, in school, at work, or with their friends. _____

116. Do you have any other concerns about your child? _____

117. What strengths or skills does your child have? _____

Response Form



Child's Name/ID: _____ Gender: M F
(Circle One)
Parent's Name/ID: _____ Grade: _____
Did your child acquire language before age 3? Yes No Don't Know
If Yes, did your child speak in 3 word sentences by age 3? Yes No Don't Know

Today's Date: ____/____/____
Year Month Day
Birth Date: ____/____/____
Year Month Day
Age: ____/____/____
Years Months Days

Instructions: Read each statement that follows the phrase, “During the past four weeks, how often did the child...” then circle the number under the word that tells how often you saw the behavior. Read each question carefully, then mark how often you saw the behavior in the past four weeks. Answer every question without skipping any. If you want to change your answer, put an X through it and circle your new choice. Be sure to answer every question.

<i>During the past four weeks, how often did the child...</i>	Never	Rarely	Occasionally	Frequently	Very Frequently
1. appear disorganized?	0	1	2	3	4
2. become bothered by some fabrics or tags in clothes?	0	1	2	3	4
3. seek the company of other children?	0	1	2	3	4
4. show little emotion?	0	1	2	3	4
5. follow instructions that he/she understood?	0	1	2	3	4
6. argue and fight with other children?	0	1	2	3	4
7. have problems waiting his/her turn?	0	1	2	3	4
8. share fun activities with others?	0	1	2	3	4
9. look at others when talking with them?	0	1	2	3	4
10. engage in tasks that require sustained effort?	0	1	2	3	4
11. avoid looking at people who spoke to him/her?	0	1	2	3	4
12. play with toys appropriately?	0	1	2	3	4
13. have a strong reaction to any change in routine?	0	1	2	3	4
14. have trouble talking with other children?	0	1	2	3	4
15. understand the point of view of others?	0	1	2	3	4
16. learn simple tasks but then forget them quickly?	0	1	2	3	4
17. use language that was immature for his/her age?	0	1	2	3	4
18. get into trouble with adults?	0	1	2	3	4
19. have social problems with children of the same age?	0	1	2	3	4
20. use an odd way of speaking?	0	1	2	3	4
21. repeat certain words or phrases out of context?	0	1	2	3	4
22. become obsessed with details?	0	1	2	3	4
23. keep a conversation going?	0	1	2	3	4
24. insist on doing things the same way each time?	0	1	2	3	4
25. overreact to touch?	0	1	2	3	4
26. repeat or echo what others said?	0	1	2	3	4
27. smell, taste, or eat inedible objects?	0	1	2	3	4
28. understand how someone else felt?	0	1	2	3	4
29. overreact to common smells?	0	1	2	3	4
30. become distracted?	0	1	2	3	4

Please flip this form over to answer statements 31 to 71.

Response Form

During the past four weeks, how often did the child...

Never
Rarely
Occasionally
Frequently
Very Frequently

31. play with others?	0	1	2	3	4
32. notice social cues?	0	1	2	3	4
33. respond when spoken to by adults?	0	1	2	3	4
34. avoid looking at an adult when there was a problem?	0	1	2	3	4
35. have problems paying attention when doing homework or chores?	0	1	2	3	4
36. make careless mistakes in school work?	0	1	2	3	4
37. talk too much about things that adults don't care about?	0	1	2	3	4
38. resist being touched or held?	0	1	2	3	4
39. care about what other people think or feel?	0	1	2	3	4
40. focus too much on details?	0	1	2	3	4
41. not understand why others don't like him/her?	0	1	2	3	4
42. share his/her enjoyment with others?	0	1	2	3	4
43. show an interest in the ideas of others?	0	1	2	3	4
44. leave homework or chores unfinished?	0	1	2	3	4
45. understand age-appropriate humor or jokes?	0	1	2	3	4
46. flap his/her hands when excited?	0	1	2	3	4
47. listen when spoken to?	0	1	2	3	4
48. focus on one subject for too much time?	0	1	2	3	4
49. need things to happen just as expected?	0	1	2	3	4
50. talk too much about things that other children don't care about?	0	1	2	3	4
51. insist on certain routines?	0	1	2	3	4
52. have problems paying attention to fun tasks?	0	1	2	3	4
53. become fascinated with parts of objects?	0	1	2	3	4
54. line up objects in a row?	0	1	2	3	4
55. smile appropriately?	0	1	2	3	4
56. start conversations with others?	0	1	2	3	4
57. fail to complete tasks?	0	1	2	3	4
58. ask questions that were off-topic?	0	1	2	3	4
59. have trouble talking with adults?	0	1	2	3	4
60. interrupt or intrude on others?	0	1	2	3	4
61. look at others when interacting with them?	0	1	2	3	4
62. overreact to loud noises?	0	1	2	3	4
63. become upset if routines were changed?	0	1	2	3	4
64. choose to play alone?	0	1	2	3	4
65. insist on keeping certain objects with him/her at all times?	0	1	2	3	4
66. have social problems with adults?	0	1	2	3	4
67. twirl, spin, or bang objects?	0	1	2	3	4
68. reverse pronouns (e.g., you for me)?	0	1	2	3	4
69. show good peer interactions?	0	1	2	3	4
70. respond when spoken to by other children?	0	1	2	3	4
71. appear fidgety when asked to sit still?	0	1	2	3	4

BRIEF[®] 2

Behavior Rating Inventory of Executive Function[®], Second Edition

PARENT FORM

Gerard A. Gioia, PhD, Peter K. Isquith, PhD,
Steven C. Guy, PhD, and Lauren Kenworthy, PhD

Instructions

On the following pages is a list of statements that describe children. We would like to know if your child has had problems with these behaviors over the past 6 months. Please answer all the items the best that you can. Please **DO NOT SKIP ANY ITEMS**. Think about your child as you read each statement and circle:

- N** if the behavior is **Never** a problem
- S** if the behavior is **Sometimes** a problem
- O** if the behavior is **Often** a problem

For example, if your child **never** has trouble completing homework on time, you would circle **N** for this item:

Has trouble completing homework on time **(N)** S O

If you make a mistake or want to change your answer, **DO NOT ERASE**. Draw an "X" through the answer you want to change and then circle the correct answer:

Has trouble completing homework on time ~~(N)~~ **(S)** O

Before you begin answering the items, please fill in your child's name, gender, age, grade, your relationship to the child, today's date, and child's date of birth in the spaces provided at the top of the next page.

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BRIEF² PARENT FORM

Date of birth _____

Child's name _____ Gender _____ Age _____ Grade _____

Rater's name _____ Relationship to child _____ Today's date _____

	N = Never	S = Sometimes	O = Often
1. Is fidgety	N	S	O
2. Resists or has trouble accepting a different way to solve a problem with schoolwork, friends, tasks, etc.	N	S	O
3. When given three things to do, remembers only the first or last	N	S	O
4. Is unaware of how his/her behavior affects or bothers others	N	S	O
5. Work is sloppy	N	S	O
6. Has explosive, angry outbursts	N	S	O
7. Does not plan ahead for school assignments	N	S	O
8. Cannot find things in room or school desk	N	S	O
9. Is not a self-starter	N	S	O
10. Does not think before doing (is impulsive)	N	S	O
11. Has trouble getting used to new situations (classes, groups, friends, etc.)	N	S	O
12. Has a short attention span	N	S	O
13. Has poor understanding of own strengths and weaknesses	N	S	O
14. Has outbursts for little reason	N	S	O
15. Gets caught up in details and misses the big picture	N	S	O
16. Gets out of control more than friends	N	S	O
17. Gets stuck on one topic or activity	N	S	O
18. Forgets his/her name	N	S	O
19. Has trouble with chores or tasks that have more than one step	N	S	O
20. Does not realize that certain actions bother others	N	S	O
21. Written work is poorly organized	N	S	O
22. Small events trigger big reactions	N	S	O
23. Has good ideas but does not get job done (lacks follow-through)	N	S	O
24. Talks at the wrong time	N	S	O
25. Has trouble finishing tasks (chores, homework, etc.)	N	S	O
26. Does not notice when his/her behavior causes negative reactions	N	S	O
27. Reacts more strongly to situations than other children	N	S	O
28. Has trouble remembering things, even for a few minutes	N	S	O
29. Makes careless errors	N	S	O
30. Gets out of seat at the wrong times	N	S	O
31. Becomes upset with new situations	N	S	O
32. Has trouble concentrating on tasks, schoolwork, etc.	N	S	O

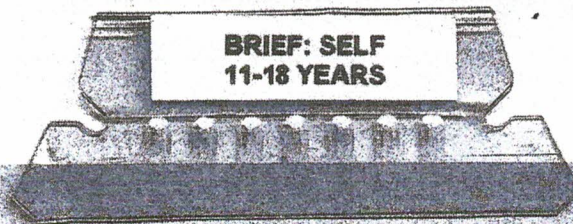
	N = Never	S = Sometimes	O = Often
33. Has poor handwriting	N	S	O
34. Mood changes frequently	N	S	O
35. Has good ideas but cannot get them on paper	N	S	O
36. Has trouble counting to three	N	S	O
37. Leaves messes that others have to clean up	N	S	O
38. Needs to be told to begin a task even when willing	N	S	O
39. Acts too wild or "out of control"	N	S	O
40. Thinks too much about the same topic	N	S	O
41. Forgets what he/she was doing	N	S	O
42. Does not check work for mistakes	N	S	O
43. Angry or tearful outbursts are intense but end suddenly	N	S	O
44. Becomes overwhelmed by large assignments	N	S	O
45. Loses lunch box, lunch money, permission slips, homework, etc.	N	S	O
46. Needs help from an adult to stay on task	N	S	O
47. Forgets to hand in homework even when completed	N	S	O
48. Has trouble putting the brakes on his/her actions	N	S	O
49. Resists change of routine, foods, places, etc.	N	S	O
50. Has trouble getting started on homework or tasks	N	S	O
51. Mood is easily influenced by the situation	N	S	O
52. Underestimates time needed to finish tasks	N	S	O
53. Does not bring home homework, assignment sheets, materials, etc.	N	S	O
54. Cannot find the front door of home	N	S	O
55. Does not take initiative	N	S	O
56. Becomes upset too easily	N	S	O
57. Starts assignments or tasks at the last minute	N	S	O
58. Has trouble moving from one activity to another	N	S	O
59. Has trouble carrying out the actions needed to reach goals (saving money for special item, studying to get a good grade, etc.)	N	S	O
60. Is disturbed by change of teacher or class	N	S	O
61. Has trouble organizing activities with friends	N	S	O
62. Becomes too silly	N	S	O
63. Leaves a trail of belongings wherever he/she goes	N	S	O

BRIEF[®] 2

Behavior Rating Inventory of Executive Function[®], Second Edition

SELF-REPORT FORM

Gerard A. Gioia, PhD, Peter K. Isquith, PhD,
Steven C. Guy, PhD, and Lauren Kenworthy, PhD



Instructions

On the following pages is a list of statements that describe young people. We would like to know if you have had problems with these behaviors over the past 6 months. Please answer all the items the best that you can. Please **DO NOT SKIP ANY ITEMS**. Think about yourself as you read each statement and circle:

- N** if the behavior is **Never** a problem
- S** if the behavior is **Sometimes** a problem
- O** if the behavior is **Often** a problem

For example, if you **never** have trouble completing homework on time, you would circle **N** for this item:

I have trouble completing homework on time ☒ N S O

If you make a mistake or want to change your answer, **DO NOT ERASE**. Draw an "X" through the answer you want to change and then circle the correct answer:

I have trouble completing homework on time ☒ N ☒ S O

Before you begin answering the items, please fill in your name, gender, age, grade, date of birth, and today's date in the spaces provided at the top of the next page.

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BRIEF-2 SELF-REPORT FORM

Name _____ Gender _____ Age _____ Grade _____

Date of birth _____ Today's date _____

	N = Never	S = Sometimes	O = Often
1. I have trouble sitting still	N	S	O
2. I have trouble accepting a different way to solve a problem with things such as schoolwork, friends, or tasks	N	S	O
3. When I am given three things to do, I remember only the first or last	N	S	O
4. I am not aware of how my behavior affects or bothers others	N	S	O
5. My work is sloppy	N	S	O
6. I have angry outbursts	N	S	O
7. I don't plan ahead for school assignments	N	S	O
8. I have difficulty finding my things (such as clothes, glasses, shoes, books, or pencils)	N	S	O
9. I have problems getting started on my own	N	S	O
10. I am impulsive (I don't think before doing)	N	S	O
11. I have trouble getting used to new situations (such as classes, groups, or friends)	N	S	O
12. I have a short attention span	N	S	O
13. I have a poor understanding of my own strengths and weaknesses (I try things that are too difficult or too easy for me)	N	S	O
14. I have outbursts for little reason	N	S	O
15. I get caught up in details and miss the main idea	N	S	O
16. I get out of control more than my friends	N	S	O
17. I get stuck on one topic or activity	N	S	O
18. I forget my name	N	S	O
19. I have trouble with jobs or tasks that have more than one step	N	S	O
20. I don't know when my actions bother others	N	S	O
21. I have problems organizing my written work	N	S	O
22. I get upset over small events	N	S	O
23. I have good ideas but do not get the job done (I lack follow-through)	N	S	O
24. I talk at the wrong time	N	S	O
25. I have trouble finishing tasks (such as chores or homework)	N	S	O
26. I don't notice when my behavior causes negative reactions until it is too late	N	S	O
27. I overreact	N	S	O
28. I have trouble remembering things, even for a few minutes (such as directions or phone numbers)	N	S	O
29. I make careless errors	N	S	O
30. I have problems waiting my turn	N	S	O

	N = Never	S = Sometimes	O = Often
31. It bothers me when I have to deal with changes (such as routines, foods, or places)	N	S	O
32. I forget to hand in my homework, even when it's completed	N	S	O
33. I am slower than others when completing my work	N	S	O
34. I am easily overwhelmed	N	S	O
35. I don't plan ahead for future activities	N	S	O
36. I have trouble counting to three	N	S	O
37. I don't think ahead about possible problems	N	S	O
38. I have difficulty finishing a task on my own	N	S	O
39. I interrupt others	N	S	O
40. I try the same approach to a problem over and over even when it does not work (I get stuck)	N	S	O
41. I forget instructions easily	N	S	O
42. It takes me longer to complete my work	N	S	O
43. My eyes fill with tears quickly over little things	N	S	O
44. I have problems completing my work	N	S	O
45. I have trouble thinking of a different way to solve a problem when I get stuck	N	S	O
46. I am absentminded (forgetful)	N	S	O
47. I have trouble prioritizing (ordering) my activities	N	S	O
48. I think or talk out loud when working	N	S	O
49. I don't think of consequences before acting	N	S	O
50. I am unaware of my behavior when I am in a group	N	S	O
51. I have trouble changing from one activity to another	N	S	O
52. I have trouble carrying out the things that are needed to reach a goal (such as saving money for special items or studying to get good grades)	N	S	O
53. I have difficulty coming up with different ways of solving a problem	N	S	O
54. I cannot find the front door of my home	N	S	O
55. I have problems finishing long-term projects (such as papers or book reports)	N	S	O

Appendix D: Clinical Anger Scale (CAS)

FEELINGS INVENTORY INSTRUCTIONS: The group of items below inquire about the types of feelings you have. Each of the 21 groups of items has four options.

- For example, ITEM 99 A. I feel fine.
B. I don't feel all that well.
C. I feel somewhat miserable.
D. I feel completely miserable.

For each cluster of items, read and identify the statement that best reflects how you feel. For example, you might choose A in the above example. If so, then you would darken in the letter (A) on the answer sheet next to the item number associated with that group of statements. In this example, that item number would have been "99."

Now go ahead and answer the questions on the answer sheet. Be sure to answer every question, even if you're not sure, and use a #2 pencil. Make sure you select only one statement from each of the 21 clusters of statements.

PLEASE BE HONEST IN RESPONDING TO THE STATEMENTS.

1. A. I do not feel angry.
B. I feel angry.
C. I am angry most of the time now.
D. I am so angry and hostile all the time that I can't stand it.
2. A. I am not particularly angry about my future.
B. When I think about my future, I feel angry.
C. I feel angry about what I have to look forward to.
D. I feel intensely angry about my future, since it cannot be improved.
3. A. It makes me angry that I feel like such a failure.
B. It makes me angry that I have failed more than the average person.
C. As I look back on my life, I feel angry about my failures.
D. It makes me angry to feel like a complete failure as a person.
4. A. I am not all that angry about things.
B. I am becoming more hostile about things than I used to be.
C. I am pretty angry about things these days.
D. I am angry and hostile about everything.
5. A. I don't feel particularly hostile at others.
B. I feel hostile a good deal of the time.
C. I feel quite hostile most of the time.
D. I feel hostile all of the time.
6. A. I don't feel that others are trying to annoy me.
B. At times I think people are trying to annoy me.
C. More people than usual are beginning to make me feel angry.
D. I feel that others are constantly and intentionally making me angry.

7. A. I don't feel angry when I think about myself.
B. I feel more angry about myself these days than I used to.
C. I feel angry about myself a good deal of the time.
D. When I think about myself, I feel intense anger.
8. A. I don't have angry feelings about others having screwed up my life.
B. It's beginning to make me angry that others are screwing up my life.
C. I feel angry that others prevent me from having a good life.
D. I am constantly angry because others have made my life totally miserable.
9. A. I don't feel angry enough to hurt someone.
B. Sometimes I am so angry that I feel like hurting others, but I would not really do it.
C. My anger is so intense that I sometimes feel like hurting others.
D. I'm so angry that I would like to hurt someone.
10. A. I don't shout at people any more than usual.
B. I shout at others more now than I used to.
C. I shout at people all the time now.
D. I shout at others so often that sometimes I just can't stop.
11. A. Things are not more irritating to me now than usual.
B. I feel slightly more irritated now than usual.
C. I feel irritated a good deal of the time.
D. I'm irritated all the time now.
12. A. My anger does not interfere with my interest in other people.
B. My anger sometimes interferes with my interest in others.
C. I am becoming so angry that I don't want to be around others.
D. I'm so angry that I can't stand being around people.
13. A. I don't have any persistent angry feelings that influence my ability to make decisions.
B. My feelings of anger occasionally undermine my ability to make decisions.
C. I am angry to the extent that it interferes with my making good decisions.
D. I'm so angry that I can't make good decisions anymore.
14. A. I'm not so angry and hostile that others dislike me.
B. People sometimes dislike being around me since I become angry.
C. More often than not, people stay away from me because I'm so hostile and angry.
D. People don't like me anymore because I'm constantly angry all the time.
15. A. My feelings of anger do not interfere with my work.
B. From time to time my feelings of anger interfere with my work.
C. I feel so angry that it interferes with my capacity to work.
D. My feelings of anger prevent me from doing any work at all.
16. A. My anger does not interfere with my sleep.
B. Sometimes I don't sleep very well because I'm feeling angry.
C. My anger is so great that I stay awake 1—2 hours later than usual.
D. I am so intensely angry that I can't get much sleep during the night.
17. A. My anger does not make me feel anymore tired than usual.
B. My feelings of anger are beginning to tire me out.
C. My anger is intense enough that it makes me feel very tired.
D. My feelings of anger leave me too tired to do anything.

18.A. My appetite does not suffer because of my feelings of anger.
B. My feelings of anger are beginning to affect my appetite.
C. My feelings of anger leave me without much of an appetite.
D. My anger is so intense that it has taken away my appetite.
19.A. My feelings of anger don't interfere with my health.
B. My feelings of anger are beginning to interfere with my health.
C. My anger prevents me from devoting much time and attention to my health.
D. I'm so angry at everything these days that I pay no attention to my health and well-being.
20.A. My ability to think clearly is unaffected by my feelings of anger.
B. Sometimes my feelings of anger prevent me from thinking in a clear-headed way.
C. My anger makes it hard for me to think of anything else.
D. I'm so intensely angry and hostile that it completely interferes with my thinking.
21.A. I don't feel so angry that it interferes with my interest in sex.
B. My feelings of anger leave me less interested in sex than I used to be.
C. My current feelings of anger undermine my interest in sex.
D. I'm so angry about my life that I've completely lost interest in sex.

Circle one answer for each sentence.
Please press hard when marking your responses.

1. Often I feel sick in my stomach. Yes No
2. I am nervous. Yes No
3. I often worry about something bad happening to me. Yes No
4. I fear other kids will laugh at me in class. Yes No
5. I have too many headaches. Yes No
6. I worry that others do not like me. Yes No
7. I wake up scared sometimes. Yes No
8. I get nervous around people. Yes No
9. I feel someone will tell me I do things the wrong way. Yes No
10. I fear other people will laugh at me. Yes No

Continue with Item 11 unless you have been told to stop here.

11. I have trouble making up my mind. Yes No
12. I get nervous when things do not go the right way for me. Yes No
13. Others seem to do things easier than I can. Yes No
14. I like everyone I know. Yes No
15. Often I have trouble getting my breath. Yes No
16. I worry a lot of the time. Yes No
17. I feel bad if people laugh at me. Yes No
18. I am afraid of a lot of things. Yes No
19. I am always kind. Yes No
20. I get mad easily. Yes No
21. I worry about what my parents will say to me. Yes No
22. I feel that others do not like the way I do things. Yes No
23. I am afraid to give a talk to my class. Yes No
24. I always have good manners. Yes No

continue on back page

What I Think and Feel (RCMAS-2)

AutoScore™ Form

Cecil R. Reynolds, Ph.D., and Bert O. Richmond, Ed.D.

Directions

First fill in the background information.
If you don't know your ID number, ask your examiner.

The sentences on this form tell how some people think and feel about themselves. Read each sentence carefully, then circle the word that shows your answer. Circle *Yes* if you think the sentence is *true* about you. Circle *No* if you think it is *not true* about you. Give an answer for every sentence, even if it is hard to choose one that fits you. Do not circle both *Yes* and *No* for the same sentence. If you want to change an answer, draw an **X** through your first answer and then circle your new choice.

There are no right or wrong answers. Only you can tell us how you think and feel about yourself. Remember, after you read each sentence, ask yourself, "Is it true about me?" If it is, circle *Yes*. If it is not, circle *No*.

Date: _____

Name or ID number: _____

Age: _____ Grade: _____ Gender: ☐ Girl ☐ Boy

Race/Ethnicity: ☐ American Indian/Alaska Native

☐ Asian

☐ Black/African American

☐ Hispanic/Latino

☐ Native Hawaiian/Pacific Islander

☐ White

☐ Other

School: _____

Examiner: _____

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- | | | |
|--|-----|----|
| 25. It is hard for me to get to sleep at night. | Yes | No |
| 26. I worry about what other people think about me. | Yes | No |
| 27. I feel alone even when there are people with me. | Yes | No |
| 28. I get teased at school. | Yes | No |
| 29. I am always good. | Yes | No |
| 30. My feelings get hurt easily. | Yes | No |
| 31. My hands feel sweaty. | Yes | No |
| 32. I worry about making mistakes in front of people. | Yes | No |
| 33. I am always nice to everyone. | Yes | No |
| 34. I am tired a lot. | Yes | No |
| 35. I worry about what is going to happen. | Yes | No |
| 36. Other people are happier than I am. | Yes | No |
| 37. I am afraid to speak up in a group. | Yes | No |
| 38. I tell the truth every single time. | Yes | No |
| 39. I have bad dreams. | Yes | No |
| 40. I get angry sometimes. | Yes | No |
| 41. I worry about being called on in class. | Yes | No |
| 42. I worry when I go to bed at night. | Yes | No |
| 43. It is hard for me to keep my mind on my schoolwork. | Yes | No |
| 44. I sometimes say things I should not say. | Yes | No |
| 45. I worry about someone beating me up. | Yes | No |
| 46. I wiggle in my seat a lot. | Yes | No |
| 47. A lot of people are against me. | Yes | No |
| 48. I have told a lie. | Yes | No |
| 49. I worry about saying something dumb. | Yes | No |



SELF-REPORT

Maria Kovacs, Ph.D.

Color in circles like this: ●

Not like this:



Name/ID:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Age: _____

Grade: _____

Sex:

☐ Male

☐ Female

Date of Birth

MM		DD		YY	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Today's Date

MM		DD		YY	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Kids sometimes have different feelings and ideas.

This form lists the feelings and ideas in groups. From each group of three sentences, pick **one** sentence that describes you best for the **past two weeks**. After you pick a sentence from the first group, go on to the next group.

There is no right or wrong answer. Just pick the sentence that best describes the way you have been recently. Put a mark like this ☒ next to your answer. Put the mark in the box next to the sentence that you pick.

Here is an example of how this form works. Try it. Put a mark next to the sentence that describes you best.

Example:

☐ I read books all the time.

☐ I read books once in a while.

☐ I never read books.

Remember, for each group, pick out the sentence that describes you best in the PAST TWO WEEKS.

Item 1

☐ I am sad once in a while.

☐ I am sad many times.

☐ I am sad all the time.

Item 4

☐ I have fun in many things.

☐ I have fun in some things.

☐ Nothing is fun at all.

Item 2

☐ Nothing will ever work out for me.

☐ I am not sure if things will work out for me.

☐ Things will work out for me O.K.

Item 5

☐ I am important to my family.

☐ I am not sure if I am important to my family.

☐ My family is better off without me.

Item 3

☐ I do most things O.K.

☐ I do many things wrong.

☐ I do everything wrong.

Item 6

☐ I hate myself.

☐ I do not like myself.

☐ I like myself.

continued on next page...



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SELF-REPORT

Maria Kovacs, Ph.D.

Color in circles like this: ●

Not like this:



Remember, for each group, pick out the sentence that describes you best in the PAST TWO WEEKS.

Item 7

- ☐ All bad things are my fault.
- ☐ Many bad things are my fault.
- ☐ Bad things are not usually my fault.

Item 8

- ☐ I do not think about killing myself.
- ☐ I think about killing myself but would not do it.
- ☐ I want to kill myself.

Item 9

- ☐ I feel like crying every day.
- ☐ I feel like crying many days.
- ☐ I feel like crying once in a while.

Item 10

- ☐ I feel cranky all the time.
- ☐ I feel cranky many times.
- ☐ I am almost never cranky.

Item 11

- ☐ I like being with people.
- ☐ I do not like being with people many times.
- ☐ I do not want to be with people at all.

Item 12

- ☐ I cannot make up my mind about things.
- ☐ It is hard to make up my mind about things.
- ☐ I make up my mind about things easily.

Item 13

- ☐ I look O.K.
- ☐ There are some bad things about my looks.
- ☐ I look ugly.

Item 14

- ☐ I have to push myself all the time to do my schoolwork.
- ☐ I have to push myself many times to do my schoolwork.
- ☐ Doing schoolwork is not a big problem.

Item 15

- ☐ I have trouble sleeping every night.
- ☐ I have trouble sleeping many nights.
- ☐ I sleep pretty well.

Item 16

- ☐ I am tired once in a while.
- ☐ I am tired many days.
- ☐ I am tired all the time.

Item 17

- ☐ Most days I do not feel like eating.
- ☐ Many days I do not feel like eating.
- ☐ I eat pretty well.

Item 18

- ☐ I do not worry about aches and pains.
- ☐ I worry about aches and pains many times.
- ☐ I worry about aches and pains all the time.

continued on next page...



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SELF-REPORT

Maria Kovacs, Ph.D.

Color in circles like this: ●

Not like this:



Remember, for each group, pick out the sentence that describes you best in the PAST TWO WEEKS.

Item 19

- ☐ I do not feel alone.
- ☐ I feel alone many times.
- ☐ I feel alone all the time.

Item 24

- ☐ Nobody really loves me.
- ☐ I am not sure if anybody loves me.
- ☐ I am sure that somebody loves me.

Item 20

- ☐ I never have fun at school.
- ☐ I have fun at school only once in a while.
- ☐ I have fun at school many times.

Item 25

- ☐ It is easy for me to get along with friends.
- ☐ I get into arguments with friends many times.
- ☐ I get into arguments with friends all the time.

Item 21

- ☐ I have plenty of friends.
- ☐ I have some friends but I wish I had more.
- ☐ I do not have any friends.

Item 26

- ☐ I fall asleep during the day all the time.
- ☐ I fall asleep during the day many times.
- ☐ I almost never fall asleep during the day.

Item 22

- ☐ My schoolwork is alright.
- ☐ My schoolwork is not as good as before.
- ☐ I do very badly in subjects I used to be good in.

Item 27

- ☐ Most days I feel like I can't stop eating.
- ☐ Many days I feel like I can't stop eating.
- ☐ My eating is O.K.

Item 23

- ☐ I can never be as good as other kids.
- ☐ I can be as good as other kids if I want to.
- ☐ I am just as good as other kids.

Item 28

- ☐ It is easy for me to remember things.
- ☐ It is a little hard to remember things.
- ☐ It is very hard to remember things.



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The Child PTSD Symptom Scale (CPSS) – Part I

Below is a list of problems that kids sometimes have after experiencing an upsetting event. Read each one carefully and circle the number (0-3) that best describes how often that problem has bothered you IN THE LAST 2 WEEKS.

Please write down your most distressing event:

Length of time since the event:

	0		1		2	3
	Not at all or only at one time		Once a week or less/ once in a while		2 to 4 times a week/ half the time	5 or more times a week/almost always
1.	0	1	2	3	Having upsetting thoughts or images about the event that came into your head when you didn't want them to	
2.	0	1	2	3	Having bad dreams or nightmares	
3.	0	1	2	3	Acting or feeling as if the event was happening again (hearing something or seeing a picture about it and feeling as if I am there again)	
4.	0	1	2	3	Feeling upset when you think about it or hear about the event (for example, feeling scared, angry, sad, guilty, etc)	
5.	0	1	2	3	Having feelings in your body when you think about or hear about the event (for example, breaking out into a sweat, heart beating fast)	
6.	0	1	2	3	Trying not to think about, talk about, or have feelings about the event	
7.	0	1	2	3	Trying to avoid activities, people, or places that remind you of the traumatic event	
8.	0	1	2	3	Not being able to remember an important part of the upsetting event	
9.	0	1	2	3	Having much less interest or doing things you used to do	
10.	0	1	2	3	Not feeling close to people around you	
11.	0	1	2	3	Not being able to have strong feelings (for example, being unable to cry or unable to feel happy)	

12.	0	1	2	3	Feeling as if your future plans or hopes will not come true (for example, you will not have a job or getting married or having kids)
	0		1	2	3
	Not at all or only at one time		Once a week or less/ once in a while		2 to 4 times a week/ half the time
					5 or more times a week/almost always
13.	0	1	2	3	Having trouble falling or staying asleep
14.	0	1	2	3	Feeling irritable or having fits of anger
15.	0	1	2	3	Having trouble concentrating (for example, losing track of a story on the television, forgetting what you read, not paying attention in class)
16.	0	1	2	3	Being overly careful (for example, checking to see who is around you and what is around you)
17.	0	1	2	3	Being jumpy or easily startled (for example, when someone walks up behind you)

The Child PTSD Symptom Scale (CPSS) – Part 2

Indicate below if the problems you rated in Part 1 have gotten in the way with any of the following areas of your life DURING THE PAST 2 WEEKS.

	Yes	No	
18.	Y	N	Doing your prayers
19.	Y	N	Chores and duties at home
20.	Y	N	Relationships with friends
21.	Y	N	Fun and hobby activities
22.	Y	N	Schoolwork
23.	Y	N	Relationships with your family
24.	Y	N	General happiness with your life

Social Avoidance and Distress Scale

This questionnaire consists of a number of statements. We want you to decide for each one if it is TRUE or FALSE, as is applied to you. If the statement is TRUE or MOSTLY TRUE as applied to you, mark T in the space to the left of the item number. If the statement is FALSE or MOSTLY FALSE as applied to you, mark F in the space to the left of the item number.

Remember to give your own opinion of yourself. Try not to leave any statements unanswered. Put your name and the date on your answer sheet.

- _____ 1. I feel relaxed even in unfamiliar social situations.
- _____ 2. I try to avoid situations which force me to be very sociable.
- _____ 3. It is easy for me to relax when I am with strangers.
- _____ 4. I have no particular desire to avoid people.
- _____ 5. I often find social occasions upsetting.
- _____ 6. I usually feel calm and comfortable at social occasions.
- _____ 7. I am usually at ease when talking to someone of the opposite sex.
- _____ 8. I try to avoid talking to people unless I know them well.
- _____ 9. If the chance comes to meet new people, I often take it.
- _____ 10. I often feel nervous or tense in casual get-togethers in which both sexes are present.
- _____ 11. I am usually nervous with people unless I know them well.
- _____ 12. I usually feel relaxed when I am with a group of people.
- _____ 13. I often want to get away from people.
- _____ 14. I usually feel uncomfortable when I am in a group of people I don't know.
- _____ 15. I usually feel relaxed when I meet someone for the first time.
- _____ 16. Being introduced to people makes me tense and nervous.
- _____ 17. Even though a room is full of strangers, I may enter it anyway.
- _____ 18. I would avoid walking up and joining a large group of people.
- _____ 19. When my superiors want to talk with me, I talk willingly.
- _____ 20. I often feel on edge when I am with a group of people.
- _____ 21. I tend to withdraw from people.
- _____ 22. I don't mind talking to people at parties or social gatherings.
- _____ 23. I am seldom at ease in a large group of people.
- _____ 24. I often think up excuses in order to avoid social engagements.
- _____ 25. I sometimes take the responsibility for introducing people to each other.
- _____ 26. I try to avoid formal social occasions.
- _____ 27. I usually go to whatever social engagements I have.
- _____ 28. I find it easy to relax with other people.

Watson, D. & Friend, R. (1969). Measurement of social-evaluative anxiety. *Journal of Consulting and Clinical Psychology*, 33, 448-457. Copyright © 1969, American Psychological Association. Reprinted by permission.

	N = Never	S = Sometimes	O = Often
31. It bothers me when I have to deal with changes (such as routines, foods, or places)	N	S	O
32. I forget to hand in my homework, even when it's completed	N	S	O
33. I am slower than others when completing my work	N	S	O
34. I am easily overwhelmed	N	S	O
35. I don't plan ahead for future activities	N	S	O
36. I have trouble counting to three	N	S	O
37. I don't think ahead about possible problems	N	S	O
38. I have difficulty finishing a task on my own	N	S	O
39. I interrupt others	N	S	O
40. I try the same approach to a problem over and over even when it does not work (I get stuck)	N	S	O
41. I forget instructions easily	N	S	O
42. It takes me longer to complete my work	N	S	O
43. My eyes fill with tears quickly over little things	N	S	O
44. I have problems completing my work	N	S	O
45. I have trouble thinking of a different way to solve a problem when I get stuck	N	S	O
46. I am absentminded (forgetful)	N	S	O
47. I have trouble prioritizing (ordering) my activities	N	S	O
48. I think or talk out loud when working	N	S	O
49. I don't think of consequences before acting	N	S	O
50. I am unaware of my behavior when I am in a group	N	S	O
51. I have trouble changing from one activity to another	N	S	O
52. I have trouble carrying out the things that are needed to reach a goal (such as saving money for special items or studying to get good grades)	N	S	O
53. I have difficulty coming up with different ways of solving a problem	N	S	O
54. I cannot find the front door of my home	N	S	O
55. I have problems finishing long-term projects (such as papers or book reports)	N	S	O

ages 3-22 yo

GARS-3

Directions: On a scale of 0 to 3, rate the following items in terms of how adequately the item describes the individual's behavior. Circle the number that best describes your observations of the person's typical behavior under ordinary circumstances (i.e., in most places, with people he or she is familiar with, and in usual daily activities). Remember to rate every item. If you are uncertain about how to rate an item, delay the rating and observe the person for a 6-hour period to determine your rating.

- 0 Not at all like the individual
- 1 Not much like the individual
- 2 Somewhat like the individual
- 3 Very much like the individual

PLEASE RATE EVERY ITEM

1. If left alone, the majority of the individual's time will be spent in repetitive or stereotyped behaviors.	0	1	2	3
2. Is preoccupied with specific stimuli that are abnormal in intensity.	0	1	2	3
3. Stares at hands, objects, or items in the environment for at least 5 seconds.	0	1	2	3
4. Flicks fingers rapidly in front of eyes for periods of 5 seconds or more.	0	1	2	3
5. Makes rapid lunging, darting movements when moving from place to place.	0	1	2	3
6. Flaps hands or fingers in front of face or at sides.	0	1	2	3
7. Makes high-pitched sounds (e.g., eee-eee-eee-eee) or other vocalizations for self-stimulation.	0	1	2	3
8. Uses toys or objects inappropriately (e.g., spins cars, takes action toys apart).	0	1	2	3
9. Does certain things repetitively, ritualistically.	0	1	2	3
10. Engages in stereotyped behaviors when playing with toys or objects.	0	1	2	3
11. Repeats unintelligible sounds (babbling) over and over.	0	1	2	3
12. Shows unusual interest in sensory aspects of play materials, body parts, or objects.	0	1	2	3
13. Displays ritualistic or compulsive behaviors.	0	1	2	3

Subtotals

+	+	+
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Restricted/Repetitive Behaviors Raw Score

14. Does not initiate conversations with peers or others.	0	1	2	3
15. Pays little or no attention to what peers are doing.	0	1	2	3
16. Fails to imitate other people in games or learning activities.	0	1	2	3
17. Doesn't follow other's gestures (cues) to look at something (e.g., when other person nods head, points, or uses other body language cues).	0	1	2	3
18. Seems indifferent to other person's attention (doesn't try to get, maintain, or direct the other person's attention).	0	1	2	3
19. Shows minimal expressed pleasure when interacting with others.	0	1	2	3
20. Displays little or no excitement in showing toys or objects to others.	0	1	2	3
21. Seems uninterested in pointing out things in the environment to others.	0	1	2	3
22. Seems unwilling or reluctant to get others to interact with him or her.	0	1	2	3
23. Shows minimal or no response when others attempt to interact with him or her.	0	1	2	3
24. Displays little or no reciprocal social communication (e.g., doesn't voluntarily say "bye-bye" in response to another person saying "bye-bye" to him or her).	0	1	2	3
25. Doesn't try to make friends with other people.	0	1	2	3
26. Fails to engage in creative, imaginative play.	0	1	2	3
27. Shows little or no interest in other people.	0	1	2	3

Subtotals

+	+	+
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Social Interaction Raw Score

28.	Responds inappropriately to humorous stimuli (e.g., doesn't laugh at jokes, cartoons, funny stories).	0	1	2	3
29.	Has difficulty understanding jokes.	0	1	2	3
30.	Has difficulty understanding slang expressions.	0	1	2	3
31.	Has difficulty identifying when someone is teasing.	0	1	2	3
32.	Has difficulty understanding when he or she is being ridiculed.	0	1	2	3
33.	Has difficulty understanding what causes people to dislike him or her.	0	1	2	3
34.	Fails to predict probable consequences in social events.	0	1	2	3
35.	Doesn't seem to understand that people have thoughts and feelings different from his or hers.	0	1	2	3
36.	Doesn't seem to understand that the other person doesn't know something.	0	1	2	3

Subtotals

+

Social Communication Raw Score

37.	Needs an excessive amount of reassurance if things are changed or go wrong.	0	1	2	3
38.	Becomes frustrated quickly when he or she cannot do something.	0	1	2	3
39.	Temper tantrums when frustrated.	0	1	2	3
40.	Becomes upset when routines are changed.	0	1	2	3
41.	Responds negatively when given commands, requests, or directions.	0	1	2	3
42.	Has extreme reactions (e.g., cries, screams, tantrums) in response to loud, unexpected noise.	0	1	2	3
43.	Temper tantrums when doesn't get his or her way.	0	1	2	3
44.	Temper tantrums when told to stop doing something he or she enjoys doing.	0	1	2	3

Subtotals

+

Emotional Responses Raw Score

Is the individual mute? _____ Yes _____ No If your answer is yes, do not complete the next two subscales.

45.	Uses exceptionally precise speech.	0	1	2	3
46.	Attaches very concrete meanings to words.	0	1	2	3
47.	Talks about a single subject excessively.	0	1	2	3
48.	Displays superior knowledge or skill in specific subjects.	0	1	2	3
49.	Displays excellent memory.	0	1	2	3
50.	Shows an intense, obsessive interest in specific intellectual subjects.	0	1	2	3
51.	Makes naïve remarks (unaware of reaction produced in others).	0	1	2	3

Subtotals

+

Cognitive Style Raw Score

52.	Repeats (echoes) words or phrases verbally or with signs.	0	1	2	3
53.	Repeats words out of context (repeats words or phrases heard at an earlier time).	0	1	2	3
54.	Speaks (or signs) with flat tone, affect.	0	1	2	3
55.	Uses "yes" and "no" inappropriately. Says "yes" when asked if he or she wants an aversive stimulus or says "no" when asked if he or she wants a favorite toy or treat.	0	1	2	3
56.	Uses "he" or "she" instead of "I" when referring to self.	0	1	2	3
57.	Speech is abnormal in tone, volume, or rate.	0	1	2	3
58.	Utters idiosyncratic words or phrases that have no meaning to others.	0	1	2	3

Subtotals

+

Maladaptive Speech Raw Score

AD(D)HD BRAIN TYPE QUESTIONNAIRE¹

Please rate yourself (or the person you are evaluating) on each of the symptoms listed below using the following scale. If possible, also have someone else rate you or the other person (such as a parent, care-giver, spouse), in order that we can obtain a more complete picture of the situation.

0 -- Never	3 -- Frequently
1 -- Rarely	4 -- Very Frequently
2 -- Occasionally	NA -- Not Applicable

Person being evaluated _____

Date _____

	Self	Other (Parent, Care-giver, etc)	
1.			is easily distracted.
2.			has difficulty sustaining attention span for most tasks in play, school, or work.
3.			has trouble listening when others are talking.
4.			has difficulty following through (procrastination) on tasks or instructions.
5.			has difficulty keeping an organized area (room, desk, book bag, filing cabinet, locker, etc.)
6.			has trouble with time, for example, is frequently late or hurried, tasks take longer than expected, projects or homework are "last-minute" or turned in late.
7.			has a tendency to lose things.
8.			makes careless mistakes, poor attention to detail.
9.			is forgetful.
10.			daydreams excessively.
11.			complains of being bored.
12.			appears apathetic or unmotivated..
13.			is tired, sluggish, or slow-moving.
14.			is spacey or seems preoccupied.
15.			is restless or hyperactive.
16.			has trouble sitting still.
17.			is fidgety, in constant motion (hands, feet, body)
18.			is noisy, has a hard time being quiet.
19.			acts as if "driven by a motor."
20.			talks excessively.

21.				is impulsive (doesn't think through comments or actions before they are said or done).
22.				has difficulty waiting his or her turn.
23.				interrupts or intrudes on others (e.g., butts into conversations or games).
24.				worries excessively or senselessly.
25.				is super-organized.
26.				oppositional, argumentative.
27.				has a strong tendency to get locked into negative thoughts; has the same thought over and over.
28.				has a tendency toward compulsive behavior.
29.				has an intense dislike of change.
30.				has a tendency to hold grudges.
31.				has trouble shifting attention from subject to subject.
32.				has difficulties seeing options in situations.
33.				has a tendency to hold onto own opinions and not listen to others.
34.				has a tendency to get locked into a course of action, whether or not it is good for the person.
35.				needs to have things done a certain way or becomes very upset.
36.				others complain that he or she worries too much.
37.				has periods of quick temper or rages with little provocation.
38.				misinterprets comments as negative when they are not.
39.				irritability tends to build, then explodes, then recedes; is often tired after a rage.
40.				has periods of spaciness or confusion.
41.				has periods of panic and/or fear for no specific reason.
42.				perceives visual changes, such as seeing shadows or objects changing shape.
43.				has frequent periods of déjà vu (feelings of being somewhere before even though he or she has never been there before).
44.				is sensitive or mildly paranoid.
45.				has headaches or abdominal pain of uncertain origin.
46.				has a history of a head injury or a family history of violence or explosiveness.
47.				has dark thoughts, may involve suicidal or homicidal thoughts.
48.				has periods of forgetfulness or memory problems.
49.				has a short fuse or periods of extreme irritability.

50.				is moody.
51.				is negative.
52.				has low energy.
53.				is frequently irritable.
54.				has a tendency to be socially isolated.
55.				has frequent feelings of hopelessness, helplessness, or excessive guilt.
56.				has lowered interest in things that are usually considered fun.
57.				undergoes sleep changes (too much or too little).
58.				has chronic low self-esteem.
59.				is angry or aggressive.
60.				is sensitive to noise, light, clothes or touch.
61.				undergoes frequent or cyclic mood changes (highs and lows).
62.				Is inflexible, rigid in thinking.
63.				demand to have his or her own way, even when told no multiple times.
64.				has periods of mean, nasty, or insensitive behavior.
65.				has periods of increased talkativeness.
66.				has periods of increased impulsiveness.
67.				displays unpredictable behavior.
68.				way of thinking is grandiose or "larger than life."
69.				talks fast.
70.				feels that thoughts go fast.
71.				appears anxious or fearful.