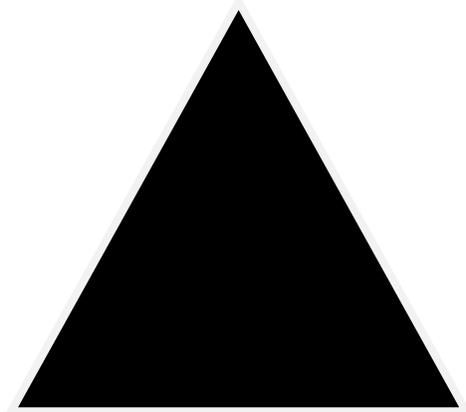


These are the
forms that you
are to have a
Close Friend
complete

**** Please complete all forms in dark blue or black ink ****





Your name _____ Today's Date _____

How long have you know this person? ____Years ____ Months

Relationship to person? (Friend, family, etc.) _____

In your experience, does this person have difficulty with or engage in the following (check all that apply)?

Paying attention Staying on task Excessive talking? Excessive fidgeting?

If Yes to above: In your opinion, did the problems you have noted interfere with their day-to-day functioning?

Social Functioning Academic Functioning Vocational Functioning

Does this person seem to get easily frustrated?	Y/N
Does this person seem to always lose or misplace their belongings (e.g., jackets, wallets, keys, credit card)?	Y/N
Does this person seem to change interests, majors, jobs, hobbies, or groups of friends often, or move from task to task without completing tasks (e.g., start dishes, move to homework, and move on to vacuuming)?	Y/N
Does this person seem to struggle with impulsive decision making or act without considering long-term consequences (e.g., overspending, speeding, and leaving jobs)? Or do they make frequent errors or mistakes (e.g., poor spelling in texts, leave their keys in the lock overnight)?	Y/N

What kinds of things have you noticed, and how do they interfere with day-to-day functioning?

In your opinion, where does this person function best/what are their strengths?

Is there anything else about this person you think it would be helpful to share?-



CURRENT ADHD Symptom Scale Friend-Report

Your Name					
Please circle the number next to each item that best describes your friend's behavior DURING THE PAST 6 MONTHS (if you have not spent enough time with your friend in the last 6 months to complete, check here). <input type="checkbox"/>		Never or Rarely	Sometimes	Often	Very Often
1. Failed to give close attention to details or make careless mistakes in their work		0	1	2	3
2. Fidgeted with hands or feet or squirm in seat		0	1	2	3
3. Difficulty sustaining their attention in tasks or fun activities		0	1	2	3
4. Left seat in in other situations in which seating was expected (movies, dinner, etc.)		0	1	2	3
5. Didn't listen when spoken to directly		0	1	2	3
6. Appeared restless		0	1	2	3
7. Didn't follow through on instructions and failed to finish work		0	1	2	3
8. Had difficulty engaging in leisure activities or doing fun things quietly		0	1	2	3
9. Had difficulty organizing tasks and activities		0	1	2	3
10. Appeared "on the go" or "driven by a motor"		0	1	2	3
11. Avoided, disliked, or reluctant to engage in work that requires sustained mental effort		0	1	2	3
12. Talked excessively		0	1	2	3
13. Lost things necessary for tasks or activities		0	1	2	3
14. Blurted out answers before questions had been completed		0	1	2	3
15. Easily distracted		0	1	2	3
16. Had difficulty awaiting turn		0	1	2	3
17. Forgetful in daily activities		0	1	2	3
18. Interrupted or intruded on others		0	1	2	3