

Barkley Screening Checklist for Attention Deficit Hyperactivity Disorder*

Name of person being rated: _____ Date: _____

Age: _____ Sex: Male Female Education completed (in years): _____

Person completing this form: Mother Father Patient Spouse/Partner

Instructions: Please indicate whether this person shows the following to a degree that is inappropriate for his/her age.

For children (ages 4-12)

Inattention:

| | | |
|---|-----|----|
| 1. Often cannot sustain attention to tasks or play, or is easily distracted | Yes | No |
| 2. Often doesn't listen, follow instructions, or finish tasks | Yes | No |
| 3. Often has difficulty organizing tasks or loses things | Yes | No |

Hyperactive-Impulsive:

| | | |
|---|-----|----|
| 1. Often runs about, climbs on things, cannot sit still, or fidgets with things | Yes | No |
| 2. Often acts impulsively, fails to think before acting, or can't wait | Yes | No |

For teenagers (ages 13-17)

Inattention:

| | | |
|---|-----|----|
| 1. Often has difficulty organizing tasks or loses things | Yes | No |
| 2. Often has difficulty sustaining attention to tasks or is easily distracted | Yes | No |
| 3. Often doesn't listen, follow instructions, or finish tasks | Yes | No |

Hyperactive-Impulsive:

| | | |
|--|-----|----|
| 1. Often cannot sit still, feels restless, or fidgets with things | Yes | No |
| 2. Often acts impulsively, fails to think before acting, or can't wait | Yes | No |

For adults (ages 18+)

Inattention:

| | | |
|---|-----|----|
| 1. Often is disorganized, loses things, or shows poor time management | Yes | No |
| 2. Often has difficulty sustaining attention to tasks or is easily distracted | Yes | No |
| 3. Often doesn't listen, follow instructions, or finish tasks | Yes | No |

Hyperactive-Impulsive:

| | | |
|--|-----|----|
| 1. Often cannot sit still, feels restless, or talks/interrupts others too much | Yes | No |
| 2. Often acts impulsively, fails to think before acting, or can't wait | Yes | No |

For all ages

| | | |
|--|-----|----|
| 1. Often is sluggish, drowsy, or unmotivated | Yes | No |
| 2. Often daydreams, gets lost in thoughts, or appears "spacey" | Yes | No |
| 3. Is forgetful | Yes | No |

If you answered yes to any items, have they lasted for at least 6 months? Yes No

If so, have they interfered with functioning in any of the following major life activities? (Check all that apply.)

| | |
|---|--|
| Home Life | |
| School Performance | |
| Social Relations | |
| Behavior in the community | |
| Participation in clubs, sports, organized groups | |
| Occupation/work | |
| Driving | |
| Managing Money | |

Scoring

Please note: this is a screening instrument only, and only suggests whether an ADHD evaluation is warranted.

Scoring: Scoring is based on your age group. Only count the number of items marked "Yes", for your or your child's age group. If three or more items are scored Yes, then it is more than reasonable to pursue and evaluation for ADHD.

*This is a screening instrument developed by Russell Barkley PhD, and is not for diagnostic purposes.