

## CURRENT SYMPTOMS SCALE / SELF-REPORT FORM

Name \_\_\_\_\_ Date \_\_\_\_\_

**Instructions:** Please circle the number next to each item that best describes your behavior during the past 6 months.

Items	Never or rarely	Sometimes	Often	Very Often
1. Fail to give close attention to details or make careless mistakes in my work	0	1	2	3
2. Fidget with hands or feet	0	1	2	3
3. Have difficulty sustaining my attention in tasks or fun activities	0	1	2	3
4. Leave my seat in situations in which seating is expected	0	1	2	3
5. Don't listen when spoken to directly	0	1	2	3
6. Feel restless	0	1	2	3
7. Don't follow through on instructions and fail to finish work	0	1	2	3
8. Have difficulty engaging in leisure activities or doing fun things quietly	0	1	2	3
9. Have difficulty organizing tasks and activities	0	1	2	3
10. Feel "on the go" or "driven by a motor"	0	1	2	3
11. Avoid, dislike, or am reluctant to engage in work that requires sustained mental effort	0	1	2	3
12. Talk excessively	0	1	2	3
13. Lose things necessary for tasks or activities	0	1	2	3
14. Blur out answers before questions have been completed	0	1	2	3
15. Am easily distracted	0	1	2	3
16. Have difficulty awaiting turn	0	1	2	3
17. Am forgetful in daily activities	0	1	2	3
18. Interrupt or intrude on others	0	1	2	3

## Current Symptoms Scale – Self-Report Form (P. 2 of 3)

How old were you when these problems with attention, impulsiveness, or hyperactivity first began to occur?  
 \_\_\_\_\_ years old

To what extent do the problems you may have just circled interfere with your ability to function in each of these areas of life activities?

Areas	Never or Rarely	Sometimes	Often	Very often
In my home life with my immediate family	0	1	2	3
In my work or occupation	0	1	2	3
In my social interactions with others	0	1	2	3
In my activities or dealings in the community	0	1	2	3
In my educational activities	0	1	2	3
In my dating or marital relationship	0	1	2	3
In my management of money	0	1	2	3
In my driving of a motor vehicle	0	1	2	3
In my leisure or recreational activities	0	1	2	3
In my management of my daily responsibilities	0	1	2	3

**Instructions:** Again, please circle the number next to each item that best describes your behavior during the past 6 months.

Item	Never or rarely	Sometimes	Often	Very often
1. Lose temper	0	1	2	3
2. Argue	0	1	2	3
3. Actively defy or refuse to comply with requests or rules	0	1	2	3
4. Deliberately annoy people	0	1	2	3
5. Blame others for my mistakes or misbehavior	0	1	2	3
6. Am touchy or easily annoyed by others	0	1	2	3
7. Am angry or resentful	0	1	2	3
8. Am spiteful or vindictive	0	1	2	3

### Current Symptoms Scale – Self-Report Form (P. 3 of 3)

To what extent do the problems you may have just circled interfere with your ability to function in each of these areas of work activities?

Areas:	Never or rarely	Sometimes	Often	Very Often
In my interactions with my coworkers	0	1	2	3
In my performance of assigned work	0	1	2	3
In my interactions with supervisors	0	1	2	3
In my activities or dealings with clients, customers, or the general public	0	1	2	3
In any educational activities at work	0	1	2	3
In my punctuality for work	0	1	2	3
In my management of time and work-related deadlines	0	1	2	3
In my operation of any work-related equipment	0	1	2	3
In my operation of any work-related motor vehicles	0	1	2	3
In my management of my daily responsibilities	0	1	2	3

In general, how would you rate your overall work performance and productivity as an employee?  
(circle one)

1. Excellent      2. Above average      3. Average      4. Below average      5. Poor