

Robinhood Pediatrics
 Robinhood Adolescent Medicine
 1350 Whitaker Ridge Drive
 Winston-Salem, NC 27106
 336-718-8000
 336-718-8011 fax

ADD/ADHD Teen Self-Report

Name: _____

Date of Birth: _____ Today's Date: _____

Listed below are items concerning your behavior or the problems you may sometimes have. Read each item carefully and decide how much you think you may have been bothered by this problem during the past month.

NOT AT ALL-JUST A LITTLE-PRETTY MUCH-OR VERY MUCH

Indicate your choice by placing a check in the appropriate column to the right of each item.

	Not at All	Just a Little	Pretty Much	Very Much
I have trouble concentrating on one thing at a time				
My mind wanders.				
I have trouble keeping my thoughts organized.				
I can't stick with things for more than a few minutes.				
I lose track of what I am suppose to be doing.				
I get distracted easily.				
It takes a lot of effort to get my schoolwork done.				
I tend to learn more slowly than I would like.				
I have trouble organizing my schoolwork.				
I don't make much effort at my schoolwork				
I am behind on my studies				