

Ned Owen's ADD Behavior Scale for Parent or Guardian

Child's Name: _____ Chart#: _____ Date: _____
 School: _____ Grade: _____ Age: _____
 Rated by: _____ How are you related? _____

Answer the following questions by putting a number (1, 2, 3, 4, or 5) in the box by the question.

- 1 > You have not noticed this behavior before.
- 2 > You have noticed this behavior to a slight degree.
- 3 > You have noticed this behavior to a considerable degree.
- 4 > You have noticed this behavior to a large degree.
- 5 > You have noticed this behavior to a very large degree.

- | | |
|--|--------------------------|
| 1. Fails to complete assigned tasks ----- | <input type="checkbox"/> |
| 2. Often acts without thinking ----- | <input type="checkbox"/> |
| 3. Runs or climbs a great deal ----- | <input type="checkbox"/> |
| 4. Gets mad easily ----- | <input type="checkbox"/> |
| 5. Is a poor reader ----- | <input type="checkbox"/> |
| 6. Doesn't seem to listen or pay attention ----- | <input type="checkbox"/> |
| 7. Shifts from one activity to another ----- | <input type="checkbox"/> |
| 8. Has difficulty staying seated ----- | <input type="checkbox"/> |
| 9. Shows anger when told to do something ----- | <input type="checkbox"/> |
| 10. Is a poor speller ----- | <input type="checkbox"/> |
| 11. Poor concentration on difficult tasks ----- | <input type="checkbox"/> |
| 12. Can't seem to organize school work ----- | <input type="checkbox"/> |
| 13. Has difficulty sitting still; fidgets ----- | <input type="checkbox"/> |
| 14. Is easily frustrated ----- | <input type="checkbox"/> |
| 15. Does not follow verbal directions ----- | <input type="checkbox"/> |
| 16. Does not stick to just one play activity (changes a lot) ----- | <input type="checkbox"/> |
| 17. Needs supervision ----- | <input type="checkbox"/> |
| 18. Moves excessively during sleep or "rocks" in the daytime ----- | <input type="checkbox"/> |
| 19. Loses temper easily ----- | <input type="checkbox"/> |
| 20. Handwriting is poor (may vary day to day) ----- | <input type="checkbox"/> |
| 21. Is distracted easily ----- | <input type="checkbox"/> |
| 22. Interrupts or speaks out of turn ----- | <input type="checkbox"/> |
| 23. On the go much of the time ----- | <input type="checkbox"/> |
| 24. Can't take teasing ----- | <input type="checkbox"/> |
| 25. Has difficulty completing homework ----- | <input type="checkbox"/> |

Please total the vertical columns

1 2 3 4 5

Please turn this page over

Answer the following questions by putting a number (1, 2, 3, 4, or 5) in the box by the question.

- 1 > You have not noticed this behavior before.
- 2 > You have noticed this behavior to a slight degree.
- 3 > You have noticed this behavior to a considerable degree.
- 4 > You have noticed this behavior to a large degree.
- 5 > You have noticed this behavior to a very large degree.

- 26. Is afraid of many things -----
- 27. Does not trust himself or "downs" himself-----
- 28. Delights in others failures or others getting into trouble-----
- 29. Exhibits stubbornness -----
- 30. Has "I don't care" attitude -----
- 31. Worries about many things -----
- 32. Seems satisfied with poor school work -----
- 33. Pushes or shoves classmates -----
- 34. Resists being disciplined -----
- 35. Is untruthful or may cheat at games -----
- 36. Is embarrassed-----
- 37. Doesn't compete with others -----
- 38. Tries to boss other children -----
- 39. Blames others for their mistakes or behavior -----
- 40. Makes promises but doesn't keep them -----
- 41. Appears nervous -----
- 42. Is easily frustrated and gives up easily -----
- 43. Makes derogatory remarks about others -----
- 44. Must have their own way -----
- 45. Steals -----
- 46. Appears tense -----
- 47. Has little self-confidence-----
- 48. Plays tricks on others or teases -----
- 49. Will not take suggestions -----
- 50. Does not respect authority -----

Please total the vertical columns  

1 2 3 4 5

Neurology
7645 Wolf River Circle
Germantown, TN 38138
(901) 405-0275 Fax: (901) 405-0287
www.memphisneurology.com

Ned Owen's ADD Behavior Scale for Teachers

Child's Name: _____ Chart#: _____ Date: _____
 School: _____ Grade: _____ Age: _____
 Rated by: _____ How are you related? _____

Answer the following questions by putting a number (1, 2, 3, 4, or 5) in the box by the question.

- 1 > You have not noticed this behavior before.
- 2 > You have noticed this behavior to a slight degree.
- 3 > You have noticed this behavior to a considerable degree.
- 4 > You have noticed this behavior to a large degree.
- 5 > You have noticed this behavior to a very large degree.

- | | |
|--|--------------------------|
| 1. Fails to complete assigned tasks ----- | <input type="checkbox"/> |
| 2. Often acts without thinking ----- | <input type="checkbox"/> |
| 3. Runs or climbs a great deal ----- | <input type="checkbox"/> |
| 4. Gets mad easily ----- | <input type="checkbox"/> |
| 5. Is a poor reader ----- | <input type="checkbox"/> |
| 6. Doesn't seem to listen or pay attention ----- | <input type="checkbox"/> |
| 7. Shifts from one activity to another ----- | <input type="checkbox"/> |
| 8. Has difficulty staying seated ----- | <input type="checkbox"/> |
| 9. Shows anger when told to do something ----- | <input type="checkbox"/> |
| 10. Is a poor speller ----- | <input type="checkbox"/> |
| 11. Poor concentration on difficult tasks ----- | <input type="checkbox"/> |
| 12. Can't seem to organize school work ----- | <input type="checkbox"/> |
| 13. Has difficulty sitting still; fidgets ----- | <input type="checkbox"/> |
| 14. Is easily frustrated ----- | <input type="checkbox"/> |
| 15. Does not follow verbal directions ----- | <input type="checkbox"/> |
| 16. Does not stick to just one play activity (changes a lot) ----- | <input type="checkbox"/> |
| 17. Needs supervision ----- | <input type="checkbox"/> |
| 18. Moves excessively during sleep or "rocks" in the daytime ----- | <input type="checkbox"/> |
| 19. Loses temper easily ----- | <input type="checkbox"/> |
| 20. Handwriting is poor (may vary day to day) ----- | <input type="checkbox"/> |
| 21. Is distracted easily ----- | <input type="checkbox"/> |
| 22. Interrupts or speaks out of turn ----- | <input type="checkbox"/> |
| 23. On the go much of the time ----- | <input type="checkbox"/> |
| 24. Can't take teasing ----- | <input type="checkbox"/> |
| 25. Has difficulty completing homework ----- | <input type="checkbox"/> |

Please total the vertical columns

1 2 3 4 5

Please turn this page over

Answer the following questions by putting a number (1, 2, 3, 4, or 5) in the box by the question.

- 1 > You have not noticed this behavior before.
- 2 > You have noticed this behavior to a slight degree.
- 3 > You have noticed this behavior to a considerable degree.
- 4 > You have noticed this behavior to a large degree.
- 5 > You have noticed this behavior to a very large degree.

- 26. Is afraid of many things -----
- 27. Does not trust himself or "downs" himself-----
- 28. Delights in others failures or others getting into trouble-----
- 29. Exhibits stubbornness -----
- 30. Has "I don't care" attitude -----
- 31. Worries about many things -----
- 32. Seems satisfied with poor school work -----
- 33. Pushes or shoves classmates -----
- 34. Resists being disciplined -----
- 35. Is untruthful or may cheat at games -----
- 36. Is embarrassed-----
- 37. Doesn't compete with others -----
- 38. Tries to boss other children -----
- 39. Blames others for their mistakes or behavior -----
- 40. Makes promises but doesn't keep them -----
- 41. Appears nervous -----
- 42. Is easily frustrated and gives up easily -----
- 43. Makes derogatory remarks about others -----
- 44. Must have their own way -----
- 45. Steals -----
- 46. Appears tense -----
- 47. Has little self-confidence-----
- 48. Plays tricks on others or teases -----
- 49. Will not take suggestions -----
- 50. Does not respect authority -----

Please total the vertical columns  

1 2 3 4 5

Neurology
7645 Wolf River Circle
Germantown, TN 38138
(901) 405-0275 Fax: (901) 405-0287
www.memphisneurology.com