

## CHILDHOOD BEHAVIOUR SCALE – INFORMANT REPORT

### Instructions

PLEASE DO NOT FILL THIS IN YOURSELF

ASK A RELATIVE OR SOMEONE WHO KNEW YOU AS A CHILD TO COMPLETE IT

Please circle the number next to each item that best describes the behaviour when this person was a child. **PLEASE RATE BEHAVIOUR BETWEEN 7 and 12 YEARS OF AGE**

Items:		Never or Rarely	Sometimes	Often	Very Often
1.	Failed to give close attention to details or made careless mistakes in work	0	1	2	3
2.	Fidgeted with hands or feet or squirmed in seat	0	1	2	3
3.	Had difficulty sustaining attention in tasks or fun activities	0	1	2	3
4.	Left seat in classroom or other situations in which sitting was expected	0	1	2	3
5.	Didn't listen when spoken to directly	0	1	2	3
6.	Restless in the "squirmy" sense	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 organising tasks and activities	0	1	2	3
10.	Felt "on the go" or acted as if "driven by a motor"	0	1	2	3
11.	Avoided, disliked, or was reluctant to engage in work that required 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

To what extent did the problems circled on the previous page interfere with their ability to function in each of these areas of life activities **when they were a child between 7 and 12 years of age?**

	Areas:	Never or Rarely	Sometimes	Often	Very Often
1.	In their home life with their immediate family	0	1	2	3
2.	In their social interactions with other children	0	1	2	3
3.	In their activities or dealings in the community	0	1	2	3
4.	In school	0	1	2	3
5.	In sports, clubs, or other organisations	0	1	2	3
6.	In learning to take care of themselves	0	1	2	3
7.	In their play, leisure or recreational activities	0	1	2	3
8.	In their handling of daily chores or other responsibilities	0	1	2	3

Name of the person who completed the form	Name
Signature of person who completed the form	Signature
Date completed	Date