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**NEW PATIENT REGISTRATION**

**PLEASE COMPLETE PAGES 1-6 AND THE  
ADDITIONAL FORMS AS WELL**

**PERSONAL INFORMATION**

Date \_\_\_\_\_

Patient Name \_\_\_\_\_

Sex M F DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Relation \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Referred By: \_\_\_\_\_

## **OFFICE POLICIES**

### **Cancellation / No Show Policy**

PATIENTS WILL BE CHARGED THE FULL FEE FOR ANY APPOINTMENTS MISSED WITH LESS THAN 24 HOURS NOTICE UNLESS I AM ABLE TO FILL YOUR APPOINTMENT SLOT.

I was informed of this policy: \_\_\_\_\_  
Patient signature Date

### **Authority to Consent for Treatment of Minors (if applicable)**

I am the guardian of the minor child \_\_\_\_\_. I have the legal authority to consent to treatment for him/her.

Guardian name and relation to patient: \_\_\_\_\_

Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **MEDICARE PATIENTS PLEASE NOTE:**

I have officially opted out of Medicare, effective 7/1/2013. If you have Medicare, I can see you privately (through a private contract). However, I cannot bill Medicare for your visits and you cannot get reimbursement from Medicare. If you wish to see me privately, I will provide the forms necessary to do so.

## PERSONAL MEDICAL HISTORY

Primary Doctor: \_\_\_\_\_

Health History (circle any that apply):

asthma      emphysema      heart disease      heart attack      high blood pressure      diabetes

liver disease      hepatitis      kidney disease      low thyroid      high thyroid

headaches (tension, migraine)      seizures      head injury

surgeries: \_\_\_\_\_

other health problems: \_\_\_\_\_

Current Medications (please give name and dose if known):

Vitamins/Herbals/Supplements:

Allergies to any medications? (name if known)

	<u>PAST USE?</u>	<u>CURRENT USE?</u>	
Caffeine:	YES NO	YES NO	_____beverages/day
Tobacco:	YES NO	YES NO	_____packs/day.
Alcohol:	YES NO	YES NO	_____drinks/week.
Recreational drugs:	YES NO	YES NO	Which type? _____ Last used? _____
IV drugs:	YES NO	YES NO	Last used? _____

**PAST MEDICATIONS TAKEN (circle or check any that apply as well as if they helped and/or had side effects):**

**ANTIDEPRESSANTS:**

Prozac/Sarafem/Symbyax (fluoxetine)  
Zoloft (sertraline)  
Paxil (paroxetine)  
Celexa (citalopram)  
Lexapro (escitalopram)  
Luvox (fluvoxamine)  
Vibryd (vilazodone)  
Trintellix (vortioxetine)

Effexor (venlafaxine)  
Pristiq (desvenlafaxine)  
Cymbalta (duloxetine)  
Fetzima (levomilnacipran)

Remeron (mirtazepine)  
Serzone (nefazodone)  
Desyrel (trazodone)  
Wellbutrin/Zyban (bupropion)

Elavil (amitriptyline)  
Tofranil (imipramine)  
Norpramin (desipramine)  
Pamelor (nortriptyline)  
Sinequan (doxepin)  
Asendin (amoxapine)  
Anafranil (clomipramine)

Nardil (phenelzine)  
Parnate (tranylcypromine)  
Marplan (isocarboxizid)  
Emsam (seligiline)

**MOOD STABILIZERS:**

Lithium  
Depakote (valproic acid, divalproate)

**MOOD STABILIZERS:**

Tegretol (carbamazepine)  
Trileptal (oxcarbamazepine)  
Lamictal (lamotrigine)  
Topamax (topiramate)  
Zonegran (zonisamide)

Risperdal (risperidone)  
Zyprexa/Symbyax (olanzapine)  
Seroquel (quetiapine)  
Geodon (ziprasidone)  
Abilify (aripiprazole)  
Saphris (asenapine)  
Clozaril (clozapine)  
Latuda (lurasidone)  
Vraylar (cariprazine)  
Caplyta (lumateperone)

**ANTI-ANXIETY:**

Xanax (alprazolam)  
Ativan (lorazepam)  
Valium (diazepam)  
Klonopin (clonazepam)  
Librium (chlordiazepoxide)  
Tranxene (clorazepate)  
Serax (oxazepam)  
Buspar (buspirone)

**SLEEP MEDICINES:**

Ambien (zolpidem)  
Lunesta (eszopiclone)  
Sonata (zaleplon)  
Prosom (estazolam)  
Dalmane (flurazepam)  
Restoril (temazepam)  
Halcion (triazolam)  
Melatonin

ADD/ADHD:

Ritalin IR/SR/LA (methylphenidate)  
Adhansia XR (methylphenidate)  
Focalin IR/XR (dexmethylphenidate)  
Metadate (methylphenidate)  
Concerta (methylphenidate)  
Daytrana (methylphenidate patch)

Adderall IR/XR (mixed amphetamine salts)  
Dexedrine (dextroamphetamine)  
Mydayis (amphetamine)  
Vyvanse (lisdexamphetamine)

Intuniv/Tenex (guanfacine)  
Catapres (clonidine)  
Qelbree(viloxazine)  
Strattera (atomoxetine)

ABSTINENCE:

Chantix (varenicline)  
Zyban (bupropion)  
Revia/Vivitrol (naltrexone)  
Antabuse (disulfiram)  
Campral (acamprosate)  
Subutex/Suboxone (buprenorphine)

## **FAMILY PSYCHIATRIC HISTORY**

### CONDITION

(circle any that apply)

### RELATIVES AFFECTED

(ex: parent, siblings, children. Do not include relatives by marriage)

Depression

Bipolar disorder (manic depression)

Schizophrenia

Generalized anxiety

Panic attacks

Obsessive compulsive disorder (OCD)

ADD/ADHD

Learning differences

Mental retardation

Alcoholism

Drug abuse

Dementia (Alzheimer's disease, senility)

Dementia before age 65

Psychiatric hospitalization

Attempted suicide

Completed suicide

Other psychiatric conditions:

## Mental Health Screening

Anxiety: GAD-2

Anxiety: GAD-7

Dementia: IHDS

Depression: PHQ-2

**Depression: PHQ-9**

PTSD: PC-PTSD-5

## Substance Use Screening

Alcohol: AUDIT-C

Alcohol: CAGE

CAGE-AID

Drug Use: TICS

Opioid: Risk Tool

## Clinical Calculators

APRI Calculator

BMI Calculator

CrCl Calculator

CTP Calculator

FIB-4 Calculator

FEPO4 Calculator

GFR Calculator

**Patient Health Questionnaire-9 (PHQ-9)**[Share](#)

The PHQ-9 is a multipurpose instrument for screening, diagnosing, monitoring and measuring the severity of depression.

Over the **last 2 weeks**, how often have you been bothered by the following problems?**1. Little interest or pleasure in doing things**

<input type="radio"/>	0	<input type="radio"/>	+1	<input type="radio"/>	+2	<input type="radio"/>	+3
-----------------------	---	-----------------------	----	-----------------------	----	-----------------------	----

**2. Feeling down, depressed or hopeless**

<input type="radio"/>	0	<input type="radio"/>	+1	<input type="radio"/>	+2	<input type="radio"/>	+3
-----------------------	---	-----------------------	----	-----------------------	----	-----------------------	----

**3. Trouble falling asleep, staying asleep, or sleeping too much**

<input type="radio"/>	0	<input type="radio"/>	+1	<input type="radio"/>	+2	<input type="radio"/>	+3
-----------------------	---	-----------------------	----	-----------------------	----	-----------------------	----

**4. Feeling tired or having little energy**

<input type="radio"/>	0	<input type="radio"/>	+1	<input type="radio"/>	+2	<input type="radio"/>	+3
-----------------------	---	-----------------------	----	-----------------------	----	-----------------------	----

**5. Poor appetite or overeating**

<input type="radio"/>	0	<input type="radio"/>	+1	<input type="radio"/>	+2	<input type="radio"/>	+3
-----------------------	---	-----------------------	----	-----------------------	----	-----------------------	----

**6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down**

<input type="radio"/>	0	<input type="radio"/>	+1	<input type="radio"/>	+2	<input type="radio"/>	+3
-----------------------	---	-----------------------	----	-----------------------	----	-----------------------	----

**7. Trouble concentrating on things, such as reading the newspaper or watching television**

<input type="radio"/>	0	<input type="radio"/>	+1	<input type="radio"/>	+2	<input type="radio"/>	+3
-----------------------	---	-----------------------	----	-----------------------	----	-----------------------	----

**8. Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual**

<input type="radio"/>	0	<input type="radio"/>	+1	<input type="radio"/>	+2	<input type="radio"/>	+3
-----------------------	---	-----------------------	----	-----------------------	----	-----------------------	----

**9. Thoughts that you would be better off dead or of hurting yourself in some way**

<input type="radio"/>	0	<input type="radio"/>	+1	<input type="radio"/>	+2	<input type="radio"/>	+3
-----------------------	---	-----------------------	----	-----------------------	----	-----------------------	----

PHQ-9 score obtained by adding score for each question (total points)

Mental Health Screening

- Anxiety: GAD-2
- Anxiety: GAD-7**
- Dementia: IHDS
- Depression: PHQ-2
- Depression: PHQ-9
- PTSD: PC-PTSD-5

Substance Use Screening

- Alcohol: AUDIT-C
- Alcohol: CAGE
- CAGE-AID
- Drug Use: TICS
- Opioid: Risk Tool

Clinical Calculators

- APRI Calculator
- BMI Calculator
- CrCl Calculator
- CTP Calculator
- FIB-4 Calculator
- FEPO4 Calculator
- GFR Calculator

## Generalized Anxiety Disorder 7-item (GAD-7)

[Share](#)

The Generalized Anxiety Disorder 7-item (GAD-7) is a easy to perform initial screening tool for generalized anxiety disorder<sup>1</sup>.

Over the **last 2 weeks**, how often have you been bothered by the following problems?

1. Feeling nervous, anxious or on edge

0
  +1
  +2
  +3

2. Not being able to stop or control worrying

0
  +1
  +2
  +3

3. Worrying too much about different things

0
  +1
  +2
  +3

4. Trouble relaxing

0
  +1
  +2
  +3

5. Being so restless that it is hard to sit still

0
  +1
  +2
  +3

6. Becoming easily annoyed or irritable

0
  +1
  +2
  +3

7. Feeling afraid as if something awful might happen

0
  +1
  +2
  +3

GAD-7 score obtained by adding score for each question (total points)



**Box 10****The Alcohol Use Disorders Identification Test: Self-Report Version**

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest.

Place an X in one box that best describes your answer to each question.

Questions	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
					<b>Total</b>	

## 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 or squirm in seat	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

(con)

From *Attention-Deficit Hyperactivity Disorder: A Clinical Workbook* (2nd ed.) by Russell A. Barkley and Kevin Murphy. Copyright 1998 by The Guilford Press. Permission to photocopy this form is granted to purchasers the *Workbook* for personal use only (see copyright page for details).

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 circled on the previous page 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 any educational activities	0	1	2	3
In my dating or marital relationship	0	1	2	3
In my management of my 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.

Items:	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

# Conners' Parent Rating Scale - Revised (L)

by C. Keith Conners, Ph.D.

Child's Name: \_\_\_\_\_ Gender: M F  
(Circle One)

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ School Grade: \_\_\_\_  
Month Day Year

Parent's Name: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**Instructions:** Below are a number of common problems that children have. Please rate each item according to your child's behavior in the last month. For each item, ask yourself "How much of a problem has this been in the last month?", and circle the best answer for each one. If none, not at all, seldom, or very infrequently, you would circle 0. If very much true, or it occurs very often or frequently, you would circle 3. You would circle 1 or 2 for ratings in between. Please respond to all the items.

NOT TRUE AT ALL (Never, Seldom)	JUST A LITTLE TRUE (Occasionally)	PRETTY MUCH TRUE (Often, Quite a Bit)	VERY MUCH TRUE (Very Often, Very Frequent)
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1. Angry and resentful .....	0	1	2	3
2. Difficulty doing or completing homework .....	0	1	2	3
3. Is always "on the go" or acts as if driven by a motor .....	0	1	2	3
4. Timid, easily frightened .....	0	1	2	3
5. Everything must be just so .....	0	1	2	3
6. Has no friends .....	0	1	2	3
7. Stomach aches .....	0	1	2	3
8. Fights .....	0	1	2	3
9. Avoids, expresses reluctance about, or has difficulties engaging in tasks that require sustained mental effort (such as schoolwork or homework) .....	0	1	2	3
10. Has difficulty sustaining attention in tasks or play activities .....	0	1	2	3
11. Argues with adults .....	0	1	2	3
12. Fails to complete assignments .....	0	1	2	3
13. Hard to control in malls or while grocery shopping .....	0	1	2	3
14. Afraid of people .....	0	1	2	3
15. Keeps checking things over again and again .....	0	1	2	3
16. Loses friends quickly .....	0	1	2	3
17. Aches and pains .....	0	1	2	3
18. Restless or overactive .....	0	1	2	3
19. Has trouble concentrating in class .....	0	1	2	3
20. Does not seem to listen to what is being said to him/her .....	0	1	2	3
21. Loses temper .....	0	1	2	3
22. Needs close supervision to get through assignments .....	0	1	2	3
23. Runs about or climbs excessively in situations where it is inappropriate .....	0	1	2	3
24. Afraid of new situations .....	0	1	2	3
25. Fussy about cleanliness .....	0	1	2	3
26. Does not know how to make friends .....	0	1	2	3
27. Gets aches and pains or stomachaches before school .....	0	1	2	3
28. Excitable, impulsive .....	0	1	2	3
29. Does not follow through on instructions and fails to finish schoolwork, chores or duties in the workplace (not due to oppositional behavior or failure to understand instructions) .....	0	1	2	3
30. Has difficulty organizing tasks and activities .....	0	1	2	3
31. Irritable .....	0	1	2	3
32. Restless in the "squirmy sense" .....	0	1	2	3
33. Afraid of being alone .....	0	1	2	3
34. Things must be done the same way every time .....	0	1	2	3
35. Does not get invited over to friends' houses .....	0	1	2	3
36. Headaches .....	0	1	2	3
37. Fails to finish things he/she starts .....	0	1	2	3

Items continued on back page...

# Conners' Parent Rating Scale - Revised (L)

by C. Keith Conners, Ph.D.

	NOT TRUE AT ALL (Never, Seldom)	JUST A LITTLE TRUE (Occasionally)	PRETTY MUCH TRUE (Often, Quite a Bit)	VERY MUCH TRUE (Very Often, Very Frequent)
38. Inattentive, easily distracted .....	0	1	2	3
39. Talks excessively .....	0	1	2	3
40. Actively defies or refuses to comply with adults' requests .....	0	1	2	3
41. Fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities .....	0	1	2	3
42. Has difficulty waiting in lines or awaiting turn in games or group situations .....	0	1	2	3
43. Has a lot of fears .....	0	1	2	3
44. Has rituals that he/she must go through .....	0	1	2	3
45. Distractibility or attention span a problem .....	0	1	2	3
46. Complains about being sick even when nothing is wrong .....	0	1	2	3
47. Temper outbursts .....	0	1	2	3
48. Gets distracted when given instructions to do something .....	0	1	2	3
49. Interrupts or intrudes on others (e.g., butts into others' conversations or games) .....	0	1	2	3
50. Forgetful in daily activities .....	0	1	2	3
51. Cannot grasp arithmetic .....	0	1	2	3
52. Will run around between mouthfuls at meals .....	0	1	2	3
53. Afraid of the dark, animals, or bugs .....	0	1	2	3
54. Sets very high goals for self .....	0	1	2	3
55. Fidgets with hands or feet or squirms in seat .....	0	1	2	3
56. Short attention span .....	0	1	2	3
57. Touchy or easily annoyed by others .....	0	1	2	3
58. Has sloppy handwriting .....	0	1	2	3
59. Has difficulty playing or engaging in leisure activities quietly .....	0	1	2	3
60. Shy, withdrawn .....	0	1	2	3
61. Blames others for his/her mistakes or misbehavior .....	0	1	2	3
62. Fidgeting .....	0	1	2	3
63. Messy or disorganized at home or school .....	0	1	2	3
64. Gets upset if someone rearranges his/her things .....	0	1	2	3
65. Clings to parents or other adults .....	0	1	2	3
66. Disturbs other children .....	0	1	2	3
67. Deliberately does things that annoy other people .....	0	1	2	3
68. Demands must be met immediately — easily frustrated .....	0	1	2	3
69. Only attends if it is something he/she is very interested in .....	0	1	2	3
70. Spiteful or vindictive .....	0	1	2	3
71. Loses things necessary for tasks or activities (e.g., school assignments, pencils, books, tools or toys) .....	0	1	2	3
72. Feels inferior to others .....	0	1	2	3
73. Seems tired or slowed down all the time .....	0	1	2	3
74. Spelling is poor .....	0	1	2	3
75. Cries often and easily .....	0	1	2	3
76. Leaves seat in classroom or in other situations in which remaining seated is expected ...	0	1	2	3
77. Mood changes quickly and drastically .....	0	1	2	3
78. Easily frustrated in efforts .....	0	1	2	3
79. Easily distracted by extraneous stimuli .....	0	1	2	3
80. Blurts out answers to questions before the questions have been completed .....	0	1	2	3

# Conners' Teacher Rating Scale - Revised (L)

by C. Keith Conners, Ph.D.

Student's Name: \_\_\_\_\_ Gender: **M** **F**  
(Circle One)

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ School Grade: \_\_\_\_  
Month Day Year

Teacher's Name: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**Instructions:** Below are a number of common problems that children have in school. Please rate each item according to how much of a problem it has been in the last month. For each item, ask yourself "How much of a problem has this been in the last month?" and circle the best answer for each one. If none, not at all, seldom, or very infrequently, you would circle 0. If very much true, or it occurs very often or frequently, you would circle 3. You would circle 1 or 2 for ratings in between. Please respond to all the items.

NOT TRUE AT ALL (Never, Seldom)	JUST A LITTLE TRUE (Occasionally)	PRETTY MUCH TRUE (Often, Quite a Bit)	VERY MUCH TRUE (Very Often, Very Frequent)
--	--	--	---

1. Defiant .....	0	1	2	3
2. Restless in the "squirmy" sense .....	0	1	2	3
3. Forgets things he/she has already learned .....	0	1	2	3
4. Appears to be unaccepted by group .....	0	1	2	3
5. Feelings easily hurt .....	0	1	2	3
6. Is a perfectionist .....	0	1	2	3
7. Temper outbursts; explosive, unpredictable behavior .....	0	1	2	3
8. Excitable, impulsive .....	0	1	2	3
9. Fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities .....	0	1	2	3
10. Sassy .....	0	1	2	3
11. Is always "on the go" or acts as if driven by a motor .....	0	1	2	3
12. Avoids, expresses reluctance about, or has difficulties engaging in tasks that require sustained mental effort (such as schoolwork or homework) .....	0	1	2	3
13. Is one of the last to be picked for teams or games .....	0	1	2	3
14. Is an emotional child .....	0	1	2	3
15. Everything must be just so .....	0	1	2	3
16. Restless or overactive .....	0	1	2	3
17. Fails to finish things he/she starts .....	0	1	2	3
18. Does not seem to listen to what is being said to him/her .....	0	1	2	3
19. Actively defies or refuses to comply with adults' requests .....	0	1	2	3
20. Leaves seat in classroom or in other situations in which remaining seated is expected .....	0	1	2	3
21. Poor in spelling .....	0	1	2	3
22. Has no friends .....	0	1	2	3
23. Timid, easily frightened .....	0	1	2	3
24. Keeps checking things over and over .....	0	1	2	3
25. Cries often and easily .....	0	1	2	3
26. Inattentive, easily distracted .....	0	1	2	3
27. Has difficulty organizing tasks or activities .....	0	1	2	3
28. Has difficulty sustaining attention in tasks or play activities .....	0	1	2	3
29. Has difficulty waiting his/her turn .....	0	1	2	3
30. Not reading up to par .....	0	1	2	3

Items continued on back page...

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# Conners' Teacher Rating Scale - Revised (L)

by C. Keith Conners, Ph.D.

	NOT TRUE AT ALL (Never, Seldom)	JUST A LITTLE TRUE (Occasionally)	PRETTY MUCH TRUE (Often, Quite a Bit)	VERY MUCH TRUE (Very Often, Very Frequent)
31. Does not know how to make friends .....	0	1	2	3
32. Sensitive to criticism .....	0	1	2	3
33. Seems over-focused on details .....	0	1	2	3
34. Fidgeting .....	0	1	2	3
35. Disturbs other children .....	0	1	2	3
36. Talks excessively .....	0	1	2	3
37. Argues with adults .....	0	1	2	3
38. Cannot remain still .....	0	1	2	3
39. Runs about or climbs excessively in situations where it is inappropriate .....	0	1	2	3
40. Lacks interest in schoolwork .....	0	1	2	3
41. Has poor social skills .....	0	1	2	3
42. Has difficulty playing or engaging in leisure activities quietly .....	0	1	2	3
43. Likes everything neat and clean .....	0	1	2	3
44. Fidgets with hands or feet or squirms in seat .....	0	1	2	3
45. Demands must be met immediately—easily frustrated .....	0	1	2	3
46. Blurts out answers to questions before the questions have been completed .....	0	1	2	3
47. Spiteful or vindictive .....	0	1	2	3
48. Short attention span .....	0	1	2	3
49. Loses things necessary for tasks or activities (e.g., school assignments, pencils, books, tools, or toys) .....	0	1	2	3
50. Only pays attention to things he/she is really interested in .....	0	1	2	3
51. Shy, withdrawn .....	0	1	2	3
52. Distractibility or attention span a problem .....	0	1	2	3
53. Things must be done the same way every time .....	0	1	2	3
54. Mood changes quickly and drastically .....	0	1	2	3
55. Interrupts or intrudes on others (e.g., butts into others' conversations or games) .....	0	1	2	3
56. Poor in arithmetic .....	0	1	2	3
57. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand instructions) .....	0	1	2	3
58. Easily distracted by extraneous stimuli .....	0	1	2	3
59. Restless, always up and on the go .....	0	1	2	3