## Retrospective Checklist

## NOTE: Parent or other adult who knew you as a child must complete this

Person who completed this form: $\square$ Mother $\square$ Father $\square$ Other (please specify):
Please rate the following statements concerning your child with respect to him/her/them between ages 5-12.

| $0=$ never | 3 = often (once a week) |
| :--- | :--- |
| 1 = very rarely (once or twice a year) | 4 = almost always (more than once a week) |
| $2=$ occasionally (once a month) | 5 = daily |


| Behaviours to be rated | 0 | 1 | 2 | 3 | 4 | 5 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Failed to give close attention to details | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Made careless errors/mistakes in schoolwork, work or other activities | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Had difficulty sustaining attention to work related task | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Had difficulty sustaining attention to play activities | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Did not seem to listen to what was being said to him/her | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Did not follow through on instructions (e.g. was told to complete a task, but got sidetracked and forgot what he/she was to do) | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Daydreamed, spent time thinking his/her own thoughts | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Failed to finish schoolwork, chores or duties in the home (not because he/she was being deliberately stubborn or oppositional) | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Avoided or strongly disliked tasks (such as schoolwork or homework) that required sustained mental effort | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Lost items necessary for required tasks (such as schoolwork or homework) that required sustained mental effort | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Easily distracted from a task by external events, sounds, sights |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Forgetful in daily activities (e.g. forgot mittens or boots at school, forgot to wear mittens to school) | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Fidgety and restless (hands or feet or squirmed) | $\square$ | $\square$ | $\square$ | ] | $\square$ | $\square$ |
| Left seat (classroom, dinner table, etc.) where remaining seated was expected | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Ran about or climbed excessively in situations where it was inappropriate (e.g. church, shopping centre, grandparents' house) |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Complained of feeling very restless and unhappy with having to sit still |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Had difficulty playing quietly or engaging in quiet leisure activities | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Talked excessively | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Acted as if driven by a motor; could not remain still |  |  |  | $\square$ |  |  |
| Interrupted conversations or would intrude on the conversations of others |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Blurted out answers to questions before the question was finished | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |  |
| Had difficulty taking turns and waiting | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Was abused or victimized | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |

