

DISRUPTIVE BEHAVIOR RATING SCALE—PARENT FORM

Child's name _____ Date _____

Name of person completing this form _____

Your relationship to child: [Circle one] Mother Father Stepparent Fosterparent

Other: _____

Instructions: Please circle the number next to each item that best describes the behavior of this child *during the past 6 months.*

Items:	Never or rarely	Sometimes	Often	Very often
1. Fails to give close attention to details or makes careless mistakes in his/her work	0	1	2	3
2. Fidgets with hands or feet or squirms in seat	0	1	2	3
3. Has difficulty sustaining his/her attention in tasks or fun activities	0	1	2	3
4. Leaves his/her seat in classroom or in other situations in which seating is expected	0	1	2	3
5. Doesn't listen when spoken to directly	0	1	2	3
6. Seems restless	0	1	2	3
7. Doesn't follow through on instructions and fails to finish work	0	1	2	3
8. Has difficulty engaging in leisure activities or doing fun things quietly	0	1	2	3
9. Has difficulty organizing tasks and activities	0	1	2	3
10. Seems "on the go" or "driven by a motor"	0	1	2	3
11. Avoids, dislikes, or is reluctant to engage in work that requires sustained mental effort	0	1	2	3
12. Talks excessively	0	1	2	3
13. Loses things necessary for tasks or activities	0	1	2	3
14. Blurts out answers before questions have been completed	0	1	2	3

(cont.)

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

Disruptive Behavior Rating Scale—Parent Form (p. 2 of 3)

Items:	Never or rarely	Sometimes	Often	Very often
15. Is easily distracted	0	1	2	3
16. Has difficulty awaiting turn	0	1	2	3
17. Is forgetful in daily activities	0	1	2	3
18. Interrupts or intrudes on others	0	1	2	3

How old was this child when you first noticed the above problems? _____

Instructions: To what extent do the problems you may have circled on the previous page interfere with this child's ability to function in each of these areas of life activities *during the past 6 months*?

Areas:	Never or rarely	Sometimes	Often	Very often
In his/her home life with the immediate family	0	1	2	3
In his/her social interactions with other children	0	1	2	3
In his/her activities or dealings in the community	0	1	2	3
In school	0	1	2	3
In sports, clubs, or other organizations	0	1	2	3
In learning to take care of him/herself	0	1	2	3
In his/her play, leisure, or recreational activities	0	1	2	3
In his/her handling of daily chores or other responsibilities	0	1	2	3

Instructions: Again, please circle the number next to each item that best describes the behavior of this child *during the past 6 months*.

Items:	Never or rarely	Sometimes	Often	Very often
19. Loses temper	0	1	2	3
20. Argues with adults	0	1	2	3
21. Actively defies or refuses to comply with adults' requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his/her mistakes or misbehavior	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3

(cont.)

Disruptive Behavior Rating Scale—Parent Form (p. 3 of 3)

Items:	Never or rarely	Sometimes	Often	Very often
25. Is angry or resentful	0	1	2	3
26. Is spiteful or vindictive	0	1	2	3

Instructions: Please indicate whether this child has engaged in any of the following items in the past 12 months.

1. Often bullies, threatens, or intimidates others	No	Yes
2. Often initiates physical fights	No	Yes
3. Used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, or gun)	No	Yes
4. Has been physically cruel to people	No	Yes
5. Has been physically cruel to animals	No	Yes
6. Has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, or armed robbery)	No	Yes
7. Has forced someone into sexual activity	No	Yes
8. Has deliberately engaged in fire setting with the intention of causing serious damage	No	Yes
9. Has deliberately destroyed others' property (other than by fire setting)	No	Yes
10. Has broken into someone else's house, building, or car	No	Yes
11. Often lies to obtain goods or favors or to avoid obligations (i.e., "cons" others)	No	Yes
12. Has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering, and forgery)	No	Yes
13. Often stays out at night despite parental prohibitions If so, at what age did this begin? _____	No	Yes
14. Has run away from home overnight at least twice while living in parents' home, foster care, or group home. If so, how many times? _____	No	Yes
15. Is often truant from school If so, at what age did this begin _____	No	Yes

DISRUPTIVE BEHAVIOR RATING SCALE—TEACHER FORM

Child's name _____ Date _____

Name of person completing this form _____

What class(es) do you teach this child? _____

In a typical school day, how many hours do you observe this child? _____

Instructions: Please circle the number next to each item that best describes the behavior of this child *during the past 6 months*.

Items:	Never or rarely	Sometimes	Often	Very often
1. Fails to give close attention to details or makes careless mistakes in his/her work	0	1	2	3
2. Fidgets with hands or feet or squirms in seat	0	1	2	3
3. Has difficulty sustaining his/her attention in tasks or fun activities	0	1	2	3
4. Leaves his/her seat in classroom or in other situations in which seating is expected	0	1	2	3
5. Doesn't listen when spoken to directly	0	1	2	3
6. Seems restless	0	1	2	3
7. Doesn't follow through on instructions and fails to finish work	0	1	2	3
8. Has difficulty engaging in leisure activities or doing fun things quietly	0	1	2	3
9. Has difficulty organizing tasks and activities	0	1	2	3
10. Seems "on the go" or "driven by a motor"	0	1	2	3
11. Avoids, dislikes, or is reluctant to engage in work that requires sustained mental effort	0	1	2	3
12. Talks excessively	0	1	2	3
13. Loses things necessary for tasks or activities	0	1	2	3
14. Blurts out answers before questions have been completed	0	1	2	3
15. Is easily distracted	0	1	2	3

(cont.)

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

Disruptive Behavior Rating Scale—Teacher Form (p. 2 of 2)

Items:	Never or rarely	Sometimes	Often	Very often
16. Has difficulty awaiting turn	0	1	2	3
17. Is forgetful in daily activities	0	1	2	3
18. Interrupts or intrudes on others	0	1	2	3

Instructions: To what extent do the problems you may have circled on the previous page interfere with this child's ability to function in each of these areas of school activities *during the past 6 months?*

Areas:	Never or rarely	Sometimes	Often	Very often
In his/her completion of classwork	0	1	2	3
In his/her completion of homework assignments	0	1	2	3
In his/her behavior in the school classroom	0	1	2	3
In his/her behavior on the school bus	0	1	2	3
In sports, clubs, or other organizations held at school	0	1	2	3
In his/her interactions with classmates	0	1	2	3
In his/her play or recreational activities at recess	0	1	2	3
In his/her behavior in the lunchroom at school	0	1	2	3
In his/her management of time at school	0	1	2	3

Instructions: Again, please circle the number next to each item that best describes the behavior of this child *during the past 6 months.*

Items:	Never or rarely	Sometimes	Often	Very often
19. Loses temper	0	1	2	3
20. Argues with adults	0	1	2	3
21. Actively defies or refuses to comply with adults' requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his/her mistakes or misbehavior	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful or vindictive	0	1	2	3

HOME SITUATIONS QUESTIONNAIRE

Child's name _____ Date _____

Name of person completing this form _____

Instructions: Does your child present any problems with compliance to instructions, commands, or rules for you in any of these situations? If so, please circle the word Yes and then circle a number beside that situation that describes how severe the problem is for you. If your child is not a problem in a situation, circle No and go on to the next situation on the form.

Situations	Yes/No		If yes, how severe?								
			Mild						Severe		
While playing alone	Yes	No	1	2	3	4	5	6	7	8	9
While playing with other children	Yes	No	1	2	3	4	5	6	7	8	9
At mealtimes	Yes	No	1	2	3	4	5	6	7	8	9
Getting dressed	Yes	No	1	2	3	4	5	6	7	8	9
Washing and bathing	Yes	No	1	2	3	4	5	6	7	8	9
While you are on the telephone	Yes	No	1	2	3	4	5	6	7	8	9
While watching television	Yes	No	1	2	3	4	5	6	7	8	9
When visitors are in your home	Yes	No	1	2	3	4	5	6	7	8	9
When you are visiting someone's home	Yes	No	1	2	3	4	5	6	7	8	9
In public places (restaurants, stores, church, etc.)	Yes	No	1	2	3	4	5	6	7	8	9
When father is home	Yes	No	1	2	3	4	5	6	7	8	9
When asked to do chores	Yes	No	1	2	3	4	5	6	7	8	9
When asked to do homework	Yes	No	1	2	3	4	5	6	7	8	9
At bedtime	Yes	No	1	2	3	4	5	6	7	8	9
While in the car	Yes	No	1	2	3	4	5	6	7	8	9
When with a babysitter	Yes	No	1	2	3	4	5	6	7	8	9

----- For Office Use Only -----

Total number of problem settings _____ Mean severity score _____

From *Defiant Children* (2nd ed.): *A Clinician's Manual for Assessment and Parent Training* by Russell A. Barkley. Copyright 1997 by The Guilford Press. Reprinted in *Attention-Deficit Hyperactivity Disorder: A Clinical Workbook* (2nd ed.) by Russell A. Barkley and Kevin R. Murphy. Permission to photocopy this form is granted to purchasers of the *Workbook* for personal use only (see copyright page for details).

SCHOOL SITUATIONS QUESTIONNAIRE

Child's name _____ Date _____

Name of person completing this form _____

Instructions: Does this child present any problems with compliance to instructions, commands, or rules for you in any of these situations? If so, please circle the word Yes and then circle a number beside that situation that describes how severe the problem is for you. If this child is not a problem in a situation, circle No and go on to the next situation on the form.

Situations	Yes/No		If yes, how severe?								
			Mild						Severe		
When arriving at school	Yes	No	1	2	3	4	5	6	7	8	9
During individual desk work	Yes	No	1	2	3	4	5	6	7	8	9
During small group activities	Yes	No	1	2	3	4	5	6	7	8	9
During free playtime in class	Yes	No	1	2	3	4	5	6	7	8	9
During lectures to the class	Yes	No	1	2	3	4	5	6	7	8	9
At recess	Yes	No	1	2	3	4	5	6	7	8	9
At lunch	Yes	No	1	2	3	4	5	6	7	8	9
In the hallways	Yes	No	1	2	3	4	5	6	7	8	9
In the bathroom	Yes	No	1	2	3	4	5	6	7	8	9
On field trips	Yes	No	1	2	3	4	5	6	7	8	9
During special assemblies	Yes	No	1	2	3	4	5	6	7	8	9
On the bus	Yes	No	1	2	3	4	5	6	7	8	9

----- For Office Use Only -----

Total number of problem settings _____ Mean severity score _____

From *Defiant Children* (2nd ed.): A Clinician's Manual for Assessment and Parent Training by Russell A. Barkley. Copyright 1997 by The Guilford Press. Reprinted in *Attention-Deficit Hyperactivity Disorder: A Clinical Workbook* (2nd ed.) by Russell A. Barkley and Kevin R. Murphy. Permission to photocopy this form is granted to purchasers of the *Workbook* for personal use only (see copyright page for details).

dren and adolescents for this disorder. Those symptom lists and diagnostic criteria are taken from the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV; American Psychiatric Association, 1994) and have been adapted here with permission of the American Psychiatric Association. This interview can be used for both clinical or research purposes in interviewing parents of children or teenagers being evaluated for ADHD.

Scoring the Disruptive Behavior Rating Scales

The DBRS contains the symptoms for ADHD, Oppositional Defiant, and Conduct Disorder (parent form only) as they appear in DSM-IV. The teacher form of this scale does not include the items for Conduct Disorder as teachers are likely to have far less information about these activities than do parents.

Odd-numbered items (1, 3, 5, 7, 9, 11, . . .) are from the Inattention symptom list for ADHD; even-numbered items (2, 4, 6, 8, . . .) are from the Hyperactive-Impulsive symptom list for ADHD. Items 19–26 are from the symptom list for Oppositional Defiant Disorder (ODD). On the parent form, the remaining 15 Yes–No items are the symptom list for Conduct Disorder. To score the ADHD items, sum the odd-numbered item scores for the Inattention items (1, 3, 5, 7, 9, 11, 13, 15, 17) separately. Do the same for the even numbered Hyperactive-Impulsive items (2, 4, 6, 8, 10, 12, 14, 16, 18). Then consult the cutoff scores below for these ADHD items. To score the ODD items (19–26), simply count the number of items answered either 2 (often) or 3 (very often). If the number is 4 or more, this meets or exceeds the recommended symptom cutoff threshold for ODD in DSM-IV. Norms are *not* available for this list of symptoms. To score the items for Conduct Disorder, simply count the number of items answered Yes. If three or more of these items have been so answered, this meets the symptom threshold for Conduct Disorder as established in the DSM-IV. Again norms are not available for these items but none are really necessary, as the occurrence of just a few of these activities by a child can be developmentally deviant.

The school version of the DBRS is scored the same way except that no Conduct Disorder items are on that version of the scale.

Norms for the ADHD items in this scale have recently been collected by George DuPaul and colleagues for these ADHD items (DuPaul et al., 1997, in press). A separate manual containing a separate ADHD Rating Scale along with the full report on these norms and the psychometric properties of this scale by Dr. DuPaul and his colleagues is available from Guilford Press.

To score the ADHD items in the DBRS provided here, the clinician would add up *the total points* circled for all the items (including answers of 0's, and 1's) on the Inattention and Hyperactive-Impulsive lists separately. The 93rd percentile has typically been construed

Clinical Cutoff Scores for ADHD Items^a

Age groups (in years)	Boys		Girls	
	Inattention	Hyper.-Imp.	Inattention	Hyper.-Imp.
<u>Parent ratings</u>				
5-7	15	17	12	13
8-10	15	15	12	9
11-13	18.5	16	12.8	9
<u>Teacher ratings</u>				
5-7	22	22	21	21
8-10	25	25	21	16.7
11-13	24	18	19	14.8

as reflecting clinical significance, and so, with permission of the authors of this scale, we provide in the accompanying table the thresholds for the 93rd percentile for these scores for each of these lists given separately by source of report, child age and child gender.

Scoring the Home and School Situations Questionnaires

The HSQ and SSQ evaluate the pervasiveness and severity of children's behavior problems across multiple home and school situations. On the HSQ, parents rate their child's behavioral problems across 16 different home and public situations. On the SSQ, teachers report on the problems children may have in 12 different school situations. Both scales are scored the same way to yield two separate scores. The first is the Number of Problem Settings, calculated simply by counting the number of items answered Yes. The second is the Mean Severity, calculated by summing the numbers circled beside the items and then dividing by the number of Yes answers. Again, using the 93rd percentile (+1.5 standard deviations above the mean) as an indication of clinical significance, scores at or above that threshold would be significant. The norms for these rating scales are presented in the tables on page 14.

Issues Checklist for Parents and Teenagers*

This scale was developed by Arthur Robin, PhD, and Sharon Foster, PhD, to assess the intensity of conflicts that adolescents have with their parents. Such information is very

*Adapted from *Dictionary of Behavioral Assessment* (pp. 278-279), M. Hersen & A. S. Bellack, Eds., New York, Pergamon Press, 1988. Copyright 1988 by Pergamon Press. Adapted by permission of the publisher.