

Community Child & Adolescent Mental Health Service Project

Dept. of Child & Adolescent Psychiatry, NIMHANS and Dept. of Women & Child Development, Govt. of Karnataka

Screening Tool for Attention Deficiency Hyperactive Disorder/ADHD (Age 7 to 17)

A. Basic Information

Date:

Name of Child:

Sex:

Age:

Name/ Location of School:

Class Child is studying in (currently):

PHC Catchment Area:

B. ADHD Checklist: Teacher's Report

	Items	Yes	No	Not Sure
Attention				
1.	Often has trouble keeping attention on tasks or play activities/ Is often easily distracted.			
2.	Often does not seem to listen when spoken to directly.			
3.	Often does not follow instructions and fails to finish schoolwork/ activity; moves on to something else.			
4.	Often loses things needed for tasks and activities (e.g. toys, school assignments, pencils, books, or tools).			
5.	Is often forgetful in daily activities.			
Hyperactivity				
6.	Often restless/fidgets with hands or feet or squirms in seat.			
7.	Often gets up from seat when remaining in seat is expected.			
8.	Excessive running/ climbing (more than other kids).			
9.	Often has trouble playing rule-based games or enjoying leisure activities quietly.			
Impulsivity				
10.	Often has trouble waiting one's turn.			
11.	Often disturbs other children/ interrupts or intrudes on others. (pushing/poking/hitting/ snatching...).			
12.	Often gets into fights with others.			
13.	Often actively defies/ does not comply with adult requests.			
14.	High risk behaviours such as substance abuse, sexual behaviours, fire-setting*			

*Only for adolescents (ages 12 to 17)

C. Any other information that the child/teacher shares (about school/ family/ other issues):

D. Service Provider's Interpretations/ Summary & Management Plan

Guidance Notes on RBSK Screening Tool for ADHD

1. How the Screening Tool is Organized

- The Screening tool has 5 parts to it:
 - A. Basic Information (Child's name/ age/ sex/ school name etc)
 - B. ADHD Checklist: Teacher's Report
 - C. Any other information that the teacher/ child shares (about school/ family/ other issues)
 - D. Service Provider's Interpretations/ Summary
- The check list/ teacher's report has 14 items organized into 3 domains, namely attention, hyperactivity and impulsivity.
 - Item 14 is to be administered only for adolescents (age 12 to 17). All others are to be administered for younger children as well as adolescents.

2. Who to Administer the Tool To

- To be administered to anganwadi workers and school teachers working regularly with anganwadi and school children, ages 3 to 17.
- For children between ages 3 and 12, the tool is to be administered if either of the two symptoms are reported by teachers:
 - Has trouble sitting in one place and is very restless.
 - Does not complete tasks.
- For adolescents, age 12 to 17, this tool is to be administered if any of the three symptoms are reported by teachers:
 - Has trouble sitting in one place and is very restless.
 - Does not pay attention to school work and has trouble completing tasks.
 - Engages in high risk behaviours such as substance abuse, sexual behaviours, fire setting etc and/or frequently gets into conflict with other children.

3. How to Administer the Tool

- Ask anganwadi worker/teacher all questions from 1 to 3, asking them to say 'yes' or 'no'. If they do not know about some issues, mark 'not sure'.
- Do the same for question 14—which is only to be used for adolescents. (For younger children, leave blank or mention 'not applicable').

4. How to Interpret the Answers

- If two or more symptom is answered as 'yes' in each of the domains of attention, hyperactivity and impulsivity, then the child may have a provisional diagnosis of ADHD.
- The greater the number of symptoms marked in each domain, the more severe the ADHD (ADHD levels can range from mild, moderate to severe).
- In case of adolescents, if none or less than two of the symptoms in each of the domains of attention and hyperactivity are present, but under impulsivity, symptoms of high risk behaviour and fights with other children are present, the adolescent needs to be examined for conduct disorder. (in such a case the adolescent may not have ADHD. He/she may have conduct problems).

5. Administering ADHD Screening in Conjunction with Other Screening Tools

- It is possible for a child to have problems with attention only. If the child has problems only in the attention domain, the provisional diagnosis would be 'attention deficiency'.
- However, in such a case, it would be useful to administer the emotional-behavioural screening tool, in order to check whether the child's attention problem is an ADHD issue or an emotional issue.
- If there are no emotional issues found during the screening, it is confirmed that the attention problem is an ADHD issue (and not due to emotional issues).