

PATIENT'S INITIALS _____

PATIENT'S NUMBER _____

DATE _____

M.D.'s INITIALS _____

As a child I was (or had):	Not at all or very slightly	Mildly	Moderately	Quite a bit	Very much
1. Active, restless, always on the go					
2. Afraid of things					
3. Concentration problems, easily distracted					
4. Anxious, worrying					
5. Nervous, fidgety					
6. Inattentive, daydreaming					
7. Hot- or short-tempered, low boiling point					
8. Shy, sensitive					
9. Temper outbursts, tantrums					
10. Trouble with stick-to-it-tiveness, not following through, failing to finish things started					
11. Stubborn, strong-willed					
12. Sad or blue, depressed, unhappy					
13. Incautious, dare-devilish, involved in pranks					
14. Not getting a kick out of things, dissatisfied with life					
15. Disobedient with parents, rebellious, sassy					
16. Low opinion of myself					
17. Irritable					
18. Outgoing, friendly, enjoyed company of people					
19. Sloppy, disorganized					
20. Moody, ups and downs					
21. Angry					
22. Friends, popular					
23. Well-organized, tidy, neat					
24. Acting without thinking, impulsive					
25. Tendency to be immature					
26. Guilty feelings, regretful					
27. Losing control of myself					
28. Tendency to be or act irrational					
29. Unpopular with other children, didn't keep friends for long, didn't get along with other children					
30. Poorly coordinated, did not participate in sports					
31. Afraid of losing control of self					
32. Well-coordinated, picked first in games					
33. Tomboyish (for women only)					
34. Running away from home					
35. Getting into fights					
36. Teasing other children					
37. Leader, bossy					
38. Difficulty getting awake					
39. Follower, led around too much					
40. Trouble seeing things from someone else's point of view					
41. Trouble with authorities, trouble with school, visits to principal's office					
42. Trouble with police, booked, convicted					
Medical problems as a child:					
43. Headaches					
44. Stomachaches					
45. Constipation					

WENDER UTAH RATING SCALE

Medical problems as a child (continued):	Not at all or very slightly	Mildly	Moderately	Quite a bit	Very much
46. Diarrhea					
47. Food allergies					
48. Other allergies					
49. Bedwetting					
As a child in school, I was (or had):					
50. Overall a good student, fast					
51. Overall a poor student, slow learner					
52. Slow in <i>learning</i> to read					
53. Slow reader					
54. Trouble reversing letters					
55. Problems with spelling					
56. Trouble with mathematics or numbers					
57. Bad handwriting					
58. Able to read pretty well but never really enjoyed reading					
59. Not achieving up to potential					
60. Repeating grades (which grades?)					
61. Suspended or expelled (which grades?)					

Patient's name _____ # _____ Date _____ Physician _____

To be filled out by the mother of the subject (or father only if mother is unavailable).

Instructions: Listed below are items concerning children's behavior and the problems they sometimes have. Read each item carefully and decide how much you think you were bothered by these problems when your child was between six and ten years old. Rate the amount of the problem by putting a check in the column that describes your child at that time.

	Not at all	Just a little	Pretty much	Very much
1. Restless (overactive)				
2. Excitable, impulsive				
3. Disturbs other children				
4. Fails to finish things started (short attention span)				
5. Fidgets				
6. Inattentive, distractible				
7. Demands must be met immediately; gets frustrated				
8. Cries				
9. Mood changes quickly				
10. Temper outbursts (explosive and unpredictable behavior)				