

# The SWAN\* Rating Scale for ADHD

Child's Name: _____	Gender: M ( <input type="checkbox"/> ) F ( <input type="checkbox"/> ) Age: _____
Completed by: _____	→ Check one: ( <input type="checkbox"/> ) Parent ( <input type="checkbox"/> ) Teacher ( <input type="checkbox"/> ) Physician
Date Completed: _____	

For each item, check the column that best describes this child over the past six months.

	Not at all	Just a little	Quite a bit	Very much
1. Gives close attention to detail and avoids careless mistakes				
2. Sustains attention on tasks or play activities				
3. Listens when spoken to directly				
4. Follows through on instructions and finishes school work and chores				
5. Organizes tasks and activities				
6. Engages in tasks that require sustained mental effort				
7. Keeps track of things necessary for activities (doesn't lose them)				
8. Ignores extraneous stimuli				
9. Remembers daily activities				
10. Sits still (controls movement of hand or feet or controls squirming)				
11. Stays seated (when required by class rules or social conventions)				
12. Modulates motor activity (inhibits inappropriate running or climbing)				
13. Plays quietly (keeps noise level reasonable)				
14. Settles down and rests (controls constant activity)				
15. Modulates verbal activity (controls excessive talking)				
16. Reflects on questions (controls blurting out answers)				
17. Awaits turn (stands in line and takes turns)				
18. Enters into conversation and games without interrupting or intruding				