

The SWAN* Rating Scale for ADHD

Child's name: _____ **Gender:** _____ **Age:** _____
Completed by: _____ (circle one) **Parent** **Teacher** **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 hands 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	___	___	___	___

Scoring Section: For each question, place a 1 next to the question number below if the response was "not at all" or "just a little" and a 0 if the response was "quite a bit" or "very much".

- | | |
|----------|-----------|
| 1. _____ | 10. _____ |
| 2. _____ | 11. _____ |
| 3. _____ | 12. _____ |
| 4. _____ | 13. _____ |
| 5. _____ | 14. _____ |
| 6. _____ | 15. _____ |
| 7. _____ | 16. _____ |
| 8. _____ | 17. _____ |
| 9. _____ | 18. _____ |

Results:

1. If the sum of 1-9 is 6 or greater, the child is likely ADHD- Inattentive type. Consider mental health evaluation.
2. If the sum of 10-18 is 6 or greater, the child is likely ADHD- Hyperactive/Impulsive type. Consider mental health evaluation.
3. If both the sums of 1-9 and 10-18 are 6 or greater, the child is likely ADHD-Combined type. Consider mental health evaluation.
4. If neither sums are 6 or greater, the child likely does not have ADHD or the symptoms are being controlled with current treatment.

Sum #'s 1-9 _____ #'s 10-18 _____

*Adapted from James M. Swanson, Ph.D., University of California, Irvine