

ASSOCIATED NEUROLOGICAL SPECIALTIES

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The Ships Project Cap Rating Scale

Date: _____

Child's Name: _____ Sex: _____ Age: _____

Completed By: _____

| | Not True | Somewhat or Sometimes True | Very or Often True |
|--|----------|----------------------------|--------------------|
| 1. Fails to finish things he/she starts | | | |
| 2. Can't concentrate; can't pay attention for long | | | |
| 3. Can't sit still; restless or hyperactive | | | |
| 4. Fidgets | | | |
| 5. Daydreams or gets lost in his/her thoughts | | | |
| 6. Impulsive or acts without thinking | | | |
| 7. Difficulty following instructions | | | |
| 8. Talks out of turn | | | |
| 9. Messy work | | | |
| 10. Inattentive or easily distracted | | | |
| 11. Talks too much | | | |
| 12. Fails to carry out assigned tasks | | | |

COMMENTS REGARDING CHANGES IN BEHAVIOR PATTERN:
