



MEMORY QUEST FLEX

EVALUATION FORM - IMPULSIVITY/HYPERACTIVITY

INFORMATION

Pupil:				
Assessor:		Before	After	Follow-up
Date:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INSTRUCTIONS

Rate each statement below between 1 and 5, where 1 is "Do not agree at all" and 5, "Strongly agree".

IMPULSIVITY/HYPERACTIVITY

	Do not agree at all				Strongly agree
	1	2	3	4	5
Has difficulty sitting still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does things without first thinking of the consequences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has trouble quietly implementing school activities or play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interrupts others in their games or when they are speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moves in contexts when it is inappropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Answers before questions have been completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty waiting their turn when required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sum impulsivity/hyperactivity:					