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SCT SCALE

McBurnett and Pfiffner, 2003, UCSF

CHILD'S NAME	DATE
NAME OF PERSON COMPLETING FORM	RELATION TO CHILD

DIRECTIONS: CHECK () OR (X) WHICH RATING BEST DESCRIBES YOUR CHILD'S OVERALL BEHAVIOR. ANSWER EACH QUESTION TO THE BEST OF YOUR ABILITY.

	NEVER	SOMETIMES	OFTEN	VERY OFTEN
1. Is absent minded				
2. Is 'vague' or internally preoccupied				
3. Shows lack of persistence				
4. Forgets the details of his/her daily routine				
5. Forgets where things are normally kept or looks for things in the wrong places				
6. Leaves things behind				
7. Forgets what he/she has been told				
8. Confused or seems to be in a fog				
9. Daydreams or gets lost in his/her thoughts				
10. Overtired				
11. Apathetic or unmotivated				
12. Stares blankly				
13. Underactive, slow moving, or lacks energy				
14. Forgetful				
15. Sluggish/drowsy				