ADHD Rating Scale-IV Preschool Version (ADHD-RS-IV-P)



The ADHD Rating Scale-IV Preschool Version is an observer-rated scale for screening and quantifying ADHD symptoms in preschool children, generally between 3 and 5 years of age. It covers the 18 DSM-IV symptoms, worded with examples better suited to young children's everyday functioning, to improve the clinical relevance of the observations gathered from parents and teachers. The tool provides separate estimates of inattention and hyperactivity-impulsivity, as well as a total severity score. It is useful in outpatient practice, child psychiatry, developmental psychology, and intervention monitoring, particularly to compare how symptoms manifest across settings. Its main advantages are its ease of administration, good acceptability, and the availability of preschool standardization data. It is a screening tool and an aid to clinical assessment, and is not sufficient on its own to make a diagnosis.

Number of questions	18 questions
Estimated duration	10 minutes
Language	English
Original name	ADHD Rating Scale-IV Preschool Version
Target audience	Preschool children
Authors	Kara E. McGoey, George J. DuPaul, Erin Haley, Teri L. Shelton (2007)
Category	ADHD, Childhood

Administer your questionnaires online

Send your patient a link: they answer from their phone or computer, and you receive the scored results by email.

View the questionnaire on mentaal.org ›

Scoring & interpretation

Each item is scored from 0 to 3 according to how often the behavior was observed over the past 6 months. The odd-numbered items make up the inattention score and the even-numbered items the hyperactivity-impulsivity score. The total score is the sum of the 18 items, with higher subscale and total scores indicating more pronounced symptoms. In

practice, responses of 2 or 3 are often considered clinically positive for symptom screening. Raw scores can be converted to T-scores and percentiles based on informant type and the child's sex when these tables are available. Scores above the 93rd percentile are considered indicative of clinical risk, but have no diagnostic value on their own. Interpretation should always be cross-checked with the clinical interview, functional impairment, and observations across several settings.

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 Laura V. - Online Psychologist