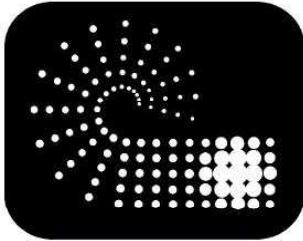


26. Bruininks R.H., Woodcock R.W., Weatherman R.F., & Hill B.K. (1996). *Scales of Independent Behavior-Revised (SIB-R)*. Rolling Meadows, IL: Riverside Publishing Company.

## 8.0 APPENDICES

1. Letter to Potential Participants
2. Form to Decline Participation
3. Questionnaires: (based on participant's age)
  - Behavior Rating Inventory for Executive Functioning (Parent and Self-Report Forms)
  - Behavior Assessment System for Children-Second Edition (Parent and Self-Report Forms)
  - Scales of Independent Behavior-Revised (Parent Completed)
  - Educational Services and Medical Status Profile (Parent Completed)
4. Follow-up Reminder Phone Call or Voice Mail Script



Francis H. Burr  
PROTON THERAPY CENTER  
MASSACHUSETTS  
GENERAL HOSPITAL

Date

Dear \_\_\_\_\_:

We had the pleasure of conducting a neuropsychological evaluation with your [daughter/son](#), \_\_\_\_\_, at the Psychology Assessment Center at Massachusetts General Hospital (MGH) on \_\_\_\_\_. We are currently conducting a follow-up research survey of our pediatric patients who received proton radiation treatment at MGH. The purpose of the research study is to assess children's attention, emotional/behavioral functioning, daily living skills and use of special education services at one year or more since the completion of treatment. By assessing these important areas of functioning among our patients, we hope to improve comprehensive medical care of patients with a history of brain or CNS tumors. Participation [in this research study](#) is completely voluntary. Choosing not to participate will not harm your child in any way, nor will it harm your relationship with your child's doctors or other health providers at MGH.

We are requesting that you complete a brief profile and three questionnaires (BASC-2, BRIEF, and SIB-R, enclosed). The profile, requesting information about your child's educational history and current medical status, should take about 5 minutes to complete. The three questionnaires ask you to complete questions about your child's attention, emotional/behavioral well being and daily living skills in recent months, and should take approximately 30-45 minutes to complete. *[for children 7 years old or older, also include: We are also asking your child to complete the self-report versions of two of the questionnaires (BASC-2 and BRIEF), which should take approximately 20 minutes to complete.]* The instructions to the questionnaires are provided on each individual questionnaire. Please base your responses to the questions on your own observations of your child. We will keep all pertinent research study information on secure hospital networks to ensure your and your child's privacy and confidentiality. Only our research study staff have access to the research study data.

There is the chance that you or your child may experience some degree of emotional discomfort when answering certain survey questions. If this occurs, please do not hesitate to contact Margaret Pulsifer, Ph.D. at 617-726-9116, or you may also contact the Office for Human Research Studies at 617-632-3029. Please feel free to skip any questions, including those that you find to be particularly upsetting or inapplicable. If at any time you decide you would no longer like to participate in the research study, you may do so at no risk or liability. If the completed questionnaires indicate that your child might be at psychological risk, we will contact you about a referral to a psychologist or psychiatrist affiliated with MGH or in your local area for further evaluation.

Your participation [\[and that of your child\]](#) is completely voluntary. If you do not wish to participate or to receive further contact on this subject, please return the enclosed form declining participation. If you do not reply, we may contact you to complete the survey over the phone. If you choose to participate, please return the completed profile and questionnaires in the pre-addressed, stamped envelope provided. The materials should be mailed to the address below.

You will not directly receive any personal health benefits as a result of your participation in this research study. However, we hope that the results will help us to will help us to improve treatment of pediatric patients like your child in the future. In appreciation for the time and effort you spend completing the survey, we will send you a \$25 gift-certificate when we receive your completed materials.

Thank you in advance for your assistance. Your time is most appreciated.. We look forward to receiving your completed questionnaires in the mail. If you have any questions or concerns regarding this survey, please feel free to contact Margaret Pulsifer, Ph.D. at 617-726-9116.

Sincerely,

Margaret Pulsifer, Ph.D.  
Neuropsychologist  
Psychology Assessment Center

Torunn Yock, M.D.  
Director, Pediatric Radiation Oncology  
Francis F. Burr Proton Center

SEND COMPLETED MATERIALS TO:  
Margaret Pulsifer, Ph.D.  
Psychology Assessment Center  
Massachusetts General Hospital  
One Bowdoin Square, 7<sup>th</sup> floor, Boston, MA 02114

## **Educational Services and Medical Status Profile**

Child's Name: \_\_\_\_\_ Name of Respondent: \_\_\_\_\_  
Child's Date of Birth: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Today's Date: \_\_\_\_\_

### **Educational Services:**

1. Current grade in school: \_\_\_\_\_

2. Educational program:

<input type="checkbox"/> Regular/Mainstream (no services)	<input type="checkbox"/> Individualized Education Plan (IEP)
<input type="checkbox"/> Early Intervention Services (Birth to 3)	<input type="checkbox"/> Home schooled
<input type="checkbox"/> 504 Student Accommodation Plan	<input type="checkbox"/> Not attending school

3. Repeated any grades?  No  Yes

If so, what grade(s) and why? \_\_\_\_\_

4. Any academic or other problems in school?  No  Yes

If so, please describe: \_\_\_\_\_

At what age did these problems start? \_\_\_\_\_

Have these problems ended?  No  Yes, when? \_\_\_\_\_

5. Child's age when special education services began: \_\_\_\_\_

6. Current special education label:

<input type="checkbox"/> Learning disability in: _____	<input type="checkbox"/> Speech/language
<input type="checkbox"/> Other-health related disability	<input type="checkbox"/> Autism spectrum disorder
<input type="checkbox"/> Attention deficit hyperactivity disorder	<input type="checkbox"/> Other, please describe: _____
<input type="checkbox"/> Developmental delay	_____

7. Type of services:

<input type="checkbox"/> Accommodations in the classroom (e.g., extra time on tests)	<input type="checkbox"/> Occupational therapy
<input type="checkbox"/> Modifications in the curriculum (e.g., reduced work load)	<input type="checkbox"/> Physical therapy
<input type="checkbox"/> Academic support in: <input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Written language	<input type="checkbox"/> 1:1 aide <input type="checkbox"/> Vision/mobility specialist <input type="checkbox"/> Adaptive physical education <input type="checkbox"/> Other, please describe _____
<input type="checkbox"/> Speech/language therapy	_____

**Current Medical Status:**

8. Current medications: (please list all, including over the counter and those needed occasionally)

---

9. Has there been any relapse of diagnosis?  No  Yes

If yes, what is being done to treat your child? \_\_\_\_\_

---

10. Is your child being followed regularly by a radiation or pediatric oncologist?  No  Yes

If no, then why not? \_\_\_\_\_

---

11. Other medical problems (check all that apply):

Hearing loss  Asthma

Thyroid/hormonal dysfunction  Visual impairment

Growth deficiency  Cataract

12. Have any other issues arisen as a result of the tumor or the treatment? (e.g., permanent hair loss or skin changes in the area that was treated; please list anything else that you think may be related):  
\_\_\_\_\_

---

13. Has your child had any surgical procedures since completion of radiation treatment?

No  Yes, please describe: \_\_\_\_\_

---

14. If applicable, when did your child complete chemotherapy? \_\_\_\_\_

**General:**

15. Does your child receive any private therapy outside of school:  No  Yes

If so, please describe: \_\_\_\_\_

---

16. Has your child experienced any *recent* stressful life events in the past 6 months, such as the death of a close family member?  No  Yes

Please feel free to write any comments about your child's school work, behavior or any concerns you may have at this time.

Thank you for helping us to improve care of our pediatric proton patients.

## Information Sheet for Minors

We are doctors from **Massachusetts General Hospital**. We would like to learn more about how children who receive radiation therapy are doing a year or more after they have completed treatment.

To do this, we are asking you and other children who have received radiation therapy at this hospital to take part in a research study. The results of the study will help us understand how children think and feel a year or more since completing radiation.

If you agree, we would like you to complete these two paper and pencil questionnaires that have many questions. The questionnaires are made for children your age. The instructions to each questionnaire are at the top of the questionnaires. Completing the questionnaires should take about 20 minutes. Neither of these questionnaires will treat any medical conditions.

You might get bored or tired when you are completing these questionnaires. You do not have to take the questionnaires or answer any questions if you do not want to or if they make you feel uncomfortable.

This study may help doctors improve how they care for children receiving radiation therapy in the future.

The information collected during this study will be kept safely locked up and nobody will know who you are except the people doing the research.

Before you decide to take part in this study, you may choose to talk to your parents or your doctor. You do not have to be in this study, it is okay to say no. If you decide to be in this study, you can change your mind and stop being part of it at any time. Changing your mind will not affect you in a bad way.

## Script for Minors When Obtaining Assent

We are doctors from **Massachusetts General Hospital**. We would like to learn more about how children who receive radiation therapy are doing a year or more after they have completed treatment.

To do this, we are asking you and other children who have received radiation therapy at this hospital to take part in a research study. The results of the study will help us understand how children think and feel a year or more since completing radiation.

If you agree, you will be asked to complete two paper and pencil questionnaires that have many questions. The questionnaires are made for children your age. This should take a about 20 minutes. Neither of the questionnaires we give you will treat any medical conditions.

You might get bored or tired when you are completing these questionnaires. You do not have to take the questionnaires or answer any questions if you do not want to or if they make you feel uncomfortable.

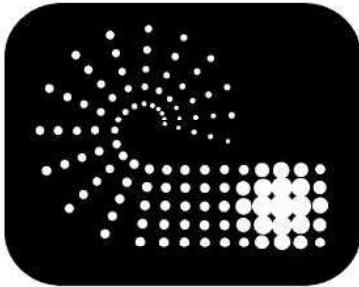
This study may help doctors improve how they care for children receiving radiation therapy in the future.

The information collected during this study will be kept safely locked up and nobody will know who you are except the people doing the research.

Before you decide to take part in this study, we will answer any questions you have. You can also talk to your parents or your doctor. You do not have to be in this study, it is okay to say no. If you decide to be in this study, you can change your mind and stop being part of it at any time. Changing your mind will not affect you in a bad way.

## **Follow-up Reminder Phone Call or Voice Mail Script**

*Hello, my name is (name of research assistant) from the Francis Burr Proton Radiation Center at Massachusetts General Hospital. I am calling to see if you received a follow-up packet from our office. The packet includes questionnaires you have completed in the past. If you have received it, we would appreciate it if you could mail it back to us in the self-addressed and stamped envelope provided. If you have not received it, or for any reason would like to not participate in the study, please give me a call at 617-726-9116. Thank you!*



---

Francis H. Burr  
PROTON THERAPY CENTER



MASSACHUSETTS  
GENERAL HOSPITAL



I do not wish to participate in the survey of attention, emotional/behavioral functioning, daily living skills and use of education services in pediatric patients following treatment with proton radiation. I understand that this will not affect my relationship with my child's doctors or other health providers at MGH.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please return in the enclosed envelope to:  
Margaret Pulsifer, Ph.D.  
Psychology Assessment Center  
Massachusetts General Hospital  
One Bowdoin Square, 7<sup>th</sup> floor  
Boston, MA 02114



# Behavior Rating Inventory of Executive Function- Preschool Version™

Ages 2-5

## RATING FORM

Gerard A. Gioia, PhD, Kimberly Andrews Espy, PhD, and Peter K. Isquith, PhD

### Instructions to Parents and Teachers

On the following pages is a list of statements that describe young children. We would like to know if the child has had *problems* with these behaviors *during the past 6 months*. Please answer *all the items* the best that you can. Please do not skip any items. Think about the child as you read these statements and circle:

**N** if the behavior is **Never** a problem  
**S** if the behavior is **Sometimes** a problem  
**O** if the behavior is **Often** a problem

For example, if having tantrums when told "No" is **never** a problem, you would circle **N** for this item:

Has tantrums when told "No"

**N**    **S**    **O**

If you make a mistake or want to change your answer, **DO NOT ERASE**. Instead draw an **X** through the answer you want to change and then circle the correct answer:

Has tantrums when told "No"

**X**    **S**    **O**

Before you begin answering the items, please fill in the child's name, gender, age, and birth date, as well as your name, relationship to the child, and today's date in the spaces provided at the top of the next page. If you are the child's teacher or child care provider, please check the box next to the response that best describes how well you know the child and indicate how long you have known the child in the space provided.

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Your Name \_\_\_\_\_ Today's Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Relationship to Child:  Mother  Father  Teacher\*  Other\* \_\_\_\_\_How well do you know the child?  Not Well  Moderately Well  Very Well \*Have known the child for \_\_\_\_\_ months  years.**During the past 6 months, how often has each of the following behaviors been a problem?***Never* *Sometimes* *Often*

1. Overreacts to small problems	N	S	O
2. When given two things to do, remembers only the first or last	N	S	O
3. Is unaware of how his/her behavior affects or bothers others	N	S	O
4. When instructed to clean up, puts things away in a disorganized, random way	N	S	O
5. Becomes upset with new situations	N	S	O
6. Has explosive, angry outbursts	N	S	O
7. Has trouble carrying out the actions needed to complete tasks (such as trying one puzzle piece at a time, cleaning up to earn a reward)	N	S	O
8. Does not stop laughing at funny things or events when others stop	N	S	O
9. Needs to be told to begin a task even when willing to do it	N	S	O
10. Has trouble adjusting to new people (such as babysitter, teacher, friend, or day care worker)	N	S	O

11. Becomes upset too easily	N	S	O
12. Has trouble concentrating on games, puzzles, or play activities	N	S	O
13. Has to be more closely supervised than similar playmates	N	S	O
14. When sent to get something, forgets what he/she is supposed to get	N	S	O
15. Is upset by a change in plans or routine (for example, order of daily activities, adding last minute errands to schedule, change in driving route to store)	N	S	O
16. Has outbursts for little reason	N	S	O
17. Repeats the same mistakes over and over even after help is given	N	S	O
18. Acts wilder or sillier than others in groups (such as birthday parties, play group)	N	S	O
19. Cannot find clothes, shoes, toys, or books even when he/she has been given specific instructions	N	S	O
20. Takes a long time to feel comfortable in new places or situations (such as visiting distant relatives or new friends)	N	S	O

21. Mood changes frequently	N	S	O
22. Makes silly mistakes on things he/she can do	N	S	O
23. Is fidgety, restless, or squirmy	N	S	O
24. Has trouble following established routines for sleeping, eating, or play activities	N	S	O
25. Is bothered by loud noises, bright lights, or certain smells	N	S	O
26. Small events trigger big reactions	N	S	O
27. Has trouble with activities or tasks that have more than one step	N	S	O
28. Is impulsive	N	S	O
29. Has trouble thinking of a different way to solve a problem or complete an activity when stuck	N	S	O
30. Is disturbed by changes in the environment (such as new furniture, things in room moved around, or new clothes)	N	S	O

During the past 6 months, how often has each of the following behaviors been a problem?

Never Sometimes Often

31. Angry or tearful outbursts are intense but end suddenly	N	S	O
32. Needs help from adult to stay on task	N	S	O
33. Does not notice when his/her behavior causes negative reactions	N	S	O
34. Leaves messes that others have to clean up even after instruction	N	S	O
35. Has trouble changing activities	N	S	O
36. Reacts more strongly to situations than other children	N	S	O
37. Forgets what he/she is doing in the middle of an activity	N	S	O
38. Does not realize that certain actions bother others	N	S	O
39. Gets caught up in the small details of a task or situation and misses the main idea	N	S	O
40. Has trouble "joining in" at unfamiliar social events (such as birthday parties, picnics, holiday gatherings)	N	S	O
41. Is easily overwhelmed or overstimulated by typical daily activities	N	S	O

42. Has trouble finishing tasks (such as games, puzzles, pretend play activities)	N	S	O
43. Gets out of control more than playmates	N	S	O
44. Cannot find things in room or play area even when given specific instructions	N	S	O
45. Resists change of routine, foods, places, etc.	N	S	O
46. After having a problem, will stay disappointed for a long time	N	S	O
47. Cannot stay on the same topic when talking	N	S	O
48. Talks or plays too loudly	N	S	O
49. Does not complete tasks even after given directions	N	S	O
50. Acts overwhelmed or overstimulated in crowded, busy situations (such as lots of noise, activity, or people)	N	S	O
51. Has trouble getting started on activities or tasks even after instructed	N	S	O
52. Acts too wild or out of control	N	S	O

53. Does not try as hard as his/her ability on activities	N	S	O
54. Has trouble putting the brakes on his/her actions even after being asked	N	S	O
55. Unable to finish describing an event, person, or story	N	S	O
56. Completes tasks or activities too quickly	N	S	O
57. Is unaware when he/she does well and not well	N	S	O
58. Gets easily sidetracked during activities	N	S	O
59. Has trouble remembering something, even after a brief period of time	N	S	O
60. Becomes too silly	N	S	O
61. Has a short attention span	N	S	O
62. Plays carelessly or recklessly in situations where he/she could be hurt (such as playground, swimming pool)	N	S	O
63. Is unaware when he/she performs a task right or wrong	N	S	O



Ages 5-18

# Behavior Rating Inventory of Executive Function®

## PARENT FORM

Gerard A. Gioia, PhD, Peter K. Isquith, PhD, Steven C. Guy, PhD, and Lauren Kenworthy, PhD

### Instructions

On the following pages is a list of statements that describe children. We would like to know if your child has had problems with these behaviors over the past 6 months. Please answer all the items the best that you can. Please DO NOT SKIP ANY ITEMS. Think about your child as you read each statement and circle your response:

**N** if the behavior is **Never** a problem

**S** if the behavior is **Sometimes** a problem

**O** if the behavior is **Often** a problem

For example, if your child **never** has trouble completing homework on time, you would circle **N** for this item:

Has trouble completing homework on time

N      S      O

If you make a mistake or want to change your answer, DO NOT ERASE. Draw an "X" through the answer you want to change, and then circle the correct answer:

Has trouble completing homework on time

X      S      O

Before you begin answering the items, please fill in your child's name, gender, grade, age, birth date, your name, your relationship to the child, and today's date in the spaces provided at the top of the next page.

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Your Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Today's Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**N = Never****S = Sometimes****O = Often**

1. Overreacts to small problems	N	S	O
2. When given three things to do, remembers only the first or last	N	S	O
3. Is not a self-starter	N	S	O
4. Leaves playroom a mess	N	S	O
5. Resists or has trouble accepting a different way to solve a problem with schoolwork, friends, chores, etc.	N	S	O
6. Becomes upset with new situations	N	S	O
7. Has explosive, angry outbursts	N	S	O
8. Tries the same approach to a problem over and over even when it does not work	N	S	O
9. Has a short attention span	N	S	O
10. Needs to be told to begin a task even when willing	N	S	O
11. Does not bring home homework, assignment sheets, materials, etc.	N	S	O
12. Acts upset by a change in plans	N	S	O
13. Is disturbed by change of teacher or class	N	S	O
14. Does not check work for mistakes	N	S	O
15. Has good ideas but cannot get them on paper	N	S	O
16. Has trouble coming up with ideas for what to do in play or free time	N	S	O
17. Has trouble concentrating on chores, schoolwork, etc.	N	S	O
18. Does not connect doing tonight's homework with grades	N	S	O
19. Is easily distracted by noises, activity, sights, etc.	N	S	O
20. Becomes tearful easily	N	S	O
21. Makes careless errors	N	S	O
22. Forgets to hand in homework, even when completed	N	S	O
23. Resists change of routine, foods, places, etc.	N	S	O
24. Has trouble with chores or tasks that have more than one step	N	S	O
25. Has outbursts for little reason	N	S	O
26. Mood changes frequently	N	S	O
27. Needs help from an adult to stay on task	N	S	O
28. Gets caught up in details and misses the big picture	N	S	O
29. Keeps room messy	N	S	O
30. Has trouble getting used to new situations (classes, groups, friends)	N	S	O
31. Has poor handwriting	N	S	O
32. Forgets what he/she was doing	N	S	O
33. When sent to get something, forgets what he/she is supposed to get	N	S	O
34. Is unaware of how his/her behavior affects or bothers others	N	S	O
35. Has good ideas but does not get job done (lacks follow-through)	N	S	O
36. Becomes overwhelmed by large assignments	N	S	O
37. Has trouble finishing tasks (chores, homework)	N	S	O
38. Acts wilder or sillier than others in groups (birthday parties, recess)	N	S	O
39. Thinks too much about the same topic	N	S	O
40. Underestimates time needed to finish tasks	N	S	O
41. Interrupts others	N	S	O
42. Does not notice when his/her behavior causes negative reactions	N	S	O
43. Gets out of seat at the wrong times	N	S	O
44. Gets out of control more than friends	N	S	O

**N = Never      S = Sometimes      O = Often**

45. Reacts more strongly to situations than other children	N	S	O
46. Starts assignments or chores at the last minute	N	S	O
47. Has trouble getting started on homework or chores	N	S	O
48. Has trouble organizing activities with friends	N	S	O
49. Blurs things out	N	S	O
50. Mood is easily influenced by the situation	N	S	O
51. Does not plan ahead for school assignments	N	S	O
52. Has poor understanding of own strengths and weaknesses	N	S	O
53. Written work is poorly organized	N	S	O
54. Acts too wild or "out of control"	N	S	O
55. Has trouble putting the brakes on his/her actions	N	S	O
56. Gets in trouble if not supervised by an adult	N	S	O
57. Has trouble remembering things, even for a few minutes	N	S	O
58. Has trouble carrying out the actions needed to reach goals (saving money for special item, studying to get a good grade)	N	S	O
59. Becomes too silly	N	S	O
60. Work is sloppy	N	S	O
61. Does not take initiative	N	S	O
62. Angry or tearful outbursts are intense but end suddenly	N	S	O
63. Does not realize that certain actions bother others	N	S	O
64. Small events trigger big reactions	N	S	O
65. Talks at the wrong time	N	S	O
66. Complains there is nothing to do	N	S	O
67. Cannot find things in room or school desk	N	S	O
68. Leaves a trail of belongings wherever he/she goes	N	S	O
69. Leaves messes that others have to clean up	N	S	O
70. Becomes upset too easily	N	S	O
71. Lies around the house a lot ("couch potato")	N	S	O
72. Has a messy closet	N	S	O
73. Has trouble waiting for turn	N	S	O
74. Loses lunch box, lunch money, permission slips, homework, etc.	N	S	O
75. Cannot find clothes, glasses, shoes, toys, books, pencils, etc.	N	S	O
76. Tests poorly even when knows correct answers	N	S	O
77. Does not finish long-term projects	N	S	O
78. Has to be closely supervised	N	S	O
79. Does not think before doing	N	S	O
80. Has trouble moving from one activity to another	N	S	O
81. Is fidgety	N	S	O
82. Is impulsive	N	S	O
83. Cannot stay on the same topic when talking	N	S	O
84. Gets stuck on one topic or activity	N	S	O
85. Says the same things over and over	N	S	O
86. Has trouble getting through morning routine in getting ready for school	N	S	O



# Behavior Rating Inventory of Executive Function® Self-Report Version

Ages 11-18

## RATING FORM

Steven C. Guy, PhD, Peter K. Isquith, PhD, and Gerard A. Gioia, PhD

### Instructions

On the following pages is a list of statements that describe young people. We would like to know if you have had any problems with these behaviors over the past 6 months. Please answer all of the items the best that you can, even if they don't seem to apply to you. Please think about yourself as you read these statements and circle:

**N** if the behavior is **Never** a problem

**S** if the behavior is **Sometimes** a problem

**O** if the behavior is **Often** a problem

For example, if you **never** have trouble completing homework on time, you would circle **N** for this item:

I have trouble completing homework on time

N     S     O

If you make a mistake or want to change your answer, **DO NOT ERASE**. Instead, draw an **X** through the answer you want to change and then circle the correct answer:

I have trouble completing homework on time

X     S     O

Before you begin answering the items, please fill in your name, gender, age, date of birth, grade, and today's date in the spaces provided at the top of the next page.

Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Grade \_\_\_\_\_

Today's Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Over the past 6 months, how often has each of the following behaviors been a problem?***Never* *Sometimes* *Often*

1. I have trouble sitting still	N	S	O
2. I have trouble accepting a different way to solve a problem with schoolwork, friends, tasks, etc.	N	S	O
3. When I am given three things to do, I remember only the first or last	N	S	O
4. I start projects (such as homework, recipe) without the right materials	N	S	O
5. I overreact to small problems	N	S	O
6. My desk/workspace is a mess	N	S	O
7. I am not aware of how my behavior affects or bothers others	N	S	O
8. I have problems finishing long-term projects (such as papers, book reports)	N	S	O
9. I get upset by a change in plans	N	S	O
10. I get in other peoples' faces	N	S	O
11. I try the same approach to a problem over and over even when it does not work (I get stuck)	N	S	O
12. I have a short attention span	N	S	O
13. I don't plan ahead for future activities	N	S	O
14. I have angry outbursts	N	S	O
15. I lose things (such as keys, money, wallet, homework, etc.)	N	S	O
16. I don't notice when my behavior causes negative reactions until it is too late	N	S	O
17. I have difficulty finishing a task on my own	N	S	O
18. I get disturbed by an unexpected change (such as teacher, daily activity)	N	S	O
19. I have problems waiting my turn	N	S	O
20. I am slower than others when completing my work	N	S	O
21. I forget to hand in my homework, even when it's completed	N	S	O
22. I have trouble getting ready for the day (such as school, work, etc.)	N	S	O
23. I become tearful easily	N	S	O
24. I forget to bring home from school what I need (such as homework, assignments, books, materials, etc.)	N	S	O
25. I am unaware of my behavior when I am in a group	N	S	O
26. I have problems completing my work	N	S	O
27. It bothers me when I have to deal with changes (routines, foods, places)	N	S	O
28. I interrupt others	N	S	O
29. I am not creative in solving a problem	N	S	O
30. I have trouble with jobs or tasks that have more than one step	N	S	O
31. I don't plan ahead for school assignments	N	S	O
32. I have outbursts for little reason	N	S	O
33. My backpack/schoolbag is disorganized	N	S	O
34. I have a poor understanding of my own strengths and weaknesses (I try things that are too difficult or too easy for me)	N	S	O
35. I have many unfinished projects	N	S	O
36. I have trouble getting used to new situations (such as classes, groups, friends)	N	S	O
37. I am impulsive	N	S	O
38. I test poorly even when I know the correct answers	N	S	O
39. I forget what I am doing in the middle of things	N	S	O
40. I have problems organizing my written work	N	S	O

Over the past 6 months, how often has each of the following behaviors been a *problem*?

Never      Sometimes      Often

41. My eyes fill with tears quickly over little things	N	S	O
42. I am late for many activities (such as school, appointments, meals)	N	S	O
43. I don't know when my actions bother others	N	S	O
44. I have good ideas but do not get the job done (I lack follow-through)	N	S	O
45. I have trouble changing from one activity to another	N	S	O
46. I get out of my seat at the wrong times	N	S	O
47. I get caught up in details and miss the main idea	N	S	O
48. When I am sent to get something, I forget what I am supposed to get	N	S	O
49. I don't think ahead about possible problems	N	S	O
50. I react more strongly to situations than my friends	N	S	O
51. I have difficulty finding my clothes, glasses, shoes, books, pencils, etc.	N	S	O
52. I make careless errors	N	S	O
53. I have trouble finishing tasks (such as chores, homework)	N	S	O
54. I get out of control more than my friends	N	S	O
55. I have difficulty coming up with different ways of solving a problem	N	S	O
56. I have trouble staying on the same topic when talking	N	S	O
57. I have trouble carrying out the things that are needed to reach a goal (such as saving money for special items, studying to get good grades, etc.)	N	S	O
58. I get upset easily	N	S	O
59. My work is sloppy	N	S	O
60. I don't check my work for mistakes	N	S	O
61. I blurt things out	N	S	O
62. I get stuck on one topic or activity	N	S	O
63. I have trouble remembering things, even for a few minutes (such as directions, phone numbers, etc.)	N	S	O
64. I have problems getting started on my own	N	S	O
65. I get upset over small events	N	S	O
66. I talk too loudly	N	S	O
67. I have trouble thinking of a different way to solve a problem when I get stuck	N	S	O
68. I change topics in the middle of a conversation	N	S	O
69. I have trouble prioritizing my activities	N	S	O
70. I overreact	N	S	O
71. I act too wild or "out of control"	N	S	O
72. I have problems showing what I know during tests	N	S	O
73. I forget instructions easily	N	S	O
74. I have problems balancing school, work, and other activities	N	S	O
75. I am easily overwhelmed	N	S	O
76. I think or talk out loud when working	N	S	O
77. It takes me longer to complete my work	N	S	O
78. I am absentminded	N	S	O
79. I talk at the wrong time	N	S	O
80. I don't think of consequences before acting	N	S	O

**BRIEF-A™**  
**Behavior Rating**  
**Inventory of**  
**Executive Function-**  
**Adult Version™**

Ages 18+

**SELF-REPORT FORM**

Robert M. Roth, PhD, Peter K. Isquith, PhD, and Gerard A. Gioia, PhD

**Instructions**

On the following pages is a list of statements. We would like to know if you have had problems with these behaviors over the past month. Please answer all the items the best that you can. Please DO NOT SKIP ANY ITEMS. Indicate your response by circling

<b>N</b>	if the behavior is	Never a problem
<b>S</b>	if the behavior is	Sometimes a problem
<b>O</b>	if the behavior is	Often a problem

For example, if you **never** have trouble making decisions, you would circle **N** for this item:

I have trouble making decisions

N      S      O

If you make a mistake or want to change your answer, DO NOT ERASE. Draw an "X" through the answer you want to change, and then circle the correct answer:

I have trouble making decisions

X      S      O

Before you begin answering the items, please fill in the name, gender, age, date of birth, today's date, and years and level of education in the spaces provided at the top of the next page.

**PAR Psychological Assessment Resources, Inc. • 16204 N. Florida Avenue • Lutz, FL 33549 • 1.800.331.8378 • [www.parinc.com](http://www.parinc.com)**

Copyright © 1996, 1998, 2000, 2001, 2003, 2004, 2005 by Psychological Assessment Resources, Inc. All rights reserved. May not be reproduced in whole or in part in any form or by any means without written permission of Psychological Assessment Resources, Inc. This form is printed in red ink on white paper. Any other version is unauthorized.

9 8 7 6 5 4

Reorder #RO-5747

Printed in the U.S.A.

Your Name \_\_\_\_\_ Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender  Male  Female

Age \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Years of Education: \_\_\_\_\_

Level of Education:  Less than High School

High School

College

Master's degree

Doctorate

Other

During the past month, how often has each of the following behaviors been a *problem*?

**N = Never      S = Sometimes      O = Often**

1. I have angry outbursts	N	S	O
2. I make careless errors when completing tasks	N	S	O
3. I am disorganized	N	S	O
4. I have trouble concentrating on tasks (such as chores, reading, or work)	N	S	O
5. I tap my fingers or bounce my legs	N	S	O
6. I need to be reminded to begin a task even when I am willing	N	S	O
7. I have a messy closet	N	S	O
8. I have trouble changing from one activity or task to another	N	S	O
9. I get overwhelmed by large tasks	N	S	O
10. I forget my name	N	S	O
11. I have trouble with jobs or tasks that have more than one step	N	S	O
12. I overreact emotionally	N	S	O
13. I don't notice when I cause others to feel bad or get mad until it is too late	N	S	O
14. I have trouble getting ready for the day	N	S	O
15. I have trouble prioritizing activities	N	S	O
16. I have trouble sitting still	N	S	O
17. I forget what I am doing in the middle of things	N	S	O
18. I don't check my work for mistakes	N	S	O
19. I have emotional outbursts for little reason	N	S	O
20. I lie around the house a lot	N	S	O
21. I start tasks (such as cooking, projects) without the right materials	N	S	O
22. I have trouble accepting different ways to solve problems with work, friends, or tasks	N	S	O
23. I talk at the wrong time	N	S	O
24. I misjudge how difficult or easy tasks will be	N	S	O
25. I have problems getting started on my own	N	S	O
26. I have trouble staying on the same topic when talking	N	S	O
27. I get tired	N	S	O
28. I react more emotionally to situations than my friends	N	S	O
29. I have problems waiting my turn	N	S	O
30. People say that I am disorganized	N	S	O
31. I lose things (such as keys, money, wallet, homework, etc.)	N	S	O
32. I have trouble thinking of a different way to solve a problem when stuck	N	S	O
33. I overreact to small problems	N	S	O
34. I don't plan ahead for future activities	N	S	O
35. I have a short attention span	N	S	O
36. I make inappropriate sexual comments	N	S	O
37. When people seem upset with me, I don't understand why	N	S	O
38. I have trouble counting to three	N	S	O

During the past month, how often has each of the following behaviors been a *problem*?

**N = Never      S = Sometimes      O = Often**

39. I have unrealistic goals	N	S	O
40. I leave the bathroom a mess	N	S	O
41. I make careless mistakes	N	S	O
42. I get emotionally upset easily	N	S	O
43. I make decisions that get me into trouble (legally, financially, socially)	N	S	O
44. I am bothered by having to deal with changes	N	S	O
45. I have difficulty getting excited about things	N	S	O
46. I forget instructions easily	N	S	O
47. I have good ideas but cannot get them on paper	N	S	O
48. I make mistakes	N	S	O
49. I have trouble getting started on tasks	N	S	O
50. I say things without thinking	N	S	O
51. My anger is intense but ends quickly	N	S	O
52. I have trouble finishing tasks (such as chores, work)	N	S	O
53. I start things at the last minute (such as assignments, chores, tasks)	N	S	O
54. I have difficulty finishing a task on my own	N	S	O
55. People say that I am easily distracted	N	S	O
56. I have trouble remembering things, even for a few minutes (such as directions, phone numbers)	N	S	O
57. People say that I am too emotional	N	S	O
58. I rush through things	N	S	O
59. I get annoyed	N	S	O
60. I leave my room or home a mess	N	S	O
61. I get disturbed by unexpected changes in my daily routine	N	S	O
62. I have trouble coming up with ideas for what to do with my free time	N	S	O
63. I don't plan ahead for tasks	N	S	O
64. People say that I don't think before acting	N	S	O
65. I have trouble finding things in my room, closet, or desk	N	S	O
66. I have problems organizing activities	N	S	O
67. After having a problem, I don't get over it easily	N	S	O
68. I have trouble doing more than one thing at a time	N	S	O
69. My mood changes frequently	N	S	O
70. I don't think about consequences before doing something	N	S	O
71. I have trouble organizing work	N	S	O
72. I get upset quickly or easily over little things	N	S	O
73. I am impulsive	N	S	O
74. I don't pick up after myself	N	S	O
75. I have problems completing my work	N	S	O