ADHD Self-Report Symptom Scale

Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself ***over the past 6 months***.	Never	Rarely	Sometimes	Often	Very Often
1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?					
2. How often do you have difficulty getting things in order when you have to do a task that requires organization?					
3. How often do you have problems remembering appointments or obligations?					
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?					
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?					
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?					

Part A

7. How often do you make careless mistakes when you have to work on a boring or difficult project?					
8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?					
9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?					
10. How often do you misplace or have difficulty finding things at home or at work?					
11. How often are you distracted by activity or noise around you?					
12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?					
13. How often do you feel restless or fidgety?					
14. How often do you have difficulty unwinding and relaxing when you have time to yourself?					
15. How often do you find yourself talking too much when you are in social situations?					
16. When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish them themselves?					
17. How often do you have difficulty waiting your turn in situations when turn taking is required?					
18. How often do you interrupt others when they are busy?					

Part B

How old were you when these problems first began to occur? _____

To what extent do your attention/concentration difficulties from the previous page interfere with your ability to function in each of these areas of life activities?

Areas:	Never or Rarely	Sometimes	Often	Very Often
In your home life with your immediate family	0	1	2	3
In your work or occupation	0	1	2	3
In your social interactions with others	0	1	2	3
In your activities or dealings in the community	0	1	2	3
In any educational activities	0	1	2	3
In your dating or marital relationship	0	1	2	3
In your management of money	0	1	2	3
In your driving of a motor vehicle	0	1	2	3
In your leisure or recreational activities	0	1	2	3
In your management of your daily responsibilities	0	1	2	3

Instructions: Again, please circle the number next to each item that best describes your behavior during ***the past 6 months***.

Items:	Never or Rarely	Sometimes	Often	Very Often
1. Lose temper	0	1	2	3
2. Argue	0	1	2	3
3. Actively defy or refuse to comply with requests or rules	0	1	2	3
4. Deliberately annoy people	0	1	2	3
5. Blame others for my mistakes or misbehavior	0	1	2	3
6. Am touchy or easily annoyed by others	0	1	2	3
7. Am angry or resentful	0	1	2	3
8. Am spiteful or vindictive	0	1	2	3

Wender Utah Rating Scale

The original Wender Utah Rating Scale is 61 questions. This version represents the 25 questions most associated with ADHD.

As a child I was (or had):	not at all or very slightly	mildly	moderately	quite a bit	very much
1. concentration problems, easily distracted					
2. anxious, worrying					
3. nervous, fidgety					
4. inattentive, daydreaming					
5. hot- or short-tempered, low boiling point					
6. temper outbursts, tantrums					
7. trouble with stick-to-it-tiveness, not following through, failing to finish things started					
8. stubborn, strong-willed					
9. sad or blue, depressed, unhappy					
10. disobedient with parents, rebellious, sassy					
11. low opinion of myself					
12. irritable					
13. moody, ups and downs					
14. angry					
15. acting without thinking, impulsive					
16. tendency to be immature					
17. guilty feelings, regretful					
18. losing control of myself					
19. tendency to be or act irrational					
20. unpopular with other children, didn't keep friends for long, didn't get along with other children					
21. trouble seeing things from someone else's point of view					
22. trouble with authorities, trouble with school, visits to principal's office					
As a child in school I was (or had):					
23. overall a poor student, slow learner					
24. trouble with mathematics or numbers					
25. not achieving up to potential					

Mental Health Questionnaires

Please complete all questionnaires before your appointment. There are no right or wrong answers.

GAD-7 — Anxiety Scale

Over the last 2 weeks, how often have you been bothered by the following problems? *Circle one number for each row:*

	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
	TOTAL SCORE: _____ /21			

If you checked any problems above: *How difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people? ☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult

Score guide: 0–4 Minimal | 5–9 Mild | 10–14 Moderate | 15–21 Severe

PHQ-9 — Mood Scale

Over the last 2 weeks, how often have you been bothered by any of the following problems? *Circle one number for each row:*

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3
	TOTAL SCORE: _____ /27			

If you checked any problems above: How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people? ☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult

Score guide: 0–4 Minimal | 5–9 Mild | 10–14 Moderate | 15–19 Moderately severe | 20–27 Severe

1.	Have you ever been seen in a psychiatric emergency room or been hospitalized for psychiatric reasons?	**Yes** **No**
2.	Have you ever heard voices no one else could hear or seen objects or things which others could not see?	**Yes** **No**
3.	Have you ever had nightmares or flashbacks as a result of being involved in some traumatic/terrible event? For example, warfare, gang fights, fire, domestic violence, rape, incest, car accident, being shot or stabbed?	**Yes** **No**
4.	Have you ever experienced any strong fears? For example, of heights, insects, animals, dirt, attending social events, being in a crowd, being alone, being in places where it may be hard to escape or get help?	**Yes** **No**
5.	Have you ever given in to an aggressive urge or impulse, on more than one occasion, that resulted in serious harm to others or led to the destruction of property?	**Yes** **No**
6.	Have you ever felt that people had something against you, without them necessarily saying so, or that someone or some group may be trying to influence your thoughts or behavior?	**Yes** **No**
7.	Have you ever experienced any emotional problems associated with your sexual interests, your sexual activities, or your choice of sexual partner?	**Yes** **No**
8.	Was there ever a period in your life when you spent a lot of time thinking and worrying about gaining weight, becoming fat, or controlling your eating? For example, by repeatedly dieting or fasting, engaging in much exercise to compensate for binge eating, taking enemas, or forcing yourself to throw up? .	**Yes** **No**
9.	Have you ever had a period of time when you were so full of energy and your ideas came y rapidly, when you talked nearly nonstop, when you moved quickly from one activity to another, when you needed little sleep, and when you believed you could do almost anything?	**Yes** **No**
10.	Have you ever had spells or attacks when you suddenly felt anxious, frightened, or uneasy to the extent that you began sweating, your heart began to beat rapidly, you were shaking or trembling, your stomach was upset, or you felt dizzy or unsteady, as if you would faint?!	**Yes** **No**
11.	Have you ever had a persistent, lasting thought or impulse to do something over and over that caused you considerable distress and interfered with normal routines, work, or social relations? Examples would include repeatedly counting things, checking and rechecking on things you had done, washing and rewashing your hands, praying, or maintaining a very rigid schedule of daily activities from which you could not deviate....	**Yes** **No**
12.	Have you ever lost considerable sums of money through gambling or had problems at work, in school, or with your family and friends as a result of your gambling?	**Yes** **No**
13.	Have you ever been told by teachers, guidance counselors, or others that you have a special learning problem?	**Yes** **No**

FOR SPOUSE/PARTNER TO FILL OUT ABOUT PATIENT

CURRENT BEHAVIOUR SCALE – PARTNER REPORT

Instructions

Please circle the number next to each item that best describes your partner's behaviour **DURING THE PAST 6 MONTHS**

Items:		Never or Rarely	Sometimes	Often	Very Often
1.	Fails to give close attention to details or make careless mistakes in work	0	1	2	3
2.	Fidgets with hands or feet or squirm in seat	0	1	2	3
3.	Has difficulty sustaining attention in tasks or fun activities	0	1	2	3
4.	Leaves seat in situations in which sitting is expected	0	1	2	3
5.	Appears not to listen when spoken to directly	0	1	2	3
6.	Appears restless	0	1	2	3
7.	Does not follow through on instructions and fails to finish work	0	1	2	3
8.	Has difficulty engaging in leisure activities or doing fun things quietly	0	1	2	3
9.	Has difficulty organising tasks and activities	0	1	2	3
10.	Appears to be "on the go all the time " or as if "driven by a motor"	0	1	2	3
11.	Avoids, dislikes, or is reluctant to engage in work that requires sustained mental effort	0	1	2	3
12.	Talk excessively	0	1	2	3
13.	Loses things necessary for tasks or activities	0	1	2	3
14.	Blurts out answers before questions have been completed	0	1	2	3
15.	Easily distracted	0	1	2	3
16.	Has difficulty awaiting turn	0	1	2	3
17.	Forgetful in daily activities	0	1	2	3
18.	Interrupts or intrude on others	0	1	2	3

FOR SPOUSE/PARTNER TO FILL OUT ABOUT PATIENT

To what extent do the problems you may have circled on the previous page interfere with your partner's ability to function in each of these areas of life activities?

Areas:	Never or Rarely	Sometimes	Often	Very Often
In his/her home life with immediate family	0	1	2	3
In his/her work or occupation	0	1	2	3
In his/her social interactions with others	0	1	2	3
In his/her activities or dealings in the community	0	1	2	3
In any educational activities	0	1	2	3
In your dating or marital relationship	0	1	2	3
In his/her management of money	0	1	2	3
In his/her ability to drive a motor vehicle	0	1	2	3
In his/her leisure or recreational activities	0	1	2	3
In his/her management of daily responsibilities	0	1	2	3