

## **CADDRA TOOLKIT PRINT Version**

To get an electronic (**eToolkit**) version of the CADDRA ADHD Assessment Toolkit which contains forms that can be completed electronically and scored automatically, convenient navigation options, and step-by-step diagnosis and treatment guides by age group please order the eToolkit USB or the eBook option at [www.caddra.ca/practice-guidelines/](http://www.caddra.ca/practice-guidelines/)

### **Index to Assessment & Treatment Forms, Templates and Documents**

#### **Assessment, Treatment and Follow-Up Forms**

- SNAP-IV Teacher and Parent Rating Scale
- ASRS (Adult ADHD Self-Rating Scale)
- WFIRS-P (Weiss Functional Impairment Rating Scale-Parent)
- WFIRS-S (Weiss Functional Impairment Rating Scale-Self)
- WSR II (Weiss Symptom Record II)
- CADDRA Teacher Assessment Form
- CADDRA Clinician ADHD Baseline/Follow-Up Form
- CADDRA Patient ADHD Medication Form
- CADDRA ADHD Patient Transition Form
- JDQ (Jerome Driving Questionnaire)
- CADDRA ADHD Assessment Form (optional use)

#### **Templates**

- Educational Accommodation Letter
- Employment Accommodation Letter

#### **Patient Information**

- CADDRA ADHD Information and Resources Handout

#### **Instructions for Completing Selected Questionnaires for Clinicians**

- ASRS Instructions
- SNAP-IV Instructions
- WFIRS Instructions
- WSR II Instructions
- JDQ Instructions

#### **Optional CADDRA Assessment Form**

- CADDRA ADHD Assessment Form

#### **Visit [www.caddra.ca/resources](http://www.caddra.ca/resources) to access:**

- ADHD Psychosocial Treatments Chart
- ADHD Pharmacological Treatments Chart

# SNAP-IV 26 – Teacher and Parent Rating Scale

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

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Class Size: \_\_\_\_\_

Completed by: \_\_\_\_\_

☐

Teacher

☐

Parent

For each item, check the column which best describes this child.	Not at all	Just a little	Quite a bit	Very much
1. Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks				
2. Often has difficulty sustaining attention in tasks or play activities				
3. Often does not seem to listen when spoken to directly				
4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties				
5. Often has difficulty organizing tasks and activities				
6. Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort				
7. Often loses things necessary for activities (e.g., toys, school assignments, pencils, or books)				
8. Often is distracted by extraneous stimuli				
9. Often is forgetful in daily activities				
10. Often fidgets with hands or feet or squirms in seat				
11. Often leaves seat in classroom or in other situations in which remaining seated is expected				
12. Often runs about or climbs excessively in situations in which it is inappropriate				
13. Often has difficulty playing or engaging in leisure activities quietly				
14. Often is "on the go" or often acts as if "driven by a motor"				
15. Often talks excessively				
16. Often blurts out answers before questions have been completed				
17. Often has difficulty awaiting turn				
18. Often interrupts or intrudes on others (e.g. butts into conversations/ games)				
19. Often loses temper				
20. Often argues with adults				
21. Often actively defies or refuses adult requests or rules				
22. Often deliberately does things that annoy other people				
23. Often blames others for his or her mistakes or misbehavior				
24. Often touchy or easily annoyed by others				
25. Often is angry and resentful				
26. Often is spiteful or vindictive				

# ADULT ADHD SELF-REPORT SCALE (ASRS-V1.1) SYMPTOM CHECKLIST

Patient: \_\_\_\_\_ Date Completed: \_\_\_\_\_

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. Please give this completed checklist to your healthcare professional to discuss during your appointment.	Never	Rarely	Sometimes	Often	Very often
<b>PART A</b>					
How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?					
How often do you have difficulty getting things in order when you have to do a task that requires organization?					
How often do you have problems remembering appointments or obligations?					
When you have a task that requires a lot of thought, how often do you avoid or delay getting started?					
How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?					
How often do you feel overly active and compelled to do things, like you were driven by a motor?					
<b>PART B</b>					
How often do you make careless mistakes when you have to work on a boring or difficult project?					
How often do you have difficulty keeping your attention when you are doing boring or repetitive work?					
How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?					
How often do you misplace or have difficulty finding things at home or at work?					
How often are you distracted by activity or noise around you?					
How often do you leave your seat in meetings or in other situations in which you are expected to stay seated?					
How often do you feel restless or fidgety?					
How often do you have difficulty unwinding and relaxing when you have time to yourself?					
How often do you find yourself talking too much when you are in social situations?					
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 it themselves?					
How often do you have difficulty waiting your turn in situations when turn taking is required?					
How often do you interrupt others when they are busy?					

# WEISS FUNCTIONAL IMPAIRMENT RATING SCALE – PARENT REPORT (WFIRS-P)

Your name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

*Circle the number for the rating that best describes how your child's emotional or behavioural problems have affected each item in the last month.*

		Never or Not at all	Sometimes or somewhat	Often or much	Very often or very much	n/a
<b>A</b>	<b>FAMILY</b>					
1	Having problems with brothers & sisters					
2	Causing problems between parents					
3	Takes time away from family members' work or activities					
4	Causing fighting in the family					
5	Isolating the family from friends and social activities					
6	Makes it hard for the family to have fun together					
7	Makes parenting difficult					
8	Makes it hard to give fair attention to all family members					
9	Provokes others to hit or scream at him/her					
10	Costs the family more money					
<b>B</b>	<b>SCHOOL</b>					
	<b>Learning</b>					
1	Makes it difficult to keep up with schoolwork					
2	Needs extra help at school					
3	Needs tutoring					
4	Receives grades that are not as good as his/her ability					
	<b>Behaviour</b>					
1	Causes problems for the teacher in the classroom					
2	Receives "time-out" or removal from the classroom					
3	Having problems in the school yard					
4	Receives detentions (during or after school)					
5	Suspended or expelled from school					
6	Misses classes or is late for school					
<b>C</b>	<b>LIFE SKILLS</b>					
1	Excessive use of TV, computer, or video games					
2	Keeping clean, brushing teeth, brushing hair, bathing, etc.					
3	Problems getting ready for school					
4	Problems getting ready for bed					
5	Problems with eating (picky eater, junk food)					
6	Problems with sleeping					

		Never or Not at all	Sometimes or somewhat	Often or much	Very often or very much	n/a
7	Gets hurt or injured					
8	Avoids exercise					
9	Needs more medical care					
10	Has trouble taking medication, getting needles or visiting the doctor/dentist					
<b>D</b>	<b>CHILD'S SELF-CONCEPT</b>					
1	My child feels bad about himself/herself					
2	My child does not have enough fun					
3	My child is not happy with his/her life					
<b>E</b>	<b>SOCIAL ACTIVITIES</b>					
1	Being teased or bullied by other children					
2	Teases or bullies other children					
3	Problems getting along with other children					
4	Problems participating in after-school activities (sports, music, clubs)					
5	Problems making new friends					
6	Problems keeping friends					
7	Difficulty with parties (not invited, avoids them, misbehaves)					
<b>F</b>	<b>RISKY ACTIVITIES</b>					
1	Easily led by other children (peer pressure)					
2	Breaking or damaging things					
3	Doing things that are illegal					
4	Being involved with the police					
5	Smoking cigarettes					
6	Taking illegal drugs					
7	Doing dangerous things					
8	Causes injury to others					
9	Says mean or inappropriate things					
10	Sexually inappropriate behaviour					

Number of Items Scored '2' or '3'

<b>A</b>	<b>Family</b>			/
<b>B</b>	<b>School</b>	<b>Learning</b>		/
		<b>Behavior</b>		/
<b>C</b>	<b>Life Skills</b>			/
<b>D</b>	<b>Child's self-concept</b>			/
<b>E</b>	<b>Social activities</b>			/
<b>F</b>	<b>Risky activities</b>			/
<b>G</b>	<b>Total</b>			/

Total Score

<b>A</b>	<b>Family</b>		/
<b>B</b>	<b>School</b>	<b>Learning</b>	/
		<b>Behaviour</b>	/
<b>C</b>	<b>Life Skills</b>		/
<b>D</b>	<b>Child's self-concept</b>		/
<b>E</b>	<b>Social activities</b>		/
<b>F</b>	<b>Risky activities</b>		/
<b>G</b>	<b>Total</b>		/

Mean Score  
(N/A items not included in calculation)

<b>A</b>	<b>Family</b>	
<b>B</b>	<b>School</b>	<b>Learning</b>
		<b>Behavior</b>
<b>C</b>	<b>Life Skills</b>	
<b>D</b>	<b>Child's self-concept</b>	
<b>E</b>	<b>Social Activities</b>	
<b>F</b>	<b>Risky Activities</b>	
<b>G</b>	<b>Total</b>	

\*Calculated from \_\_\_\_\_ answered questions.

# WEISS FUNCTIONAL IMPAIRMENT RATING SCALE – SELF REPORT (WFIRS-S)

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Work: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Other: \_\_\_\_\_

School: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

*Circle the number for the rating that best describes how your emotional or behavioural problems have affected each item in the last month.*

		Never or not at all	Sometimes or somewhat	Often or much	Very often or very much	n/a
<b>A</b>	<b>FAMILY</b>					
1	Having problems with family					
2	Having problems with spouse/partner					
3	Relying on others to do things for you					
4	Causing fighting in the family					
5	Makes it hard for the family to have fun together					
6	Problems taking care of your family					
7	Problems balancing your needs against those of your family					
8	Problems losing control with family					
<b>B</b>	<b>WORK</b>					
1	Problems performing required duties					
2	Problems with getting your work done efficiently					
3	Problems with your supervisor					
4	Problems keeping a job					
5	Getting fired from work					
6	Problems working in a team					
7	Problems with your attendance					
8	Problems with being late					
9	Problems taking on new tasks					
10	Problems working to your potential					
11	Poor performance evaluations					
<b>C</b>	<b>SCHOOL</b>					
1	Problems taking notes					
2	Problems completing assignments					
3	Problems getting your work done efficiently					
4	Problems with teachers					
5	Problems with school administrators					
6	Problems meeting minimum requirements to stay in school					
7	Problems with attendance					
8	Problems with being late					
9	Problems with working to your potential					
10	Problems with inconsistent grades					
<b>D</b>	<b>LIFE SKILLS</b>					
1	Excessive or inappropriate use of internet, video games or TV					
2	Problems keeping an acceptable appearance					
3	Problems getting ready to leave the house					
4	Problems getting to bed					
5	Problems with nutrition					
6	Problems with sex					

		Never or not at all	Sometimes or somewhat	Often or much	Very often or very much	n/a
7	Problems with sleeping					
8	Getting hurt or injured					
9	Avoiding exercise					
10	Problems keeping regular appointments with doctor/dentist					
11	Problems keeping up with household chores					
12	Problems managing money					
<b>E</b>	<b>SELF-CONCEPT</b>					
1	Feeling bad about yourself					
2	Feeling frustrated with yourself					
3	Feeling discouraged					
4	Not feeling happy with your life					
5	Feeling incompetent					
<b>F</b>	<b>SOCIAL</b>					
1	Getting into arguments					
2	Trouble cooperating					
3	Trouble getting along with people					
4	Problems having fun with other people					
5	Problems participating in hobbies					
6	Problems making friends					
7	Problems keeping friends					
8	Saying inappropriate things					
9	Complaints from neighbours					
<b>G</b>	<b>RISK</b>					
1	Aggressive driving					
2	Doing other things while driving					
3	Road rage					
4	Breaking or damaging things					
5	Doing things that are illegal					
6	Being involved with the police					
7	Smoking cigarettes					
8	Smoking marijuana					
9	Drinking alcohol					
10	Taking "street" drugs					
11	Sex without protection (birth control, condom)					
12	Sexually inappropriate behaviour					
13	Being physically aggressive					
14	Being verbally aggressive					

Number of Items Scored '2' or '3'

Total Score

Mean Score  
(N/A items not included in calculation)

A	Family			/
B	Work			/
C	School			/
D	Life Skills			/
E	Self-concept			/
F	Social			/
G	Risky			/
	Total			

A	Family		/
B	Work		/
C	School		/
D	Life Skills		/
E	Self-concept		/
F	Social		/
G	Risky		/
	Total		

A	Family	
B	Work	
C	School	
D	Life Skills	
E	Self-concept	
F	Social	
G	Risky	
	Total	

\*Calculated from \_\_\_\_\_ answered questions.

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## WEISS SYMPTOM RECORD II

PATIENT: \_\_\_\_\_

INFORMANT: \_\_\_\_\_

This is a problem checklist. Not all the items will be appropriate for you. Please indicate the level of difficulty associated with each item:

- ☐ **None:** This is not a problem or concern. Any challenges are age-appropriate
- ☐ **Mild:** Some difficulty (somewhat)
- ☐ **Moderate:** This is a problem (pretty much)
- ☐ **Severe:** This is a serious problem (very much)
- ☐ **NA:** Not applicable. Check this column if the item is not a problem or not relevant to you.

<i>Difficulty with:</i>	<i>None (0)</i>	<i>Mild (1)</i>	<i>Moderate (2)</i>	<i>Severe (3)</i>	<i>N/A</i>
<b>ATTENTION</b>					
Attention to details or makes careless mistakes					
Holding attention or remaining focused					
Listening or mind seems elsewhere					
Instructions or finishing work					
Organizing (e.g. time, messy, deadlines)					
Avoids or dislikes activities requiring effort					
Loses or misplaces things					
Easily distracted					
Forgetful (e.g. chores, bills, appointments)					
<b>HYPERACTIVITY AND IMPULSIVITY</b>					
Fidgets or squirms					
Trouble staying seated					
Runs about or feels restless inside					
Loud or difficulty being quiet					
Often on the go					
Talks too much					
Blurts out comments					
Dislikes waiting (e.g. taking turns or in line)					
Interrupts or intrudes on others (e.g. butting in)					
<b>OPPOSITIONAL</b>					
Loses temper					
Easily annoyed					
Angry and resentful					
Argues					
Defiant					
Deliberately annoys other people					
Blames other people rather than themselves					
Spiteful					



## WEISS SYMPTOM RECORD II

<i>Difficulty with:</i>	<i>None (0)</i>	<i>Mild (1)</i>	<i>Moderate (2)</i>	<i>Severe (3)</i>	<i>N/A</i>
<b>DEVELOPMENT AND LEARNING</b>					
Wetting, (after age 5)					
Soiling (after age 4)					
Reading					
Spelling					
Math					
Writing					
<b>AUTISM SPECTRUM</b>					
Difficulty with talking back and forth					
Unusual eye contact or body language					
Speech is odd (monotone, unusual words)					
Restricted, fixed, intense interests					
Odd, repetitive movements (e.g. flapping)					
Does not easily "chit chat"					
<b>MOTOR DISORDERS</b>					
Repetitive noises (e.g. sniffing, throat clearing)					
Repetitive movements (blinking, shrugging)					
Clumsy					
<b>PSYCHOSIS</b>					
Hearing voices that are not there					
Seeing things that are not there					
Scrambled thinking					
Paranoia (feeling people are against you)					
<b>DEPRESSION</b>					
Sad or depressed most of the day					
Lack of interest or pleasure most of the day					
Weight loss, weight gain or change in appetite					
Difficulty sleeping or sleeping too much					
Agitated					
Slowed down					
Feels worthless					
Tired, no energy					
Hopeless, pessimistic					
Withdrawal from usual interests/people					
Decrease in concentration					

## WEISS SYMPTOM RECORD II

<i>Difficulty with:</i>	<i>None (0)</i>	<i>Mild (1)</i>	<i>Moderate (2)</i>	<i>Severe (3)</i>	<i>N/A</i>
<b>MOOD REGULATION</b>					
Distinct period(s) of intense excitement					
Distinct period(s) of inflated self-esteem, grandiose					
Distinct period(s) of increased energy					
Distinct period(s) of decreased need for sleep					
Distinct Period(s) of racing thoughts or speech					
Irritable behaviour that is out of character					
Rage attacks, anger outbursts, hostility					
<b>SUICIDE</b>					
Suicidal thoughts					
Suicide attempt(s) or a plan					
<b>ANXIETY</b>					
Intense fears (e.g. heights, crowds, spiders)					
Fear of social situations or performing					
Panic attacks					
Fear of leaving e.g. the house, public transportation.					
Worrying and/or anxious most days					
Nervous, can't relax					
Obsessive thoughts (e.g. germs, perfectionism)					
Compulsive rituals (e.g. checking, hand washing)					
Hair pulling, nail biting or skin picking					
Preoccupation with physical complaints					
Chronic pain					
<b>STRESS RELATED DISORDERS</b>					
Physical abuse					
Sexual abuse					
Neglect					
Other severe trauma					
<b>PTSD</b>					
Flashbacks or nightmares					
Avoidance					
Intrusive thoughts of traumatic events					

## WEISS SYMPTOM RECORD II

<i>Difficulty with:</i>	<i>None (0)</i>	<i>Mild (1)</i>	<i>Moderate (2)</i>	<i>Severe (3)</i>	<i>N/A</i>
<b>SLEEP</b>					
Trouble falling asleep or staying asleep					
Excessive daytime sleepiness					
Snoring or stops breathing during sleep					
<b>EATING</b>					
Distorted body image					
Underweight					
Binge eating					
Overweight					
Eating too little or refusing to eat					
<b>CONDUCT</b>					
Verbal aggression					
Physical aggression					
Used a weapon against people (stones, sticks etc.)					
Cruel to animals					
Physically cruel to people					
Stealing or shoplifting					
Deliberately sets fires					
Deliberately destroys property					
Frequent lying					
Lack of remorse or guilt					
Lack of empathy or concern for others					
<b>SUBSTANCE USE</b>					
Misuse of prescription drugs					
Alcohol > 14 drinks/week or 4 drinks at once					
Smoking or tobacco use					
Marijuana					
Other street drugs					
Excessive over the counter medications					
Excessive caffeine (colas, coffee, tea, pills)					

## WEISS SYMPTOM RECORD II

<i>Difficulty with:</i>	<i>None (0)</i>	<i>Mild (1)</i>	<i>Moderate (2)</i>	<i>Severe (3)</i>	<i>N/A</i>
<b>ADDICTIONS</b>					
Gambling					
Excessive internet, gaming or screen time					
Other addiction _____					
<b>PERSONALITY</b>					
Self-destructive					
Stormy, conflicted relationships					
Self-injurious behaviour (e.g. cutting)					
Low self-esteem					
Manipulative					
Self-centered					
Arrogant					
Suspicious					
Deceitful with no remorse					
Breaking the law or antisocial behaviour					
Tends to be a loner					
<b>OTHER (Please indicate any other difficulties)</b>					

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Patient Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ MRN/File #: \_\_\_\_\_

Clinician's Name: \_\_\_\_\_ Date: \_\_\_\_\_

## CADDRA Teacher Assessment Form

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Educator completing this form: \_\_\_\_\_ Date Completed: \_\_\_\_\_

How long have you known the student? \_\_\_\_\_ Time spent each day with student: \_\_\_\_\_

Student's Educational Designation: \_\_\_\_\_ ☐ None

Does this student have an educational plan? ☐ Yes ☐ No

ACADEMIC PERFORMANCE	Well Below Grade Level	Somewhat Below Grade Level	At Grade Level	Somewhat Above Grade Level	Well Above Grade Level	n/a
<b>READING</b>						
a) Decoding						
b) Comprehension						
c) Fluency						
<b>WRITING</b>						
d) Handwriting						
e) Spelling						
f) Written syntax (sentence level)						
g) Written composition (text level)						
<b>MATHEMATICS</b>						
h) Computation (accuracy)						
i) Computation (fluency)						
j) Applied mathematical reasoning						
CLASSROOM PERFORMANCE	Well Below Average	Below Average	Average	Above Average	Well Above Average	n/a
Following directions/instructions						
Organizational skills						
Assignment completion						
Peer relationships						
Classroom Behaviour						

# CADDRA Teacher Assessment Form

**Strengths:** What are this student's strengths?

**Education plan:** If this student has an education plan, what are the recommendations? Do they work?

**Accommodations:** What accommodations are in place? Are they effective?

**Class Instructions:** How well does this student handle large-group instruction? Do they follow instructions well? Can they wait for a turn to respond? Would they stand out from same-sex peers? In what way?

**Individual seatwork:** How well does this student self-regulate attention and behaviour during assignments to be completed as individual seat work? Is the work generally completed? Would they stand out from same-sex peers? In what way?

**Transitions:** How does this student handle transitions such as going in and out for recess, changing classes or changing activities? Do they follow routines well? What amount of supervision or reminders do they need?

**Impact on peer relations:** How does this student get along with others? Does this student have friends that seek them out? Do they initiate play successfully?

**Conflict and Aggression:** – Is this student often in conflict with adults or peers? How do they resolve arguments? Is the student verbally aggressive? Are they the target of verbal or physical aggression by peers?

**Academic Abilities:** We would like to know about this student's general abilities and academic skills. Does this student appear to learn at a similar rate to others? Does this student appear to have specific weaknesses in learning?

**Self-help skills:** Independence, problem solving, activities of daily living:

**Motor Skills (gross/fine):** Does this student have problems with gym, sports, writing? If so, please describe.

**Written output:** Does this student have problems putting ideas down in writing? If so, please describe.

**Primary Areas of concern:** What are your major areas of concern/worry for this student? How long has this/these been a concern for you

**Impact on student:** To what extent are these difficulties for the student upsetting or distressing to the student, to you and/or the other students?

**Impact on the class:** Does this student make it difficult for you to teach the class?

**Medications:** If this student is on medication, is there anything you would like to highlight about the differences when they are on medication compared to off?

**Parent involvement:** What has been the involvement of the parent(s)/guardians?

Are the problems with attention and/or hyperactivity interfering with the student's learning? Peer relationships?

Has the student had any problems with homework or handing in assignments?

Is there anything else you would like us to know? If you feel the need to contact the student's clinician during this assessment, please feel free to do so.



Patient Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

MRN/File #: \_\_\_\_\_

Clinician's Name: \_\_\_\_\_

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

## CADDRA CLINICIAN ADHD BASELINE/FOLLOW-UP FORM

Other person present during Interview: \_\_\_\_\_

Clinician: \_\_\_\_\_

Other therapist(s) involved: \_\_\_\_\_

Current medication(s):	Dose & schedule	Therapeutic Effects	Side Effects

Adherence to treatment:

☐

FULL  
(took medications as directed)

☐

PARTIAL  
(Missed doses, did not take all medication)

☐

NONE  
(Discontinued medication for at least a week)

Developments since  
last appointment:

<u>Height:</u>	<u>Weight:</u>	<u>BP:</u>	<u>Pulse:</u>
<u>Observations:</u>		<u>Opinion:</u>	

### Psychiatric Diagnosis:

<input type="checkbox"/> ADHD, Combined	<input type="checkbox"/> Learning Disorder	<input type="checkbox"/> Anxiety Disorder	<input type="checkbox"/> Conduct Disorder Personality
<input type="checkbox"/> ADHD, Inattentive	<input type="checkbox"/> Language Disorder	<input type="checkbox"/> Depression	<input type="checkbox"/> Disorder/Traits
<input type="checkbox"/> Oppositional Defiant	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Tic Disorder	<input type="checkbox"/> Other _____

### Medical Problems:

<b>Stressors:</b>	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Extreme			
<b>Impairment Severity:</b>	<input type="checkbox"/> Borderline	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Marked	<input type="checkbox"/> Severe	<input type="checkbox"/> Extreme	
<b>Improvement</b>	<input type="checkbox"/> Very much improved	<input type="checkbox"/> Much Improved	<input type="checkbox"/> Minimally Improved	<input type="checkbox"/> No change	<input type="checkbox"/> Minimally worse	<input type="checkbox"/> Much Worse	<input type="checkbox"/> Very much worse

Treatment Plan:

**Medication Treatment Plan:**

	No Change	Increase	Decrease	Switch
	<u>School/Work:</u>			
<u>Psychological/Other:</u>				
<u>Follow-up plan:</u>				

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

Copy to be sent to: \_\_\_\_\_





Patient Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ MRN/File #: \_\_\_\_\_

Clinician's Name: \_\_\_\_\_ Date: \_\_\_\_\_

## CADDRA PATIENT ADHD MEDICATION FORM

*Please complete and bring to your next appointment*

**CURRENT MEDICATIONS** List all current medications here:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Please mark any changes that have occurred since taking the current medication on the lines below:

### ADHD Symptom Control

(-3)

worse

(-2)

(-1)

(0)

unchanged

(1)

(2)

(3)

better

### Tolerability of Medication (side effects)

(-3)

worse

(-2)

(-1)

(0)

unchanged

(1)

(2)

(3)

better

### Quality of Life

(-3)

worse

(-2)

(-1)

(0)

unchanged

(1)

(2)

(3)

better

How would you rate the global changes that have occurred since medication started?

☐ Not applicable (medication not taken)

☐ Marked improvement

☐ Small improvement

☐ No change

☐ Small deterioration

☐ Marked deterioration

**Comments:**

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Please mark with an X the frequency of any side effects experienced with the current treatment since your last medical appointment. Contact your physician if side effects are significant.

SIDE EFFECT	FREQUENCY				Comments
	Not at all	Sometimes	Often	All the time	
Appetite reduction					
Weight loss					
Weight gain					
Stomach aches					
Nausea					
Vomiting					
Diarrhea					
Dryness (skin/ eyes/ mouth)					
Thirst					
Sore throat					
Sleep difficulties					
Tics					
Headache					
Muscular tensions					
Fatigue					
Dizziness					
Sweating					
Agitation/excitability					
Irritability					
Mood instability					
Over focus “zombie effect”					
Sadness					
Heart palpitations					
Blood pressure changes (significantly lower or higher)					
Frequent urination					
Sexual dysfunction					
Feeling worse or different when the medication wears off (rebound)					
Other:					

Items to discuss at the next medical appointment:



Patient Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ MRN/File #: \_\_\_\_\_

Clinician's Name: \_\_\_\_\_ Date: \_\_\_\_\_

## CADDRA ADHD PATIENT TRANSITION FORM

Additional clinician(s) and services involved in care

Medication (Current & Past)	Current	Current Dose Max Dose Tried	Trial Length	Reason for stopping medication

Adherence to Treatment Comments:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_

### Comorbidities:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Anxiety Disorder            | <input type="checkbox"/> Mood Disorder           | <input type="checkbox"/> Conduct Disorder         | <input type="checkbox"/> Oppositional Defiant Disorder |
| <input type="checkbox"/> Tic Disorder                | <input type="checkbox"/> Learning Disorder       | <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Language Disorder             |
| <input type="checkbox"/> Personality Disorder/Traits | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Fetal Alcohol Syndrome   | <input type="checkbox"/> Substance Use Disorder        |
| <input type="checkbox"/> Other                       |  |   |  |

Comments:

### ADHD Impairment Severity:

☐ Mild:

☐ Moderate

☐ Severe:

Comments:

Medical Diagnosis:

Treatment plan:

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

Copy to be sent to: \_\_\_\_\_

# JEROME DRIVING QUESTIONNAIRE (JDQ) © 2010

*To be completed by the driver*

Name of Driver: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date completed: \_\_\_\_\_

Please list all your medications and dosages, including over-the-counter medicines with mg doses if known:

1.	2.
3.	4.
5.	6.

## Driving History - Part A

Instructions: To be completed by driver based on current and past driving history.

1. At what age did you obtain your driver's license? \_\_\_\_\_ Years \_\_\_\_\_ Months
2. How many times did you take to pass your final driving test? ☐ 1 ☐ 2 ☐ 3 ☐ More
3. How long have you been driving? \_\_\_\_\_ Years
4. On average, how much time per day do you spend driving? ☐ <1 hour ☐ 1-2 hours ☐ >2 hours
- 5a. Estimate kilometres/miles driven in the last month (city): \_\_\_\_\_ km
- 5b. Estimate kilometres/miles driven in the last month (highway): \_\_\_\_\_ km
- 6a. How many motor vehicle collisions have you been in as a passenger? ☐ 1 ☐ 2 ☐ 3 ☐ More
- 6b. How many motor vehicle collisions have you been in as a driver? ☐ 1 ☐ 2 ☐ 3 ☐ More
7. How many times since you have been driving have you been determined to be at fault in an accident? \_\_\_\_\_ Times
- 8a. How many times since you have been driving have you had your license revoked or suspended? \_\_\_\_\_ Times
- 8b. How many times have you driven when your license was suspended? ☐ 1 ☐ 2 ☐ 3 ☐ More
9. Did you ever go joy riding in a car?  
☐ As a driver before you held a valid license? ☐ As a passenger with a driver without a valid license?  
☐ As a driver when intoxicated with alcohol and/or drugs? ☐ As a passenger when the driver was intoxicated with alcohol and/or drugs?
10. How many times since you have been driving have you received a parking ticket? \_\_\_\_\_ Times
11. How many times since you have been driving have you received a speeding ticket? \_\_\_\_\_ Times
12. How many times since you have been driving have you been given a ticket for failing to stop at a stop signal or sign? \_\_\_\_\_ Times
13. How many times since you have been driving have you been given a ticket for reckless driving? \_\_\_\_\_ Times
14. How many times since you have been driving have you struck a pedestrian or cyclist while driving? \_\_\_\_\_ Times
15. How many times since you have been driving have you been given a ticket for driving while intoxicated? \_\_\_\_\_ Times
16. Have insurance rates increased because of driving problems? ☐ Yes ☐ No
17. Has car insurance been denied because of driving problems? ☐ Yes ☐ No

# JEROME DRIVING QUESTIONNAIRE - PART B ©2010

This form can be completed by the driver or a close friend/relative.

Date completed: \_\_\_\_\_ Completed by: \_\_\_\_\_

## Instructions

The following questions are about your usual driving style over the last month. Try to answer all the questions. There are no right or wrong answers. Please put a mark an "X" to indicate your rating regarding driving in the last month when out driving (a) in the city, (b) on the highway.

## Select the correct answer to the following three questions:

In the last month, have you driven (or driven with the driver) in the city? ☐ Yes ☐ No

In the last month, have you driven (or driven with the driver) on the highway? ☐ Yes ☐ No

Since you last completed this questionnaire have you had any motor vehicle violations such as speeding or parking tickets or collisions? ☐ Yes ☐ No

Motor vehicle violations: <input type="checkbox"/> Yes <input type="checkbox"/> No						
Collision(s): <input type="checkbox"/> Yes <input type="checkbox"/> No		No Frustration	Somewhat Frustrated	Frustrated	Very Frustrated	Highly Frustration
1. Frustration:	a. city					
	b. highway					
2. Risk Taking:	a. city					
	b. highway					
3. Show anger verbally or physically to other drivers:	a. city					
	b. highway					
4. Anxiety:	a. city					
	b. highway					
5. Speeding:	a. city					
	b. highway					
6. Experiences panic:	a. city					
	b. highway					
7. Concentration on the road:	a. city					
	b. highway					
8. Alert to sudden changes in driving conditions:	a. city					
	b. highway					
9. Daydreaming	a. city					
	b. highway					
10. Drowsiness	a. city					
	b. highway					
11. Anticipating potential dangers from other cars or pedestrians (looking ahead):	a. city					
	b. highway					

**If driving with passengers would change any of your answers, please describe**

*Disclaimer: This form is intended to provide additional subjective data on driving style as well as a self-reported driving history and does not replace clinical judgment. It does not provide a direct measure of driving safety or the risk of driving a motor vehicle; should not be used in isolation in making decisions regarding a patient's ability to drive safely.*



Patient Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

MRN/File #: \_\_\_\_\_

Clinician's Name: \_\_\_\_\_

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

## CADDRA CLINICIAN ADHD BASELINE/FOLLOW-UP FORM

Other person present during Interview: \_\_\_\_\_

Clinician: \_\_\_\_\_

Other therapist(s) involved: \_\_\_\_\_

Current medication(s):	Dose & schedule	Therapeutic Effects	Side Effects

Adherence to treatment:

☐

FULL  
(took medications as directed)

☐

PARTIAL  
(Missed doses, did not take all medication)

☐

NONE  
(Discontinued medication for at least a week)

Developments since  
last appointment:

<u>Height:</u>	<u>Weight:</u>	<u>BP:</u>	<u>Pulse:</u>
<u>Observations:</u>		<u>Opinion:</u>	

### Psychiatric Diagnosis:

<input type="checkbox"/> ADHD, Combined	<input type="checkbox"/> Learning Disorder	<input type="checkbox"/> Anxiety Disorder	<input type="checkbox"/> Conduct Disorder Personality
<input type="checkbox"/> ADHD, Inattentive	<input type="checkbox"/> Language Disorder	<input type="checkbox"/> Depression	<input type="checkbox"/> Disorder/Traits
<input type="checkbox"/> Oppositional Defiant	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Tic Disorder	<input type="checkbox"/> Other _____

### Medical Problems:

<b>Stressors:</b>	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Extreme			
<b>Impairment Severity:</b>	<input type="checkbox"/> Borderline	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Marked	<input type="checkbox"/> Severe	<input type="checkbox"/> Extreme	
<b>Improvement</b>	<input type="checkbox"/> Very much improved	<input type="checkbox"/> Much Improved	<input type="checkbox"/> Minimally Improved	<input type="checkbox"/> No change	<input type="checkbox"/> Minimally worse	<input type="checkbox"/> Much Worse	<input type="checkbox"/> Very much worse

Treatment Plan:

**Medication Treatment Plan:**

	No Change	Increase	Decrease	Switch
	<u>School/Work:</u>			
<u>Psychological/Other:</u>				
<u>Follow-up plan:</u>				

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

Copy to be sent to: \_\_\_\_\_

**ACECADDRA TEMPLATE: EDUCATIONAL ACCOMMODATION LETTER**

Note: This template should be adapted as required

[Name/Address of Healthcare Professional]  
[Date]

[Name/Address of School or Institution]

Re: Student Name:

Dear

I am writing to inform you that your student has been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) significant enough to require accommodations. This diagnosis is based on information from:

- ☐ Diagnostic clinical interview
- ☐ Standardized rating scales
- ☐ Review of available documents (e.g., report cards, prior assessments)
- ☐ Other: \_\_\_\_\_

Based on my clinical evaluation, I recommend your student have an education plan developed to ensure that learning needs are met. Additional accommodations may be decided **in consultation with members of** your Student Support Services. Examples of accommodations can be found at the CADDAC (Centre for ADHD Awareness Canada) website:

- Children/adolescents - [caddac.ca/adhd/understanding-adhd/in-education](http://caddac.ca/adhd/understanding-adhd/in-education)
- Post-secondary student information - [caddac.ca/adhd/wp-content/uploads/2017/01/Instructions-for-Chart-of-ADHD-Symptoms.pdf](http://caddac.ca/adhd/wp-content/uploads/2017/01/Instructions-for-Chart-of-ADHD-Symptoms.pdf) and accommodations - [caddac.ca/adhd/wp-content/uploads/2017/01/Chart-of-ImpairmentsAccommodations-FINALka.pdf](http://caddac.ca/adhd/wp-content/uploads/2017/01/Chart-of-ImpairmentsAccommodations-FINALka.pdf)

Accommodations and supports may be required in the areas of:

- Learning e.g. direct instruction, repetition, frequent clarification, copies of notes, preferred seating, opportunities for physical breaks, tutorial support
- Assignments e.g. breaking into smaller subtasks, opportunities for review of requirements, flexible due dates
- Tests and exams e.g. quiet environment, additional time, opportunity to clarify questions, use of a computer and technology, exam scheduling to meet the needs of the individual.

Thank you for your kind attention to this matter. Should you have any questions, please do not hesitate to contact me.

Sincerely,

\_\_\_\_\_  
Clinician Name

CADDRA TEMPLATE: EMPLOYMENT ACCOMMODATION LETTER

Note: This template should be adapted as required

[Name/Address of Healthcare Professional]

[Date]

[Address of Employer]

Re: [Name of Employee]

To whom it concerns,

I am writing to inform you that your employee has been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). Based on clinical assessment, your employee may benefit from accommodations to ensure that their needs are met and to help support them in fulfilling work responsibilities. Provincial and federal human rights legislation require that the reasonable needs of individuals with disabilities be accommodated within the workplace.

Below are the types of accommodations that may be helpful. In some cases, further consultation may be required with specialists in this area. Examples of useful workplace accommodation can be found on the Centre for ADHD Awareness (CADDAC) website at [ADHD in the Workplace \(caddac.ca/adhd/understanding-adhd/in-adulthood/adhd-in-the-workplace\)](http://caddac.ca/adhd/understanding-adhd/in-adulthood/adhd-in-the-workplace).

- **Planning and organization**, e.g. create work guides with employees that list tasks and sequences; organize regular meetings with supervisors; provide deadline reminders.
- **Time management**, e.g. use timers; structure work day with breaks; allow employees to work when most productive.
- **Control the environment**, e.g. reduce distractions, post-it notes for reminders; headphones
- **Manage activities**, e.g. vary work; provide physical or social tasks.
- **Use of technology and other external supports**, e.g. schedulers, organizers, smart phone apps; dictation software; computer-based learning.
- **Enlist assistance of other employees**, e.g. buddy/mentor system; teamwork; administrative support.

Thank you for your assistance. Please contact me should you have any questions.

Sincerely,

---

Clinician Signature

---

Client Signature



## **ADHD Information & Resources Handout**

### What is ADHD?

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder. Symptoms appear in childhood and may continue into adulthood. People with ADHD find it difficult to focus attention, regulate impulses, and control the urge to be physically active. Even emotions can be hyper- reactive.

ADHD affects about one in twenty children. Over half are still impaired by symptoms as adults. Adults with ADHD are easily distracted, struggling with mental restlessness, disorganization and procrastination. They have difficulty beginning and completing tasks, managing time and controlling behaviours and impulses. Some find it hard to manage their emotions, and may be labelled as “thin- skinned”, “hypersensitive” or “short-fused”. People with ADHD often channel their physical restlessness into work or sports activities. Some self-medicate with stimulants (e.g. caffeine, nicotine) or illicit drugs (e.g. cannabis, cocaine, speed). ADHD symptoms can profoundly affect personal and work lives, leading to a chronic sense of under-achievement and low self-esteem.

### What causes ADHD?

While the exact cause is unknown, ADHD is most often inherited. ADHD can also be caused by traumatic brain injury, lack of oxygen, neurological damage, infection, premature birth or prenatal exposure to substances such as alcohol or nicotine.

ADHD is a neurodevelopmental condition. It is not caused by poor parenting or psychological stress. However, the environment can affect the expression and progression of ADHD.

ADHD is characterized by dysfunction in particular neurotransmitter systems (e.g. dopamine, noradrenaline) which are essential to normal brain function. The transmission of information in the nervous system appears to be impaired – as if the “go” and “stop” signals are delayed. Studies of brain function in people with ADHD reveal impairment in regions responsible for regulating certain behaviours, including initiating tasks, inhibiting unwanted behaviour, predicting consequences, retaining information and planning for the future. Appropriate treatment can diminish these symptoms and improve function.

### Why have a diagnostic assessment?

People who have difficulty concentrating, or cannot sit still, do not necessarily have ADHD. ADHD is a medical diagnosis, and a full assessment is required. Unfortunately, there is no definitive laboratory test.

People request diagnostic assessments for many reasons: Teachers may recommend an assessment to parents after noticing a student’s difficulty paying attention or sitting still in the classroom.

Increased information on ADHD in the media and online has led to more self-referrals among adults. Once a child is diagnosed, parents may seek assessment for themselves if they recognize ADHD symptoms in their own behaviour. However, an individual comes to a healthcare professional, the first step is to discuss their problems and concerns.

## What does a diagnostic assessment involve?

A diagnostic assessment includes an interview with the individual and/or people who know them well (parents, spouse, teachers, etc.) about symptoms and impairments. Psychological evaluations can help assess any learning and/or social issues. Other possible causes (medical or psychiatric) of symptoms are investigated. ADHD is only diagnosed if the symptoms are not caused by another condition and impair function. Exploring associated problems and conditions helps to establish an effective and personalized treatment plan. The affected individual, healthcare professional, and/or family must decide what (if any) treatment is needed.

A diagnosis of ADHD can explain symptoms. It is bittersweet and acceptance may take time, but people with ADHD and their families are often relieved to know the cause of the problem. Parents are freed of the burden of guilt. Raising a child with ADHD can be challenging and difficult, but poor parenting is not the cause.

A diagnosis of a chronic condition is seldom welcome, but it does open the door to treatment.

## What is the treatment for ADHD?

Medication can dramatically improve symptoms, but is never enough on its own. When a child or adolescent is affected, the parents, student and school must work together to implement learning strategies and adjust parenting methods. Workplace accommodations may be required for adults. Resources, such as parent training or cognitive behavioral therapy for adults, are slowly becoming more available through the public healthcare system. Clinicians can also recommend academic accommodations. People with ADHD and their families should be empowered to make informed decisions regarding all aspects of treatment.

If these interventions do not reduce ADHD-associated impairments, pharmacological treatment may be helpful. Medication for ADHD can improve ability to focus by facilitating the flow of nerve signals, improving the transmission of information. A trial of more than one medication at more than one dose may be required to find the optimal approach for everyone. No medication decision is forever and it is suggested that regimens should be evaluated at least twice a year.

Several medications are available. The most common and most effective are stimulants – methylphenidate and amphetamines. Each comes in short-, intermediate- and long-acting forms. Common side effects include decreased appetite and sleeping difficulties. Those taking stimulants may be overly quiet or sad if the medication is too strong, or become irritable as it wears off.

If stimulants are not effective or have prohibitive side effects, the non-stimulant options in Canada are atomoxetine and guanfacine XR. Whatever pharmacological treatment is chosen, medication is started at a low dose, and then slowly increased to achieve maximum symptom control with minimal side effects. In some cases, other medications may be helpful if typical ADHD medications are not adequate.

Once the correct medication and the correct dose are determined, further evaluation can identify whether additional interventions are required. Any co-existing mood or anxiety disorder must be considered in the treatment plan. Stimulants can aggravate certain anxiety disorders. Several antidepressants act on noradrenaline or dopamine, and can assist with ADHD symptoms. (The specific effects of these drugs on ADHD have not yet been studied.) When ADHD co-exists with depression or anxiety disorders, treating the most disabling condition takes priority.

ADHD medications are effective in 50-70% of cases. Although generally well tolerated, like all drugs, they can have side effects. Discuss any potential treatment with your clinician and pharmacist. Although your healthcare provider will recommend evidence-based treatment options, each person is unique. Only a supervised medication trial can determine how it impacts your child or yourself.

Additional information on ADHD medications is available on the CADDRA website (<http://www.caddra.ca>).

## Online Resources:

[www.caddac.ca](http://www.caddac.ca) (Centre for ADHD Awareness, Canada)

<http://www.attentiondeficit-info.com> (Quebec, bilingual)

[www.associationpanda.qc.ca/](http://www.associationpanda.qc.ca/) (Quebec, in French)

[www.chadd.org](http://www.chadd.org) (U.S. website)

# ADULT ADHD SELF-REPORT SCALE (ASRS-V1.1) SYMPTOM CHECKLIST INSTRUCTIONS

## *Description:*

The Symptom Checklist is an instrument consisting of the 18 DSM-IV-TR criteria. Six of the 18 questions were found to be the most predictive of symptoms consistent with ADHD. These six questions are the basis for the ASRS-V1.1 screener and are also Part A of the Symptom Checklist. Part B of the Symptom Checklist contains the remaining 12 questions.

## INSTRUCTIONS:

### *Symptoms*

1. Ask the patient to complete both Part A and Part B of the Symptom Checklist by marking an X in the box that most closely represents the frequency of occurrence of each of the symptoms.
2. Score Part A. If four or more marks appear in the darkly shaded boxes within part A then the patient has symptoms highly consistent with ADHD in adults and further investigation is warranted.
3. The frequency scores on Part B provide additional cues and can serve as further probes into the patient's symptoms. Pay attention to marks appearing in the darkly shaded boxes. The frequency-based response is more sensitive with certain questions. No total score or diagnostic likelihood is utilized for the 12 questions. It has been found that the six questions in Part A are the most predictive of the disorder and are best for use as a screening instrument.

### *Impairments*

1. Review the entire Symptom Checklist with your patients and evaluate the level of impairment associated with the symptom.
2. Consider work/school, social and family settings.
3. Symptom frequency is often associated with symptom severity; therefore, the Symptom Checklist may also aid in the assessment of impairments. If your patients have frequent symptoms, you may want to ask them to describe how these problems have affected the ability to work, take care of things at home, or get along with other people such as their spouse/significant other.

### *History*

Assess the presence of these symptoms or similar symptoms in childhood. Adults who have ADHD need not have been formally diagnosed in childhood. In evaluating a patient's history, look for evidence of early-appearing and long-standing problems with attention or self-control. Some significant symptoms should have been present in childhood, but full symptomology is not necessary.

#### References:

1. Schweitzer JB et al. Med Clin North Am. 2001;85(3),10-11:757-777.
  2. Barkley RA. Attention Deficit Hyperactivity Disorder: A Handbook for Diagnosis and Treatment. 2nd ed. 1998.
  3. Biederman J, et al. Am J Psychiatry. 1993;150:1792-1798.
  4. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders. Fourth Edition, Text Revision. Washington, DC, American Psychiatric Association. 2000:85-93.
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## Scoring Instructions for the SNAP-IV Rating Scale

The SNAP-IV 26-item scale is an abbreviated version of the Swanson, Nolan and Pelham (SNAP) Questionnaire (Swanson, 1992; Swanson et al., 1983). Items from the DSM-IV criteria for Attention Deficit Hyperactivity Disorder (ADHD) are included for the two subsets of symptoms: inattention (items 1-9) and hyperactivity/impulsivity (items 10-18). Also, items are included from the DSM-IV criteria for Oppositional Defiant Disorder (items 19-26) because ODD is often present in children with ADHD.

Symptom severity is rated on a 4-point scale. Responses are scored as follows:

Not at all = 0  
Just a little = 1  
Quite a bit = 2  
Very much = 3

The scores in each of the three subsets (inattention, hyperactivity/impulsivity, and opposition/defiance) are totaled. A suggested scoring guideline is below:

### Questions 1 – 9: Inattention Subset

< 13/27 = Symptoms not clinically significant  
13 – 17 = Mild symptoms  
18 – 22 = Moderate symptoms  
23 – 27 = Severe symptoms

### Questions 10 – 18: Hyperactivity/Impulsivity Subset

< 8/24 = Symptoms not clinically significant  
8 – 13 = Mild symptoms  
14 – 18 = Moderate symptoms  
19 – 24 = Severe symptoms

### Suggested Targets:

<13/27 for inattention  
<13/27 for hyperactivity/impulsivity  
<8/24 for oppositional defiant disorder

If desired, the average rating for each subset can be calculated by totaling the scores for the items in the subset and dividing by the number of items. The average can be compared with cut-off scores suggestive of ADHD reported in the literature.

	Not at All (0)	Just a Little (1)	Pretty Much (2)	Very Much (3)	Item Score
1. Makes Careless Mistakes			*		2
2. Can't Pay Attention				*	3
3. Doesn't Listen				*	3
4. Fails to Finish Work			*		2
5. Disorganized		*			1
6. Can't Concentrate				*	3
7. Loses Things		*			1
8. Distractible				*	3
9. Forgetful	*				0

*ADHD-Inattention Total = 18, Average = 18/9 = 2.0*

ADHD Inattention	ADHD Hyperactivity / Impulsivity	Oppositional Defiant Disorder
#1	#10	#19
#2	#11	#20
#3	#12	#21
#4	#13	#22
#5	#14	#23
#6	#15	#24
#7	#16	#25
#8	#17	#26
#9	#18	
Total	Total	Total
Average	Average	Average

## WFIRS Information and Instructions

The Weiss Functional Impairment Rating Scale (WFIRS) is a measure designed to assess the impact of ADHD or emotional and behavior problems on functioning. There are two versions of the scale. The parent version is used to report on impairment in 7 domains: family, school, learning, social, life skills, self-concept, and risk activities in children or adolescents. The self-report version is used by adolescents or adults to report on the domains of family, school and/or work, social, life skills, self-concept, and risky activities. The scale takes about 5 minutes to complete. Each item is rated from 0 (not a problem), 1 (somewhat), 2 (pretty much) or 3 (very much) based on the extent to which emotional or behavior problems have impacted functioning over the last month. A domain is considered impaired if two items are rated 2 or 1 item is rated 3.

Items that are not relevant to an individual are scored 'not applicable' and not included when computing a mean score. The scale is user friendly for clinicians in that a quick glance allows the clinician to identify those areas that are significantly impaired both before and after treatment, and to compare this with the clinical interview.

The WFIRS does not have any items redundant with ADHD symptoms, which makes it possible to look at symptoms and functioning as independent outcomes.

The scale has been validated in clinical and research settings, in 7 countries and in multiple languages as well as in all age groups (Canu et al. 2016; Gajria et al. 2015; Punyapas et al. 2015; Takeda et al. 2016; Tarakcioglu et al. 2015; Weiss et al. 2007). It has been translated into 18 languages. Despite cultural, population, language and age group differences the psychometric properties of this measure have been consistent between all studies. Internal consistency is  $> .8$  for the scale and the domains, except for Risk which is  $> .7$ . The scale has moderate convergent validity with symptoms, quality of life measures, other measures of functional impairment, and measures of activities of daily living. This suggests that while these are overlapping, they are nonetheless distinct concepts. The scale discriminates children with ADHD from controls, and different levels of severity of ADHD. Factor analysis confirms the factor structure. The scale has been shown to be responsive, with sensitivity to change comparable to what is seen with improvement of ADHD symptoms with medication treatment, and improvement in functioning is moderately tied to improvement in symptoms (Gajria et al. 2015). Receiver operating characteristics identify a mean score of .65 as distinguishing functional impairment in children with ADHD from controls (Thompson et al. 2016), making this a reasonable cut off for functional impairment in research studies. The minimal important difference identifying a clinically meaningful improvement is a mean score of .25 (Hodgkins et al. 2016). The scale has now been used in multiple clinical trials of both medication and psychosocial treatments (Sasser et al. 2016).

The WFIRS scale is copyrighted by Margaret Danielle Weiss, MD PhD. The scale can be used by clinicians and researchers free of charge and can be posted on the Internet or replicated as needed. Please contact Dr. Weiss at [margaret.weiss@icloud.com](mailto:margaret.weiss@icloud.com) if you wish to post the scale on the Internet, use it in research or plan to create a translation.

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# Instructions for the WSR-II

The WSR-II is a clinical tool that facilitates efficient collection of information about symptoms. The scale is written to be age and gender neutral so that it can be used as an adult self-report, an adolescent self-report, or a teacher report or parent report on a child. This allows gathering of information across different settings and direct comparison across informants, some of whom may not be present at the interview. The measure covers the diagnostic groupings of DSM-5 and a quick visual review of the completed scale allows the clinician to identify relevant symptom clusters that require more extensive follow up in the mental status. The scale is one of very few screeners that allows clinicians treating adults to pick up childhood onset disorders, and early onset adult disorders in children with the option of comparison of reports from multiple informants. The scale also can be given both to adolescents and adults as a self-report, teachers, parents and spouses.

Use of the screener also assures that important items such as suicidal thoughts, obsessions, drug use etc. do not get missed because they were not expected. The scale is quick to complete and very easy to score in that a quick visual scan will identify those diagnostic clusters that are at risk.

## Scoring:

Any of the following items that are scored 2 or 3 (in the shaded area) should be considered as at risk and requiring further clinical evaluation: development, motor, psychosis, suicide, social and communication (ASD), stress, sleep, SUD, addictions, last 5 character traits.

Screening cut off for the number of items scored in the shaded region (2 or 3) for the following disorders follows DSM 5 guidelines:

- Child ADHD: 6 attention or hyperactive impulsive symptoms
- Adult ADHD: 5 attention or hyperactive impulsive symptoms
- ODD: 4
- Conduct: 3
- Depression: 5
- Persistent depressive symptoms: 2
- Mood regulation: 3

## Personality:

The first 6 items are a screen for borderline personality disorder. Any one of the other items would indicate possible personality difficulties in that area.

A subthreshold score for an item or cluster still may be associated with significant difficulty and impairment requiring treatment. The WSR II is a guide to the clinical evaluation and its utility is in assuring the clinician does not fail to identify a difficulty that would otherwise be missed, rather than in ruling out a disorder. Endorsement of multiple symptoms in a given area, by multiple informants clearly indicates that these difficulties require full assessment.

# The Jerome Driving Questionnaire (JDQ) Information and Instructions

## Why use it?

Literature speaks to an increased risk of motor vehicle collisions and moving violations in young drivers with ADHD<sup>1</sup>. The Canadian Medical Association's guidelines<sup>2</sup> recommend that Canadian physicians be aware that ADHD is a reportable condition if patients have demonstrated problem driving. Physicians need to consider it their duty to warn high risk drivers of the dangers of driving without the benefit of appropriate medical treatment which includes the use of long-acting stimulants, providing improved attention control and reduced impulsivity while driving.

The JDQ (also online at [www.adhddriving.com](http://www.adhddriving.com)) provides clinicians with a simple tool that assists them in deciding if patients with ADHD are at increased risk of problem driving. It also provides documentation in the medical record that the clinician has assessed this important functional skill in their patients.

## How to use the JDQ

The JDQ is a self-report instrument in two parts. **Part A** provides a lifetime driving history of driving exposure, moving violations and accidents. **Part B** provides a subjective account of the driver's driving style. It takes approximately five minutes to complete. Self and collateral observations can be collected and compared. Psychometric data have been reported<sup>3</sup>.

The JDQ provides the physician, the patient and their family a view of the patient's driving record and a measure of strategic driving style. This is not meant to substitute or replace the physician's judgement about patient driving safety. It can help a health professional initiate discussion about driving safety with the patient and their family. The instrument provides the physician with a measure of the effects of medication and other behavioural interventions. Serial measures for each patient provide a visual analog record of change over time. The [www.adhddriving.com](http://www.adhddriving.com) website allows JDQ data to be stored and displayed serially and downloaded for later analysis. The resource section contains educational videos that are helpful for patients and their families regarding the risk of untreated ADHD and driving.

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<sup>1</sup> Jerome, L., A. Segal, and L. Habinski, What we know about ADHD and driving risk: a literature review, meta-analysis and critique. *J Can Acad Child Adolesc Psychiatry*, 2006. 15(3): p. 105-25.

<sup>2</sup> CMA driver's guide: determining medical fitness to operate motor vehicles, 8<sup>th</sup> edition (2012)

<sup>3</sup> Jerome, L. and A. Segal, Validation of a driving questionnaire for patients with ADHD: the Jerome Driving Questionnaire. *ADHD Attention Deficit and Hyperactivity Disorders*, 2009. 1: p. 151.





Patient Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ MRN/File #: \_\_\_\_\_

Clinician's Name: \_\_\_\_\_ Date: \_\_\_\_\_

## CADDRA ADHD ASSESSMENT FORM

### Identifying Information

Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date seen: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_ Grade (actual/last completed): \_\_\_\_\_

Current Occupation: Student \_\_\_\_\_ Unemployed \_\_\_\_\_ Disability \_\_\_\_\_ Occupation: \_\_\_\_\_

Status: Child / Adolescent or Adult Single \_\_\_\_\_ Married \_\_\_\_\_ Common-Law \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Ethnic Origin (Optional): \_\_\_\_\_

Other person providing collateral: \_\_\_\_\_ Patient's phone no: \_\_\_\_\_

### Demographics

	Biological Father (if known)	Biological Mother (if known)	Spouse/Partner (if applicable)
Name:			
Occupation:			
Highest education:			

Adopted: No \_\_\_\_\_ Yes \_\_\_\_\_ Age at time of adoption: \_\_\_\_\_ Country of Adoption: \_\_\_\_\_

Number of biological and/or half siblings: \_\_\_\_\_

	Stepfather (if known)	Stepmother (if known)	Other Guardian (if applicable)
Name			
Occupation			
Highest education			

Number of step-siblings:

Name of Custodial Parent:

Time with bio Father:

Time with bio Mother:

Time with step family:

Language: At home: English Other

At school:

Children (if Applicable): Number of Biological

Number of step children

Names and Ages	

## Reason for Referral

Referred by: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Initiated by:    Self      Parent      Spouse      Employer    |    School      Physician      Other: \_\_\_\_\_

Chief complaint  
(Check all that apply)

impulsiveness

inattention

hyperactivity

disorganization

mood/anxiety

procrastination

self esteem

substance use

academic problems

aggression

Other

Details:

Attitude to Referral:

ADHD SYMPTOM HISTORY: (onset, progression, worsening factors, protective factors, adaptive strategies, outcome)

**Patient Name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **MRN/File #:** \_\_\_\_\_

**Clinician's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Medical History

**Allergies:** No \_\_\_\_\_ Yes \_\_\_\_\_ Details: \_\_\_\_\_

### Cardiovascular medical history:

hypertension      tachycardia      arrhythmia      dyspnoea      fainting      chest pain on exertion      other

**Specific cardiovascular risk identified:** No \_\_\_\_\_ Yes \_\_\_\_\_ Details: \_\_\_\_\_

**Positive lab or EKG findings:** \_\_\_\_\_

#### Positive medical history:

Developmental delays	In utero exposure to nicotine, alcohol or drugs	Stigmata of FAS/FAE	History of anoxia/perinatal complications
Neurofibromatosis	Coordination problems	Cerebral palsy	Lead poisoning
Thyroid disorder	Myotonic dystrophy	Other genetic syndrome	Hearing/visual problems
Traumatic brain injury	Diabetes	Growth delay	Anemia
Sleep apnea	Seizures	Enuresis	Injuries
Sleep disorders	Tourette's/tics	Enlarged adenoids or tonsils	Asthma
	Secondary symptoms to medical causes	Medical complications of drug/alcohol use	

Other/details:

## Medication History

Extended Health Insurance: No \_\_\_\_\_ Yes \_\_\_\_\_ Details: \_\_\_\_\_

Public \_\_\_\_\_ Private Insurance \_\_\_\_\_ Coverage for psychological treatment: No \_\_\_\_\_ Yes \_\_\_\_\_

### Adherence to treatment/attitude towards medication:

Difficulty swallowing pills: No \_\_\_\_\_ Yes \_\_\_\_\_

(If applicable) Contraception: No \_\_\_\_\_ Yes \_\_\_\_\_ (Details): \_\_\_\_\_

Current Medications	Dose	Duration RX	Outcome and Side Effects

Previous Medications	Dose	Duration RX	Outcome and Side Effects

Patient Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ MRN/File #: \_\_\_\_\_

Clinician's Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Physical Examination

Practice guidelines around the world recognize the necessity of a physical exam as part of an assessment for ADHD to rule out organic causes of ADHD, rule out somatic sequelae of ADHD, and rule out contraindications to medications. While this physical exam follows all the usual procedures, several specific evaluations are required. These include, but are not limited to:

### Rule out medical causes of ADHD-like symptoms

1. Hearing and vision assessment
2. Thyroid disease
3. Neurofibromatosis (cafe au lait spots)
4. Any potential cause of anoxia (asthma, CF, cardiovascular disease)
5. Genetic syndromes and facial or dysmorphic characteristics
6. Fetal alcohol syndrome: growth retardation, small head circumference, smaller eye openings, flattened cheekbones and indistinct philtrum (underdeveloped groove between nose and upper lip)
7. Physical abuse: unset fractures, burn marks, unexplained injuries
8. Sleep disorders: enlarged tonsils and adenoids, difficulty breathing, sleep apnea
9. Growth delay or failure to thrive
10. PKU, heart disease, epilepsy and unstable diabetes can all be associated with attention problems
11. Head trauma.

*Medical history/lab work provides information on maternal drinking in pregnancy, sleep apnea, failure to thrive, lead poisoning, traumatic brain injury.*

### Rule out sequelae of ADHD

1. Abuse
2. High pain threshold
3. Irregular sleep, delayed sleep phase, short sleep cycle
4. Comorbid developmental coordination disorder, evidenced by motor difficulties in doing routine tasks such as getting on the exam table
5. Picky eater: will not sit to eat
6. Evidence of injuries from poor coordination or engagement in extreme sports

### Rule out contraindications to medication

1. Glaucoma
2. Uncontrolled hypertension
3. Any evidence of significant cardiovascular abnormality

Date of last physical exam: \_\_\_\_\_ By whom: \_\_\_\_\_

Abnormal findings from last exam: \_\_\_\_\_

## Current Physical Exam

System	Done		Normal		Findings (Details of Abnormality)
	No	Yes	No	Yes	
Skin					
ENT					
Respiratory					
GI and GU					
Cerebrovascular					
Musculoskeletal					
Immunol. & Hematological					
Neurological					
Endocrinological					
Dysmorphic facial features					
Other					

<b>Weight:</b> In children: percentile	<b>Height:</b> In children: percentile	<b>Head Circum:</b> (In children only)	<b>BP:</b>	<b>Pulse:</b>
<b>Positive Findings on Observation: (Details)</b>				

## Psychiatric History

Assessed in childhood/adolescence/adulthood?	Yes _____ No _____	By whom: _____
Previous diagnosis:		
Previous suicidal attempts or violent gestures toward others:	Yes _____ No _____	Details:
Psychological treatments:	Yes _____ No _____	
Previous psychiatric evaluation / hospitalization:	Yes _____ No _____	

## Developmental History

Pregnancy Problems: No _____ Yes _____	Details:
Delivery: _____ on time _____ Early (# of weeks: _____) _____ Late (# of weeks: _____) _____ forceps used _____ Caesarean section _____ breech	
Difficulties gross motor: crawl, walk, two-wheeler, gym, sports: No _____ Yes _____	
Difficulties Fine motor: tracing, shoe laces, printing, writing: No _____ Yes _____	
Language difficulties: first language, first words, full sentences, stuttering No _____ Yes _____	
Odd behaviours noted: (e.g. rocking, flapping, no eye contact, odd play, head banging etc.) No _____ Yes _____	
<b>Temperament:</b> (e.g. difficult, willful, hyper, easy, quiet, happy, affectionate, calm, self-soothes, intense)	
<b>Parent description of child's temperament:</b>	

**Learning Disorder identified:** No Yes dyslexia dysorthographia dyscalculia dsyphasia Other \_\_\_\_\_

## Family History in First Degree Relatives

Childhood temperament of the biological parents, if known: (e.g. internalizing versus externalizing)	
Father:	Mother:

Positive Family History of:			
ADHD (probable)	ADHD (confirmed)	Learning Disorders	Intellectual Disability
Autism Spectrum Disorders	Congenital Disorders	Anxiety	Depression
Bipolar	Psychosis	Personality Disorders	Suicide
Sleep Disorders	Tourette's/Tics	Epilepsy	Alcohol/Drug Problems
Legal Convictions			
History of early cardiac death		Known arrhythmias	Hypertension

Details:
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## Functioning and Lifestyle Evaluation

<b>General Habits</b> (depending on the subject's age, some may not apply). Give frequency and/or details:						
<b>Exercise</b>						
<b>Nutrition</b>						
<b>Self-care, personal hygiene</b>						
<b>Adequate leisure activity</b>						
<b>Sleep Routine and Quality of Sleep</b>	Bedtime: _____ Time to fall asleep: _____ Wake up time: _____					
	# Sleep hours: _____ Melatonin: No _____ Yes _____ Dose _____					
<b>Sleep Problems? (BEARS)</b>	Bedtime resistance:	No	Yes	Regularity:	No	Yes
	Excessive daytime:	No	Yes	Snoring:	No	Yes
	Sleepiness: Awakening:	No	Yes			

Risk Factor	No	Yes	Details and Attitude towards Change
Excessive screen time			
Accident-prone			
Extreme sports			
Caffeine			
Smoking			
Alcohol			
Drugs			
Financial			
Driving			
Relationships			
Parenting			
Family conflict			
Legal			
Discipline			
Witness to violence			
Trauma			
Physical abuse			
Emotional abuse			
Sexual abuse			
Foster placements			
Significant losses			
Illness			

Current Functioning at Home (depending on age, some may not apply). Give frequency and/or details:	
Family/patient strengths	
Stressors within the family	Past:
	Present:
Family atmosphere	
Morning routine	
Attitudes towards chores (adult: doing housework)	
Attitudes towards rules (adult: able to set/follow rules)	
Engagement in family fun	
Discipline in the family (adult: parenting abilities)	
Relationship to siblings (adult: partner relationship)	
Parent/spouse frustrations	

Social Functioning (depending on age, some may not apply). Give frequency and/or details:	
Patient's strengths:	
Hobbies, activities	
Friends (e.g. play dates, parties, social events)	
Social skills (e.g. social cues compassion, empathy)	
Humour	
Anger management (e.g. aggression, bullying)	
Emotional intelligence (e.g. emotional control, awareness)	
Sexual identity	

**Functioning at School** (if not at school, indicate where academic history took place and if there were difficulties)

School name: \_\_\_\_\_ English Second Language \_\_\_\_\_ Individual Education Plan \_\_\_\_\_ Specialized  
\_\_\_\_\_  
\_\_\_\_\_ Class Specialized Designation Details: \_\_\_\_\_

	Kindergarten to Grade 8	High School
Report card grades		
Report card comments		
Behaviour problems		
Peer relations		
Teacher-child relationships		
Teacher-parent relationships		
Homework attitudes		
Organizational skills		
Achieving potential/difficulties		
Written output		
Accommodations		
Tutoring and/or Learning assistance		
Assistive Technology		
College/University		
Accommodations:		
Achieving potential/ difficulties:		

**Functioning at Work** (depending on the subject's age, some may not apply) **Frequency and/or details:**

Current employment status: ☐ FT ☐ PT ☐ Unemployed ☐ Self-employed ☐ Contract ☐ Disability

Vocational Assessment: \_\_\_\_\_ No \_\_\_\_\_ Yes - If yes, suitable jobs:

# of past jobs: \_\_\_\_\_ Length of longest employment:

Work strengths:

Work weaknesses:

Complaints:

Workplace accommodations:

Other information about work:



## RATING SCALES: Administer one or more of the relevant rating scales to the parent, teacher or patient

### STEP ONE: Check the ADHD scale(s) used

ADHD symptoms in childhood: ☐ SNAP-IV ☐ Weiss Symptom Record II ☐ Other \_\_\_\_\_

Current ADHD symptoms: ☐ SNAP- IV (for children) ☐ ASRS (for adults) ☐ Other \_\_\_\_\_

### STEP TWO: Fill in the result of the scale

SYMPTOM SCREENER (enter the number of positive items for each category, circle the box if the threshold was met or if ODD or CD is a concern)				
Retrospective Childhood Symptom Screen	IA /9	HI /9	ODD /8	CD* /15
<b>CURRENT</b>				
Parent	IA /9	HI /9	ODD /8	CD* /15
Self	IA /9	HI /9	ODD /8	CD* /15
Teacher	IA /9	HI /9	ODD /8	CD* /15
Collateral	IA /9	HI /9	ODD /8	CD* /15
Other comorbid dx*				

\*Conduct disorder and other comorbid disorder only applies to the WSR

**FOR ADULTS:** The Adult ADHD Self Report Rating Scale (ASRS) can be used for current ADHD symptoms, part A being the screener section

ADULT ADHD SELF REPORT RATING SCALE (ASRS) (record the number of positive items for Part A and Part B, circle the box where threshold is made)	
Part A (Threshold > 4)	Part B
/6	/12

### STEP THREE: Administer the Weiss Functional Inventory Rating Scale (WFIRS) (optional)

WEISS FUNCTIONAL INVENTORY RATING SCALE (WFIRS) (record the number of items rated 2 or 3, circle the boxes where you perceive a problem)							
Parent	Family /10	School (Learning) /4	ODD /8		CD* /15		
		(Behaviour) /6					
Self	Family /8	Work /11	School /10	Life Skills /12	Self /5	Social /9	Risk /14
<b>Other Scales:</b>							

Psychometric Evaluation – Done? ☐ No ☐ Yes ☐ Requested Date(s) of testing: \_\_\_\_\_

Intelligence Tests Score: ☐ marked below ☐ borderline ☐ low average ☐ average  
☐ above average ☐ marked above ☐ Superior

WISC or WAIS (%ile or scaled score)	Verbal Comprehension	Perceptual Reasoning	Working Memory	Processing Speed	Older IQ tests used %ile/IQ
					Full Scale IQ _____
					Verbal IQ _____
					Performance IQ _____

Achievement tests Score: -2 (>2 yrs below) -1 (1-2 yrs below) 0 (grade level) +1 (1-2 yrs above) +2 (>2 yrs above)

Grade level: Reading \_\_\_\_\_ Spelling \_\_\_\_\_ Math \_\_\_\_\_ Writing \_\_\_\_\_

MENTAL STATUS EXAMINATION (clinical observations of the interview)

## SUMMARY OF FINDINGS

(This allows a clinician to reflect on the global collection of information in readiness for the diagnosis, feedback and treatment)

Item of Relevance	N/A	Does not indicate ADHD	Marginally indicates ADHD	Strongly indicates ADHD	Comments
Symptoms of ADHD in childhood					
Current ADHD symptoms					
Collateral information					
Clinical observation					
Family history of diagnosed first degree relatives					
Review of school report cards					
Previous psychiatric assessments					
Psychometric/psychological assessments					
	N/A	Suggesting an alternate explanation is better	ADHD is possible but other factors are relevant	ADHD is still the best explanation of findings	Comments
In utero exposure to substances					
Neonatal insult					
Infant temperament					
Developmental milestones					
Psychosocial stressors before 12					
Accidents and injuries (particularly head injury)					
Major trauma before age 12 (e.g. abuse-physical, sexual, neglect)					
Substance use history					
Other psychiatric problems					
Other medical problems					

Important Lifestyle Issues:

# Treatment Plan

Patient Name: \_\_\_\_\_ MRN/File No.: \_\_\_\_\_

	N/A	To Do	Done	Referred to and comments/details
<b>Psychoeducation</b>				
Patient Education				
Parent Education				
Info to School				
Handouts				
<b>Medical</b>				
Physical Exam				
CV Exam				
Baseline Ratings				
Lab Investigation				
Other				
<b>Pharmacological Interventions</b>				
Review Medication Options				
Medication Treatment				
<b>Non-Pharmacological Interventions</b>				
Psychological Testing				
Social Skills Management				
Anger Management				
Addiction Management				
Therapy				
Cognitive Behaviour Therapy				
Parent Training				
OT Referral				
Speech Therapy				
<b>Educational &amp; Vocational</b>				
Psychoeducational Assessment				
Special Education/Accommodations				
Vocational Assessments				
Workplace Accommodations				
<b>Completion of Special Forms</b>				
CRA Tax Credits				
Insurance				
Other				

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copy sent to: \_\_\_\_\_ Fax No: \_\_\_\_\_