



Patient Name:

Date of Birth:

Physician Name:

MRN/File No:

Date:

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

| <i>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</i> | Never | Rarely | Sometimes | Often | Very often |
|--|-------|--------|-----------|-------|------------|
| <b>PART A</b>  |       |        |           |       |            |
| 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?  |       |        |           |       |            |
| <b>PART B</b>  |       |        |           |       |            |
| 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 in other situations in which you are expected to stay 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 it 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?  |       |        |           |       |            |



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## CADDRA Child Assessment Instructions

Your child is being assessed for Attention Deficit Hyperactivity Disorder (ADHD). You will be asked to complete forms in order to provide your medical professional with information on how your child functions in different areas of life.

**This information must be reviewed by a trained medical professional as part of an overall ADHD assessment.**

**ADHD is not identified just through questionnaires.** Diagnosing ADHD is not a matter of simply recognizing certain symptoms; a thorough medical evaluation is necessary to rule out other possible causes for your child's symptoms.

Your input is very important but don't worry about answering the questions incorrectly or be concerned that you might 'label' your child. There are no right or wrong answers. You will be asked questions about how your child functions in a variety of different situations. If you are unsure of an answer, provide an answer which best describes your child a good deal of the time in that particular situation. Individual questions are less important than the scale as a whole, and this can only be properly evaluated by a trained professional.

If the child is living in two households, each household should complete these forms separately. It is important that parents take the time to thoughtfully complete all the required questionnaires. This information on how your child functions in different settings is essential. Therefore, it is also important that your child's teacher provides feedback. Please give the teacher the indicated forms and the teacher instruction handout.

Additional testing may be recommended by your health professional. This is particularly important if a learning disorder, speech disorder, or any other health condition is suspected.

If you were not given copies of the forms, instructions and handouts that you need, they can all be printed from the CADDRA website ([www.caddra.ca](http://www.caddra.ca)).

### Forms

Note: Please fill in the forms required by your health professional and indicated below. You may be asked to fill in forms in two different colours to demonstrate the differences in your child when on and off medication.

| Document Name  | Recommended forms | To be completed by: |         |
|--|-------------------|---------------------|---------|
|  |                   | Each Parent         | Teacher |
| Weiss Symptom Record                                   | 3                 | x                   | x       |
| Weiss Functional Impairment Rating Scale - Parent      | 2                 | x                   |         |
| ADHD Checklist (current symptoms)                      | 3                 | x                   | x       |
| SNAP-IV-26   | 3                 | x                   | x       |
| CADDRA Teacher Assessment Form                         | 1                 |                     | x       |
| CADDRA Patient ADHD Medication Form (if on medication) | 2                 | x                   |         |
|  |                   |                     |         |
|  |                   |                     |         |
|  |                   |                     |         |

### Resources

Please read the information on ADHD as indicated by your health professional. The CADDRA ADHD Information and Resources handout can be printed from the CADDRA website ([www.caddra.ca](http://www.caddra.ca)).



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## CADDRA Adolescent Assessment Instructions

You are being assessed for Attention Deficit Hyperactivity Disorder (ADHD). You, and those who know you best (parents and a teacher), will be asked to complete forms in order to provide your medical professional with information on how you function in different areas of your life.

**This information must be reviewed by a trained medical professional as part of an overall ADHD assessment.**

**ADHD is not identified just through questionnaires.** Diagnosing ADHD is not a matter of simply recognizing certain symptoms; a thorough medical evaluation is necessary to rule out other possible causes for your symptoms.

Your input is very important but don't worry about answering the questions incorrectly or be concerned that you might 'label' yourself. There are no right or wrong answers. You will be asked questions about how you function in a variety of different situations. If you are unsure of an answer, provide an answer which best describes you a good deal of the time in that particular situation. Individual questions are less important than the scale as a whole, and this can only be properly evaluated by a trained professional.

If you are living in two households, each household should complete these forms separately. It is important that you and your parents take the time to thoughtfully complete all the required questionnaires. This information on how you function in different settings is essential. For that reason, it is also important that your teacher also provides feedback. Please give the teacher the indicated forms and the teacher instruction handout.

Additional testing may be recommended by your health professional. This is particularly important if a learning disorder, speech disorder, or any other health condition is suspected. If you were not given copies of the forms, instructions and handouts that you need, please print them from the CADDRA website ([www.caddra.ca](http://www.caddra.ca)).

### Forms

Note: Please fill in the forms required by your health professional and indicated below. You may be asked to fill in forms in two different colours to demonstrate the differences when on and off medication. Ask your parents to do the same.

| Document Name  | Recommended forms | To be completed by: |             |         |
|--|-------------------|---------------------|-------------|---------|
|  |                   | Patient             | Each Parent | Teacher |
| Weiss Symptom Record                                   | 3                 |                     | x           | x       |
| Weiss Functional Impairment Rating Scale - Self        | 1                 | x                   |             |         |
| Weiss Functional Impairment Rating Scale - Parent      | 2                 |                     | x           |         |
| ADHD Checklist (current symptoms)                      | 3                 |                     | x           | x       |
| SNAP-IV-26   | 3                 |                     | x           | x       |
| CADDRA Teacher Assessment Form                         | 1                 |                     |             | x       |
| CADDRA Patient ADHD Medication Form (if on medication) | 2                 |                     | x           |         |
|  |                   |                     |             |         |
|  |                   |                     |             |         |
|  |                   |                     |             |         |

### Resources

Please read the information on ADHD as indicated by your health professional. The CADDRA ADHD Information and Resources handout can be printed from the CADDRA website ([www.caddra.ca](http://www.caddra.ca)).



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## CADDRA Adult Assessment Instructions

You are being assessed for Attention Deficit Hyperactivity Disorder (ADHD). You, and someone who knows you well (significant other, family member, roommate or close friend), will be asked to complete forms in order to provide your medical professional with information on how you function in different areas of your life.

**This information must be reviewed by a trained medical professional as part of an overall ADHD assessment. ADHD is not identified just through questionnaires.** Diagnosing ADHD is not a matter of simply recognizing certain symptoms; a thorough medical evaluation is necessary to rule out other possible causes for your symptoms.

Your input is very important but don't worry about answering the questions incorrectly or be concerned that you might 'label' yourself. There are no right or wrong answers. You will be asked questions on how you function in a variety of different situations. If you are unsure of an answer, provide an answer which best describes you a good deal of the time in that particular situation. Individual questions are less important than the scale as a whole, and this can only be properly evaluated by a trained professional.

If you were not given copies of the forms, instructions and handouts that you need, they can be printed from the CADDRA website ([www.caddra.ca](http://www.caddra.ca)).

### Forms

Note: Please fill in the forms required by your health professional and indicated below. You may be asked to fill in forms in two different colours to demonstrate the differences when on and off medication.

| Document Name   | Recommended forms | To be completed by: |              |        |
|---|-------------------|---------------------|--------------|--------|
|   |                   | Patient             | Spouse/Other | Parent |
| Weiss Symptom Record  | 2                 | x                   | x            |        |
| Weiss Functional Impairment Rating Scale - Self                               | 2                 | x                   | x            |        |
| ADHD Checklist (current symptoms)   | 2                 | x                   | x            |        |
| ADHD Checklist (retrospective: to be completed based on childhood experience) | 2                 | x                   |              | x      |
| Adult ADHD Self Report Scale  | 2                 | x                   | x            |        |
| CADDRA Patient ADHD Medication Form (if on medication)                        | 1                 | x                   |              |        |
|   |                   |                     |              |        |
|   |                   |                     |              |        |
|   |                   |                     |              |        |

### Resources

Please read the information on ADHD as indicated by your health professional. The CADDRA ADHD Information and Resources handout can be printed from the CADDRA website ([www.caddra.ca](http://www.caddra.ca))