NCS-R Adult ADHD Interview
A Semi-Structured Clinical Interview to Assess ADHD in Childhood and Adulthood
Developed for use in the National Comorbidity Survey – Replication Project

Study: ___________________________ Site: ___________________________
Respondent: ___________________________ Respondent No.: ___________________________
Interviewer: ___________________________ Interviewer No.: ___________________________
Phone Number: ___________________________
Address: ___________________________
Time interview began: ___________
ended: ___________
Time spent on Notes, Ratings: ________

Contact log (attempts to reach respondent):

Edited and checked by: ___________________________ Date: ___________

The NCS-R Adult ADHD Interview was developed for the purpose of clinical reappraisal in the National Comorbidity Survey – Replication, 2002, by Lenard Adler, MD; Tom Spencer, MD; Molly Howes, Ph.D.; Margaret E. Guyer, Ph.D.; and Elizabeth Mainzer Gagnon, Ph.D.
INTRODUCTION
Hello, my name is ___________ from SCHOOL / AGENCY / PROJECT NAME. Thank you for agreeing to this interview. I will be asking you several questions about your experiences. I’ll be making some notes as we go along. I will also be tape-recording this interview. The tape will be used for quality control purposes. When the study is complete, we will destroy the tapes. At any point you may let me know that you would like me to stop taping or destroy the tapes. Do I have your permission to tape this interview?
(Note: Interviewer must obtain permission prior to turning on the recorder, as well as on the tape itself.)

Permission granted to tape the interview Yes ______  No ______

2) INFORMED CONSENT
I want to make sure that you understand what we will be doing and that you still want to complete today’s interview. As you know, your participation is completely voluntary. You may choose to end the interview at any time. If there is any question that you don’t want to answer, tell me and we will skip it.

I will be asking you questions about different problems or difficulties that you may have had at times in your life. In some places I may refer back to the first interview that you completed for us and you may notice that some of the questions are similar. We’re asking that you don’t try to remember what you said before. Listen to the questions today and answer them honestly in the way they make sense to you today.

It’s also important that you understand that your answers to the questions will be kept confidential. This means that your name isn’t on the interview. It means that no one other than research staff will know how you answered the questions. There is an exception to this rule: If I am concerned that you or someone else may be in danger of serious harm, then I have to take steps to make sure that everyone is safe. If possible, I will tell you about my concerns.

Do you have any questions?

Would you like to participate in the interview today?    Yes _____   No _____

DEMOGRAPHIC DATA

SEX: 1 male   2 female

What’s your date of birth? DOB: month  day  year

AGE: ______

Are you presently located at (ADDRESS)?

IF NOT: What is your location at the moment?

Whom do you live with?

Have you ever been married or had a long term relationship?

Any children? (What are their ages?)

IF YES: How many?
EDUCATION HISTORY
How far did you get in school?  (How much schooling have you had?)

IF FAILED TO COMPLETE A PROGRAM IN WHICH THEY WERE ENROLLED:  Why didn’t you finish?

Did you interrupt your schooling for any reason?
Transfer from one program to another?

Were your grades reflective of your ability?  Did anything interfere with your school performance?

As a child, did you repeat any grades?  Which ones?  Why did that happen?

GRADE RETENTION:  1  NO  2  YES

WORK HISTORY
What kind of work do you do?  (Do you work outside of your home?)

Are you working now?

IF YES:  How long have you worked there?

IF LESS THAN 6 MONTHS:  Why did you leave your last job?

Have you always done that kind of work?

IF NO:  What kind of work have you done?

How many jobs have you held in the past ten years?  # JOBS IN PAST 10 YEARS

How many times have you been fired from a job?  # TIMES FIRED

HISTORY OF DISABILITY/IMPAIRMENT
IF UNKNOWN:  Has there ever been a period of time when you were unable to work or go to school?

IF YES:  When?  Why was that?

CURRENT INCOME
How are you supporting yourself now?

IF NECESSARY:  How long have you been retired/on disability?  What are you on disability for?
CURRENT MEDICAL ISSUES AND SUBSTANCE USE

Do you take any medications or vitamins?

How often do you drink alcohol?
How much?

How often do you use street/recreational drugs?

HISTORY OF SUBSTANCE USE:

How long did this period last?

How many periods like this have you had?

Has anyone else ever been concerned about your drinking or use of drugs?

Have you ever used medications in a way other than the way they were prescribed?

Have you ever had treatment for alcohol or drugs?
PAST PERIODS OF PSYCHOPATHOLOGY

Have you ever seen anybody for emotional or psychiatric problems?

IF YES: Could you tell me what that was for (in your own words)?

IF NO: Have you ever had emotional or psychiatric problems that you didn’t discuss with a doctor or anyone like that?

IF NO: Was there ever a time when you, or someone else, thought you should see someone because of the way you were feeling or acting?

Have you ever taken any medications (for emotional or psychiatric problems)?

Can you tell me briefly what that was for?

Have you ever been in a hospital for treatment of psychiatric or emotional problems?

IF YES: What was that for? (How many times?)

IF GIVES AN INADEQUATE ANSWER, CHALLENGE GENTLY:
e.g., Wasn’t there something else? People don’t usually go to (psychiatric) hospitals just because they are (own words).

Number of previous psychiatric hospitalizations
(Do not include transfers)

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<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 (or more)</th>
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<td>P012</td>
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</tbody>
</table>
CURRENT SOCIAL FUNCTIONING

How have you been spending your free time?

[Blank space]

Who do you spend time with?

[Blank space]

What do you worry about most?

[Blank space]
**ADULTHOOD MODULE**

For the next parts of this interview, I will be asking you questions about experiences during the past twelve months that is, since (MONTH, YEAR). Then I will ask you about the same or similar experiences during your childhood. Some of these questions will resemble the questions in your earlier interview, but please just listen to the questions now and answer them as truthfully as you can. Of course, you may still skip any questions you don’t want to answer.

**CIDI ADHD STEM QUESTIONS:**

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<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>SCID</th>
<th>SCID</th>
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<tbody>
<tr>
<td><strong>- SKIP</strong></td>
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<tr>
<td>+ In the earlier interview, you said that between the ages of</td>
<td>kindergarten and second grade, there was a period lasting six months</td>
<td></td>
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<td></td>
<td>or longer when you had a lot more trouble with concentration than</td>
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<td></td>
<td>most children: Things like not being able to keep your mind on what</td>
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<td></td>
<td>you were doing, losing interest very quickly in games or work, trouble</td>
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<td></td>
<td>finishing what you started without being distracted, and not listening</td>
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<td></td>
<td>when people speak to you.</td>
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<tr>
<td>Have these types of things been a problem for you in the past 12 months?</td>
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<tr>
<td><strong>- SKIP</strong></td>
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<tr>
<td>+ You said in the earlier interview that you had a time before the age</td>
<td>of seven lasting six months or longer when you were very restless and</td>
<td></td>
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<td></td>
<td>fidgety and so impatient that you would often interrupt people and</td>
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<td></td>
<td>have trouble waiting your turn.</td>
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<tr>
<td>Has this been true of you on the past 12 months?</td>
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<td><strong>Obtain brief description:</strong></td>
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<tr>
<td>Can you tell me about that?</td>
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<tr>
<td>Which of these things have been the biggest problem for you?</td>
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KSADS: DSM-IV CRITERION FOR ADULT ADHD:

INTERVIEWER: If respondent is on medication for ADHD, rate each symptom for periods in the past 12 months when he/she was not on medication. Some people may be sufficiently medicated, leading to a coding of ‘6’ for the past 12 months. In that case, ascertain when the specific symptom was most recently a problem. Adjacent to the ‘6’ coding, indicate the period during which you assessed the symptom and how the symptom would have been coded at that time (i.e. 1-4).

Standard probes include:
Can you give me (an) example(s)?
How would other people describe/view you in this regard?
What kinds of problems does this cause you in your daily/work/family life?
If you did have other obligations/were working now, how would this interfere with your functioning?

1. Makes a Lot of Careless Mistakes

In the past 12 months …

Do (did) you make a lot of mistakes (in school) or work? 
Is (was) this because you’re careless?

Do you rush through work, or activities?
Do you have trouble with detailed work?
Do you not check your work?
Do people complain that you’re careless?

Are (were) you messy or sloppy?
Is your desk or workspace so messy that you have difficulty finding things?

1 Not present.
2 Mild: Occasionally makes careless mistakes.
3 Moderate: Often fails to give close attention to details or makes careless mistakes in schoolwork, work or other activities.
4 Severe
6 Absent or false due to therapeutic medication.
8 Present or true due to medical condition.
9 Inadequate information
2. **Difficulty Sustaining Attention on Tasks/Play Activities**

In the past 12 months:

*Do (did) you have trouble paying attention such as watching movies, reading or lectures?*

*Or on fun activities such as sports or board games?*

*Is it hard for you to keep your mind on school or work? Do you have unusual trouble staying focused on boring or repetitive tasks?*

*Does it take a lot longer than it should to complete tasks because you can’t keep your mind on the task?*

*Is (was) it even harder for you than some others you know? Do you have trouble remembering what you read and do you need to re-read the same passage several times?*

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Not present.</td>
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<tr>
<td>2</td>
<td>Mild: Occasionally has difficulty sustaining attention on tasks or play activities.</td>
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<tr>
<td>3</td>
<td>Moderate: Often has difficulty sustaining attention in tasks or play activities.</td>
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<td>4</td>
<td>Severe</td>
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<td>6</td>
<td>Absent or false due to therapeutic medication.</td>
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<td>8</td>
<td>Present or true due to medical condition.</td>
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<td>9</td>
<td>Inadequate information.</td>
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</tbody>
</table>
3. **Doesn't Listen**

In the past 12 months …

<table>
<thead>
<tr>
<th>Question</th>
<th>1</th>
<th>2</th>
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<th>6</th>
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<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do (did) people (your wife, boss, colleagues, friends) complain that you don’t seem to listen or respond (or daydream) when spoken to or when asked to do tasks?</td>
<td>Not present.</td>
<td>Mild: Occasionally doesn't listen.</td>
<td>Moderate: Often does not seem to listen when spoken to directly.</td>
<td>Severe</td>
<td>Absent or false due to therapeutic medication.</td>
<td>Present or true due to medical condition.</td>
<td>Inadequate information.</td>
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<tr>
<td>A lot?</td>
<td>AD203</td>
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<td>Do people have to repeat directions?</td>
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<td>Do you find that you miss the key parts of conversations because of drifting off in your own thoughts? ”</td>
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<td>Does (did) it cause problems?</td>
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4. **Difficulty Following Instructions**

In the past 12 months …

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<th>Question</th>
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<tbody>
<tr>
<td>Do (did) you have trouble finishing things...work, chores, ?</td>
<td>Not present.</td>
<td>Mild: Occasionally has difficulty following instructions. Problem has only minimal effect on functioning.</td>
<td>Moderate: Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions).</td>
<td>Severe</td>
<td>Absent or false due to therapeutic medication.</td>
<td>Present or true due to medical condition.</td>
<td>Inadequate information.</td>
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<tr>
<td>Do you often leave things half done and start another project?</td>
<td>AD204</td>
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<td>Do you need consequences (such as deadlines) to finish?</td>
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<td>Do (did) you have trouble following instructions? (especially complex, multistep instructions that have to be done in a certain order with different steps)</td>
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<tr>
<td>Do you need to write down instructions, otherwise you will forget the task at hand? ”</td>
<td>6</td>
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</table>
5. **Difficulty Organizing Tasks**

In the past 12 months …

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<th>Question</th>
<th>Score 1</th>
<th>Score 2</th>
<th>Score 3</th>
<th>Score 4</th>
<th>Score 6</th>
<th>Score 8</th>
<th>Score 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do (did) you have trouble organizing things into ordered steps?</td>
<td>Not present.</td>
<td>Mild: Occasionally disorganized. Problem has only minimal effect on functioning.</td>
<td>Moderate: Often has difficulty organizing tasks and activities.</td>
<td>Severe</td>
<td>Absent or false due to therapeutic medication.</td>
<td>Present or true due to medical condition.</td>
<td>Inadequate information.</td>
</tr>
<tr>
<td>Is it hard prioritizing work and chores?</td>
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<tr>
<td>Do you need others to plan for you?</td>
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<td>Do you have trouble with time management?</td>
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<td>Dos (did) it cause problems?</td>
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<td>Do you procrastinate and put off tasks until the last moment possible?</td>
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6. **Dislikes/Avoids Tasks Requiring Attention**

In the past 12 months …

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<tr>
<th>Question</th>
<th>Score 1</th>
<th>Score 2</th>
<th>Score 3</th>
<th>Score 4</th>
<th>Score 6</th>
<th>Score 8</th>
<th>Score 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do (did) you avoid tasks (work, chores, reading board games) that are challenging or lengthy because it’s hard to stay focused on these things for a long time?</td>
<td>Not present.</td>
<td>Mild: Occasionally avoids tasks that require sustained attention, and/or expresses mild dislike for these tasks.</td>
<td>Moderate: Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as homework).</td>
<td>Severe</td>
<td>Absent or false due to therapeutic medication.</td>
<td>Present or true due to medical condition.</td>
<td>Inadequate information.</td>
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<tr>
<td>Do you have to force yourself to do these tasks? how hard is (was) it?</td>
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<tr>
<td>Do you procrastinate and put off tasks until the last moment possible?</td>
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</tbody>
</table>
### 7. Loses Things

In the past 12 months …

**Do (did) you lose things? (i.e. important work papers, keys, wallet, coats, etc.)?**

- 1 Not present.  
- 2 Mild: Occasionally loses things.  
- 3 Moderate: Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools).  
- 4 Severe  
- 6 Absent or false due to therapeutic medication.  
- 8 Present or true due to medical condition.  
- 9 Inadequate information.

**A lot?**  
**More than others?**

**Are you constantly looking for important items?**

**Do (did) you get into trouble for this? (work, home)**

**Do you need to put items (eg. glasses, wallet, keys) in the same place each time, otherwise you will lose them?**

### 8. Easily Distracted

In the past 12 months …

**Are (were) you ever very easily distracted by events around you such as noise (conversation, tv, radio), movement, or clutter?**

**Do you need relative isolation to get work done?**

**Can (could) almost anything get your mind off of what you are (were) doing ... like work, chores or if you're talking to someone?**

**Is it hard to get back to a task once you stop?**

- 1 Not present.  
- 2 Mild: Occasionally distracted.  
- 3 Moderate: Is often easily distracted by extraneous stimuli (e.g., attention often disrupted by minor distractions other kids would be able to ignore).  
- 4 Severe  
- 6 Absent or false due to therapeutic medication.  
- 8 Present or true due to medical condition.  
- 9 Inadequate information.
9. Forgetful in Daily Activities

<table>
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<tr>
<th>Question</th>
<th>Score</th>
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<tbody>
<tr>
<td>Do (did) you forget a lot of things in your daily routine?</td>
<td>1</td>
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<tr>
<td>Like what? chores? work? appointments or obligations?</td>
<td>2</td>
</tr>
<tr>
<td>Do you forget to bring things to work such as work materials or assignments due that day?</td>
<td>3</td>
</tr>
<tr>
<td>Do you need to write regular reminders to yourself to do most activities or tasks, otherwise you will forget?</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Not present.</td>
</tr>
<tr>
<td>2</td>
<td>Mild: Occasionally forgetful.</td>
</tr>
<tr>
<td>3</td>
<td>Moderate: Often is forgetful in daily activities.</td>
</tr>
<tr>
<td>4</td>
<td>Severe</td>
</tr>
<tr>
<td>6</td>
<td>Absent or false due to therapeutic medication.</td>
</tr>
<tr>
<td>8</td>
<td>Present or true due to medical condition.</td>
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<td>9</td>
<td>Inadequate information</td>
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10. Fidget

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<th>Question</th>
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<tbody>
<tr>
<td>Can (could) you sit still or are (were) you always moving your hands, feet, or in your chair?</td>
<td>1</td>
</tr>
<tr>
<td>Do (did) you tap your pencil or your feet?</td>
<td>2</td>
</tr>
<tr>
<td>A lot?</td>
<td>3</td>
</tr>
<tr>
<td>Do people notice?</td>
<td>4</td>
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<tr>
<td>Do you regularly play with your hair or clothing?</td>
<td>6</td>
</tr>
<tr>
<td>Do you consciously resist fidgeting or squirming?</td>
<td>8</td>
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</table>

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<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Not present.</td>
</tr>
<tr>
<td>2</td>
<td>Mild: Occasionally fidgets with hands or feet or squirms in seat.</td>
</tr>
<tr>
<td>3</td>
<td>Moderate: Often fidgets with hands or feet or squirms in seat.</td>
</tr>
<tr>
<td>4</td>
<td>Severe</td>
</tr>
<tr>
<td>6</td>
<td>Absent or false due to therapeutic medication.</td>
</tr>
<tr>
<td>8</td>
<td>Present or true due to medical condition.</td>
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<tr>
<td>9</td>
<td>Inadequate information</td>
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</table>
11. Difficulty Remaining Seated

In the past 12 months …

Do (did) you have trouble staying in your seat?
- at work?
- in class?
- at home, i.e. watching t.v., eating dinner?
- in church or temple?

Do you choose to walk around rather than sit?

Do you have to force yourself to remain seated?

Is it difficult for you to sit through a long meeting or lecture?

Do you try to avoid going to functions that require you to sit still for long periods of time?"

1 Not present. AD211
2 Mild: Occasionally has difficulty remaining seated when required to do so.
3 Moderate: Often leaves seat in classroom or in other situations in which remaining seated is expected.
4 Severe
6 Absent or false due to therapeutic medication.
8 Present or true due to medical condition.
9 Inadequate information.

12. Restlessness (Runs or Climbs Excessively)

In the past 12 months …

Are you physically restless?

Do you feel restless inside? a lot?

Do you feel more agitated when you cannot exercise on an almost daily basis?

1 Not present. AD212
2 Mild: Occasionally runs about or climbs excessively. Problem has only minimal effect on functioning. (In adolescents, may be limited to a subjective feeling of restlessness.)
3 Moderate: Often runs about or climbs excessively in situations in which it is inappropriate. (in adolescents, may be limited to a subjective feeling of restlessness.)
4 Severe
6 Absent or false due to therapeutic medication.
8 Present or true due to medical condition.
9 Inadequate information
13. Difficulty Playing Quietly/Leisure Time

In the past 12 months …

Did you have a hard time playing quietly?

During leisure activity (non structured times or on your own such as reading a book, listening to music, playing a board game), are you agitated or dysphoric?

Do you always need to be busy while on vacation?

1  Not present.  
2  Mild: Occasionally has difficulty playing quietly.  
3  Moderate: Often has difficulty playing or engaging in leisure activities quietly.  
4  Severe  
6  Absent or false due to therapeutic medication.  
8  Present or true due to medical condition.  
9  Inadequate Information

14. On the Go/Acts Like Driven by Motor

In the past 12 months …

Is it hard for you to slow down?

Do you feel like you (often) have a lot of energy and that you always have (had) to be moving, are (were) always “on the go”?

Do you feel like you’re driven by a motor?

Do you feel unable to relax?

1  Not present.  
2  Mild: Occasionally acts “driven by a motor.”  
3  Moderate: Is often “on the go” or often acts as if “driven by a motor.”  
4  Severe  
6  Absent or false due to therapeutic medication.  
8  Present or true due to medical condition.  
9  Inadequate information.
15. Talks Excessively

In the past 12 months …

Do (did) you talk a lot?  
all the time?  
more than other people?

Do people complain about your talking?  
Is (was) it a problem?

Are you often louder than the people you are talking to?

1 Not present.  
2 Mild: Occasionally talks excessively.  
3 Moderate: Often talks excessively.  
4 Severe  
6 Absent or false due to therapeutic medication.  
8 Present or true due to medical condition.  
9 Inadequate information.

16. Blurts Out Answers

In the past 12 months …

Do (did) you give answers to questions before someone finishes asking?

Do you say things before it is your turn?  
Do you say things that don’t fit into the conversation?

Do you do things without thinking?  
A lot?

1 Not present.  
2 Mild: Occasionally talks out of turn.  
3 Moderate: Often blurts out answers before questions have been completed.  
4 Severe  
6 Absent or false due to therapeutic medication.  
8 Present or true due to medical condition.  
9 Inadequate information.
17. Difficulty Waiting Turn

In the past 12 months ...

<table>
<thead>
<tr>
<th>Q</th>
<th>Not present.</th>
<th>Mild: Occasionally has difficulty waiting his/her turn.</th>
<th>Moderate: Often has difficulty waiting his/her turn.</th>
<th>Severe</th>
<th>Absent or false due to therapeutic medication.</th>
<th>Present or true due to medical condition.</th>
<th>Inadequate information.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is it hard for you to wait your turn in conversation, in lines, while driving?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Are you frequently frustrated with delays?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Does (did) it cause problems?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Do you put a great deal of effort into planning to not be in situations where you might have to wait?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

18. Interrupts or Intrudes

In the past 12 months ...

<table>
<thead>
<tr>
<th>Q</th>
<th>Not present.</th>
<th>Mild: Occasionally interrupts others.</th>
<th>Moderate: Often interrupts or intrudes on others (e.g., butts into conversations or games).</th>
<th>Severe</th>
<th>Absent or false due to therapeutic medication.</th>
<th>Present or true due to medical condition.</th>
<th>Inadequate information.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do (did) you talk when others are talking without waiting until they're finished?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Do (did) you butt into others conversations before being invited.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Do (did) you interrupt others activities?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Is it hard for you to wait to get your point across in conversations or at meetings?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>
### 19. **Duration**

*For how long have you had trouble (list symptoms that were positively endorsed)?*

<table>
<thead>
<tr>
<th></th>
<th>Not present.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Symptoms persist less than 6 months.</td>
</tr>
<tr>
<td>3</td>
<td>Symptoms persist at least 6 months.</td>
</tr>
<tr>
<td>9</td>
<td>Inadequate information.</td>
</tr>
</tbody>
</table>

### 20. **Some impairment in 2 or more settings**

*In the past 12 months … have these things (list positive symptoms) caused trouble for you at work?*

<table>
<thead>
<tr>
<th></th>
<th>Not present.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Mild: Impairment in only one setting.</td>
</tr>
<tr>
<td>3</td>
<td>Moderate: Some impairment from the symptoms is present in two or more settings (e.g., at school and at home).</td>
</tr>
<tr>
<td>4</td>
<td>Severe</td>
</tr>
<tr>
<td>6</td>
<td>Absent or false due to therapeutic medication.</td>
</tr>
<tr>
<td>8</td>
<td>Present or true due to medical condition.</td>
</tr>
<tr>
<td>9</td>
<td>Inadequate information.</td>
</tr>
</tbody>
</table>

### 21. **Assess clinically significant impairment**

*In the past 12 months … how much trouble have these things (list positive symptoms) caused for you at work?*

<table>
<thead>
<tr>
<th></th>
<th>Not present.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Mild.</td>
</tr>
<tr>
<td>3</td>
<td>Moderate: There must be clear evidence of clinically significant impairment in social, academic or occupational functioning.</td>
</tr>
<tr>
<td>4</td>
<td>Severe</td>
</tr>
<tr>
<td>6</td>
<td>Absent or false due to therapeutic medication.</td>
</tr>
<tr>
<td>8</td>
<td>Present or true due to medical condition.</td>
</tr>
<tr>
<td>9</td>
<td>Inadequate information.</td>
</tr>
</tbody>
</table>
**ADDITIONAL CLINICAL QUESTIONS (10 +4)**

1. **Wastes or mismanages time**

   Do you waste or mismanage time?  
   - 1 Not present.  
   - 2 Mild.  
   - 3 Moderate:  
   - 4 Severe  

   Do you have difficulty keeping track of time?  
   - 1 Not present.  
   - 2 Mild.  
   - 3 Moderate:  
   - 4 Severe  

   Is it hard for you to remember how much time has passed when you are doing activities?  
   - 1 Not present.  
   - 2 Mild.  
   - 3 Moderate:  
   - 4 Severe  

   Is this a problem at work?  
   - 1 Not present.  
   - 2 Mild.  
   - 3 Moderate:  
   - 4 Severe  

   When doing tasks at home (paying bills, doing the laundry)?  
   - 1 Not present.  
   - 2 Mild.  
   - 3 Moderate:  
   - 4 Severe  

   When tending to personal hygiene (showering, bathing, shaving)?  
   - 1 Not present.  
   - 2 Mild.  
   - 3 Moderate:  
   - 4 Severe  

   AD222

2. **Has trouble planning ahead or preparing for upcoming events**

   Do you have trouble planning ahead or preparing for upcoming projects or events?  
   - 1 Not present.  
   - 2 Mild.  
   - 3 Moderate:  
   - 4 Severe  

   Does it seem that completing large projects presents more problems than finishing smaller tasks, on shorter time schedules to completion?  
   - 1 Not present.  
   - 2 Mild.  
   - 3 Moderate:  
   - 4 Severe  

   Does planning family functions (birthday parties, anniversary dinners, etc.) create problems for you?  
   - 1 Not present.  
   - 2 Mild.  
   - 3 Moderate:  
   - 4 Severe  

   AD223
3. **Lacks self-discipline**

Do you feel that you lack sufficient self-discipline?

1. Not present.
3. Moderate:
4. Severe
6. Absent or false due to therapeutic medication.
8. Present or true due to medical condition.
9. Inadequate information.

Is it hard for you to start or complete tasks that you are not interested in or have difficulty doing?

Does your significant other have to constantly remind you to do these kind of things?

Does someone at work need to provide you with these kind of reminders?

4. **Has difficulty arranging work by its priority or importance; can’t prioritize well**

Do you have difficulty arranging work by its priority or importance?

1. Not present.
3. Moderate:
4. Severe
6. Absent or false due to therapeutic medication.
8. Present or true due to medical condition.
9. Inadequate information.

Does everything seem to have equal importance to you.

Do you find that you look back at how you spent your day and see that you were side tracked doing tasks that were often less important than the more pressing ones?

Does your significant other feel that you don’t do the important things promptly?

Do you find that you put off important work tasks, chores at home, or financial matters (such as paying taxes)?
5. **Has a hard time keeping track of several things at once**

Do you have a hard time keeping track of several things at once? 1 Not present. 2 Mild.

Do you feel overwhelmed when you have to perform several tasks at once? 3 Moderate:

Does this make you feel anxious or like your “circuits are overloaded?” 4 Severe

Do you notice that others can keep more things in mind than you are? 6 Absent or false due to therapeutic medication.

Do you have to always write down lists of tasks to accomplish, otherwise you will forget the things you need to do? 8 Present or true due to medical condition.

Is it critical for you to keep a “to-do” list? 9 Inadequate information.

Are you forgetful when you go to the grocery store?

6. **Bores easily**

Do you bore easily? 1 Not present. 2 Mild.

Do you always need to busy? 3 Moderate:

If something is not interesting, do you get bored easily? 4 Severe

Is it very hard for you to sit through lectures, concerts, talks? In groups, work or school? 6 Absent or false due to therapeutic medication.

Are you always looking for something new so that you will not be bored? 8 Present or true due to medical condition.

9 Inadequate information.
7. **Depends on others to keep life in order and attend to details**

<table>
<thead>
<tr>
<th>Question</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>6</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you depend on others to keep life in order and attend to details?</td>
<td>Not present.</td>
<td>Mild.</td>
<td>Moderate.</td>
<td>Severe</td>
<td>Absent or false due to therapeutic medication.</td>
<td>Present or true due to medical condition.</td>
<td>Inadequate information.</td>
</tr>
<tr>
<td>Do you depend on your significant other, parent or sibling to keep things organized at home?</td>
<td>Moderate.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you depend on a co-worker or assistant to keep you organized at work?</td>
<td>Severe</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is it a significant burden to you (in terms of organization) when this party is unavailable?</td>
<td>Absent or false due to therapeutic medication.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Would you be able to function without this kind of support?</td>
<td>Present or true due to medical condition.</td>
<td></td>
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</tr>
</tbody>
</table>

8. **Can’t get things done unless there is an absolute deadline**

<table>
<thead>
<tr>
<th>Question</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>6</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you not get things done unless there is an absolute deadline?</td>
<td>Not present.</td>
<td>Mild.</td>
<td>Moderate.</td>
<td>Severe</td>
<td>Absent or false due to therapeutic medication.</td>
<td>Present or true due to medical condition.</td>
<td>Inadequate information.</td>
</tr>
<tr>
<td>Is it hard for you to complete tasks in a timely fashion prior to the date that they due?</td>
<td>Moderate.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have trouble setting internal deadlines on projects?</td>
<td>Severe</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is it necessary for you to have a clear deadline on projects in order to complete them?</td>
<td>Absent or false due to therapeutic medication.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you leave everything to the last minute so that each project becomes a crisis?</td>
<td>Present or true due to medical condition.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inadequate information.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
9. **Cannot complete tasks in the allotted time; needs extra time to finish satisfactorily**

<table>
<thead>
<tr>
<th>Question</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you find that you cannot complete tasks in the allotted time?</td>
<td>1</td>
</tr>
<tr>
<td>Do you often need extra time to finish satisfactorily?</td>
<td>2</td>
</tr>
<tr>
<td>Do you need extra time to complete school work or job tasks?</td>
<td>3</td>
</tr>
<tr>
<td>Does it take you longer to complete work than co-workers?</td>
<td>4</td>
</tr>
<tr>
<td>Does it take you longer to get things done around your home as compared to your significant other?</td>
<td>6</td>
</tr>
<tr>
<td>If you do complete the task on time, does it not live up to appropriate standards because you’ve hurried through completing it?</td>
<td>8</td>
</tr>
<tr>
<td>Do you find that you constantly hurry to complete tasks in allotted time?</td>
<td>9</td>
</tr>
</tbody>
</table>

1 Not present. 2 Mild. 3 Moderate: 4 Severe 6 Absent or false due to therapeutic medication. 8 Present or true due to medical condition. 9 Inadequate information.

10. **Remembers some ideas of the details in required reading, but has difficulty grasping the main idea**

<table>
<thead>
<tr>
<th>Question</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have trouble remembering what you read?</td>
<td>1</td>
</tr>
<tr>
<td>Do you remember some points, but often do not recall the central concepts?</td>
<td>2</td>
</tr>
<tr>
<td>Do you find that you regularly have to re-read passages in order to understand what the author intended?</td>
<td>3</td>
</tr>
<tr>
<td>Do you find that you finish a book or article and wonder to yourself what it was that you just read?</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>6</td>
</tr>
</tbody>
</table>

1 Not present. 2 Mild. 3 Moderate: 4 Severe 6 Absent or false due to therapeutic medication. 8 Present or true due to medical condition. 9 Inadequate information.
11. **Mood changes frequently**

<table>
<thead>
<tr>
<th>Question</th>
<th>Scoring Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you find yourself getting overly excited or depressed, beyond what situations would dictate?</td>
<td></td>
</tr>
<tr>
<td>Are you known as being moody?</td>
<td></td>
</tr>
</tbody>
</table>

12. **Easily hassled or frequently feel overwhelmed**

<table>
<thead>
<tr>
<th>Question</th>
<th>Scoring Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you feel kind of like you cannot put another thought into your brain?</td>
<td></td>
</tr>
<tr>
<td>Does that feeling of being overwhelmed effect your ability to interact with others?</td>
<td></td>
</tr>
<tr>
<td>Do other people see you as getting easily overwhelmed?</td>
<td></td>
</tr>
</tbody>
</table>
13. Difficulty expressing anger appropriately at others; doesn’t stand up for self
   
   Is it hard for you to express anger appropriately?  
   1 Not present.  
   2 Mild.  
   3 Moderate:  
   4 Severe  

   Do you sometimes find that you do not stand-up for yourself and do not let others know when they have offended you?  
   6 Absent or false due to therapeutic medication.  
   8 Present or true due to medical condition.  
   9 Inadequate information.  

   Do you keep the anger inside to the point when you do let it out, it comes out too strongly?  
   Do those who care about you feel that they have to stand-up for you?  

14. Sensitive to criticism
   
   Are you overly sensitive or have your feelings bruised easily?  
   Are you know as being touchy?  
   Do you take perceived offenses too much to heart?  
   1 Not present.  
   2 Mild.  
   3 Moderate:  

   Do you have a hard time letting go when you feel that you have been wronged? Do you feel it deeply for a long time?  
   4 Severe  
   6 Absent or false due to therapeutic medication.  

   Do you tend to overly defend yourself when others are critical of you?  
   Do you take replying to other’s perception of you to a more significant level than is necessary?  
   8 Present or true due to medical condition.  
   9 Inadequate information.
**ADHD RATING SCALE-IV: Adult Version**

The next questions are a little different. I’m going to read a series of questions about how often you have various problems and I want you to answer by telling me if each problem occurs never, rarely, sometimes, often, or very often. Here’s the first one:

(IF NEC: Does that happen never, rarely, sometimes, often, or very often?)

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How often do you make careless mistakes when you have to work on a boring or difficult project?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. How often do you have difficulty keeping your attention focused when you are doing boring or repetitive work?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. How often do you feel restless or fidgety?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. How often do you have difficulty unwinding and relaxing when you have time to yourself?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. How often do you have difficulty getting things in order when you have to do a task that requires organization?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. How often do you feel overly active and compelled to do things, like you were driven by a motor?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
12. How often do you find yourself talking too much when you are in social situations?  
<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

13. How often do you misplace or have difficulty finding things at home or at work?  
<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

14. When you’re in a conversation, how often do you find yourself finishing the sentences of the people that you are talking to, before they can finish them themselves?  
<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

15. How often are you distracted by activity or noise around you?  
<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

16. How often do you have difficulty waiting your turn in situations when turn-taking is required?  
<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

17. How often do you have problems remembering appointments or obligations?  
<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

18. How often do you interrupt others when they are busy?  
<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

19. How often do you waste or mismanage time?  
<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

20. How often do you have trouble making a plan and sticking to it when you are in a situation where planful behavior is needed?  
<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

21. How often do you have difficulty prioritizing work when you are in a situation where setting priorities is needed?  
<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

22. How often do you depend on others to keep your life in order and attend to details?  
<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

23. How often do you put things off until the last minute?  
<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

24. How often is it hard for you to complete tasks satisfactorily in the allotted time?  
<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

25. How often do you have trouble remembering the main idea in things that you have read?  
<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
### NCS-R-AHDH-ADULT 11/21/02

<table>
<thead>
<tr>
<th>Question</th>
<th>Scale</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>26. How often do you find that your mood is easily changeable?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>27. How often do you feel more easily hassled or overwhelmed than other people in your situation?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>28. How often do you have a hard time controlling your temper?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>29. How often are your feelings easily hurt when you are criticized?</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
KSADS: DSM-IV CRITERION FOR CHILDHOOD ADHD:
RATE PERIOD WHEN RESPONDENT’S EXPERIENCE OF EACH SYMPTOM WAS MOST SEVERE; INDICATE DATES EVALUATED
NOTE: If respondent was on medication for ADHD as a child, rate behavior for periods when he/she was not on medication. Now, I’m going to ask you a few more specific questions about these types of problems during your childhood. For these next questions regarding your childhood, we are asking about the period of time before you became a teenager, roughly the time corresponding to elementary or primary school.

1. Makes a Lot of Careless Mistakes

Did you make a lot of careless mistakes at school?
1 Not present.
2 Mild: Occasionally made careless mistakes.
3 Moderate: Often failed to give close attention to details or made careless mistakes in schoolwork, work or other activities.
4 Severe
6 Absent or false due to therapeutic medication.
8 Present or true due to medical condition.
9 Inadequate information

Indicate Age/Grade of Onset:

2. Difficulty Sustaining Attention on Tasks/Play Activities

Was there ever been a time when you had trouble paying attention in school?
1 Not present.
2 Mild: Occasionally had difficulty sustaining attention on tasks or play activities.
3 Moderate: Often had difficulty sustaining attention in tasks or play activities.
4 Severe
6 Absent or false due to therapeutic medication.
8 Present or true due to medical condition.
9 Inadequate information

Indicate Age/Grade of Onset:
3. Doesn't Listen

Was it hard for you to remember what your parents and teachers said?

Did your parents or teachers complain that you didn't listen to them when they talked to you?

Did you "tune people out"?

Did you get into trouble for not listening?

1 Not present.
2 Mild: Occasionally didn't listen.
3 Moderate: Often did not seem to listen when spoken to directly.
4 Severe
6 Absent or false due to therapeutic medication.
8 Present or true due to medical condition.
9 Inadequate information.

Indicate Age/Grade of Onset:

4. Difficulty Following Instructions

Did your teachers complain that you didn't follow instructions?

When your parents or your teacher told you to do something, was it sometimes hard for you to remember what they had said to do?

Did it get you into trouble?

Did you lose points on your assignments for not following directions or not completing the work?

Did you forget to do your homework or forget to turn it in?

Did you get into trouble at home for not finishing your chores or other things your parents asked you to do?

How often?

1 Not present.
2 Mild: Occasionally had difficulty following instructions. Problem had only minimal effect on functioning.
3 Moderate: Often did not follow through on instructions and failed to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions).
4 Severe
6 Absent or false due to therapeutic medication.
8 Present or true due to medical condition.
9 Inadequate information.

Indicate Age/Grade of Onset:
5. Difficulty Organizing Tasks

Was your desk or locker at school a mess?

Did it make it hard for you to find the things you needed?

Did your teacher complain that your assignments were messy or disorganized?

When you did your worksheets, did you usually start at the beginning and do all the problems in order, or did you like to skip around?

Did you often miss problems?

Did you have a hard time getting ready for school in the morning?

1. Not present.
2. Mild: Occasionally disorganized. Problem had only minimal effect on functioning.
3. Moderate: Often had difficulty organizing tasks and activities.
4. Severe
6. Absent or false due to therapeutic medication.
8. Present or true due to medical condition.
9. Inadequate information.

Indicate Age/Grade of Onset:

---

6. Dislikes/Avoids Tasks Requiring Attention

Were there some kinds of schoolwork you hated doing more than others? Which ones? Why?

Did you try to get out of doing your ___ assignments?

Did you pretend to forget about your ___ homework to get out of doing it?

About how many times a week did you not do your homework?

1. Not present.
2. Mild: Occasionally avoided tasks that required sustained attention, and/or expressed mild dislike for these tasks.
3. Moderate: Often avoided, disliked, or was reluctant to engage in tasks that required sustained mental effort (such as homework).
4. Severe
6. Absent or false due to therapeutic medication.
8. Present or true due to medical condition.
9. Inadequate information.

Indicate Age/Grade of Onset:
7. Loses Things
Did you lose things a lot?

Your pencils at school?
Homework assignments?
Things around home?

About how often did that happen?

1  Not present.
2  Mild: Occasionally lost things.
3  Moderate: Often lost things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools).
4  Severe
6  Absent or false due to therapeutic medication.
8  Present or true due to medical condition.
9  Inadequate information.

Indicate Age/Grade of Onset:

8. Easily Distracted
Was there ever a time when little distractions would make it very hard for you to keep your mind on what you were doing?

Like if another kid in class asked the teacher a question while the class was working quietly, was it ever hard for you to keep your mind on your work?

When there was an interruption, like when the phone rang, was it hard to get back to what you were doing before the interruption?

Were there times when you could keep your mind on what you were doing, and little noises and things didn’t bother you?

How often were they a problem?

1  Not present.
2  Mild: Occasionally distracted.
3  Moderate: Was often easily distracted by extraneous stimuli (e.g., attention often disrupted by minor distractions other kids would be able to ignore).
4  Severe
6  Absent or false due to therapeutic medication.
8  Present or true due to medical condition.
9  Inadequate information.

Indicate Age/Grade of Onset:
9. **Forgetful in Daily Activities**

- **Did you often leave your homework at home, or your books or coats on the bus?**
  - 1 Not present.
  - 2 Mild: Occasionally forgetful.
  - 3 Moderate: Often was forgetful in daily activities.
  - 4 Severe
  - 6 Absent or false due to therapeutic medication.
  - 8 Present or true due to medical condition.
  - 9 Inadequate information

- **Did you leave your things outside by accident?**
- **How often did these things happen?**
- **Did anyone ever complain that you were too forgetful?**

10. **Fidget**

- **Did people often tell you to sit still, to stop moving, or stop squirming in your seat?**
  - 1 Not present.
  - 2 Mild: Occasionally fidgeted with hands or feet or squirmed in seat.
  - 3 Moderate: Often fidgeted with hands or feet or squirmed in seat.
  - 4 Severe
  - 6 Absent or false due to therapeutic medication.
  - 8 Present or true due to medical condition.
  - 9 Inadequate information

- **Your teachers?**
- **Parents?**

- **Did you sometimes get into trouble for squirming in your seat or playing with little things at your desk?**

- **Did you have a hard time keeping your arms and legs still?**
  - **How often?**

---

**Indicate Age/Grade of Onset:**

---
11. Difficulty Remaining Seated

Was there ever a time when you got out of your seat a lot at school?

Did you get into trouble for this?

Was it hard to stay in your seat at school?

What about dinnertime?

1 Not present.
2 Mild: Occasionally had difficulty remaining seated when required to do so.
3 Moderate: Often left seat in classroom or in other situations in which remaining seated was expected.
4 Severe
6 Absent or false due to therapeutic medication.
8 Present or true due to medical condition.
9 Inadequate information.

Indicate Age/Grade of Onset:

12. Runs or Climbs Excessively

Did you get into trouble for running down the hall in school?

Did your mom often have to remind you to walk instead of run when you were out together?

Did your parents or your teacher complain about you climbing things you shouldn't? What kinds of things? How often did this happen?

IF NECESSARY: When you were an adolescent, did you feel restless a lot? Feel like you had to move around, or that it was very hard to stay in one place?

1 Not present.
2 Mild: Occasionally ran about or climbed excessively. Problem had only minimal effect on functioning. (In adolescents, may be limited to a subjective feeling of restlessness.)
3 Moderate: Often ran about or climbed excessively in situations in which it was inappropriate. (In adolescents, may be limited to a subjective feeling of restlessness.)
4 Severe
6 Absent or false due to therapeutic medication.
8 Present or true due to medical condition.
9 Inadequate information

Indicate Age/Grade of Onset:
13. Difficulty Playing Quietly

Did your parents or teachers often tell you to quiet down when you were playing?

1. Not present.
2. Mild: Occasionally had difficulty playing quietly.
3. Moderate: Often had difficulty playing or engaging in leisure activities quietly.
4. Severe
5. Absent or false due to therapeutic medication.
6. Present or true due to medical condition.
7. Inadequate Information

Indicate Age/Grade of Onset:

14. On the Go/Acts Like Driven by Motor

Was it hard for you to slow down?

1. Not present.
2. Mild: Occasionally acted as if “driven by a motor.”
3. Moderate: Was often “on the go” or often acted as if “driven by a motor.”
4. Severe
5. Absent or false due to therapeutic medication.
6. Present or true due to medical condition.
7. Inadequate information.

Indicate Age/Grade of Onset:
15. Talks Excessively

Did people say you talked too much?  
1 Not present.  
2 Mild: Occasionally talked excessively.  
3 Moderate: Often talked excessively.  
4 Severe  
6 Absent or false due to therapeutic medication.  
8 Present or true due to medical condition.  
9 Inadequate information.

Indicate Age/Grade of Onset: 

16. Blurs Out Answers

At school, did you sometimes call out the answers before you were called on?  
1 Not present.  
2 Mild: Occasionally talked out of turn.  
3 Moderate: Often blurted out answers before questions had been completed.  
4 Severe  
6 Absent or false due to therapeutic medication.  
8 Present or true due to medical condition.  
9 Inadequate information.

Indicate Age/Grade of Onset: 

_____________
17. Difficulty Waiting Turn

Was it hard for you to wait your turn in games?

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Not present.</td>
</tr>
<tr>
<td>2</td>
<td>Mild: Occasionally had difficulty waiting his/her turn.</td>
</tr>
<tr>
<td>3</td>
<td>Moderate: Often had difficulty waiting his/her turn.</td>
</tr>
<tr>
<td>4</td>
<td>Severe</td>
</tr>
<tr>
<td>6</td>
<td>Absent or false due to therapeutic medication.</td>
</tr>
<tr>
<td>8</td>
<td>Present or true due to medical condition.</td>
</tr>
<tr>
<td>9</td>
<td>Inadequate information.</td>
</tr>
</tbody>
</table>

What about in line in the cafeteria or at the water fountain?

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Not present.</td>
</tr>
<tr>
<td>2</td>
<td>Mild: Occasionally had difficulty waiting his/her turn.</td>
</tr>
<tr>
<td>3</td>
<td>Moderate: Often had difficulty waiting his/her turn.</td>
</tr>
<tr>
<td>4</td>
<td>Severe</td>
</tr>
<tr>
<td>6</td>
<td>Absent or false due to therapeutic medication.</td>
</tr>
<tr>
<td>8</td>
<td>Present or true due to medical condition.</td>
</tr>
<tr>
<td>9</td>
<td>Inadequate information.</td>
</tr>
</tbody>
</table>

Indicate Age/Grade of Onset:

18. Interrupts or Intrudes

Did you get into trouble for talking out of turn in school?

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Not present.</td>
</tr>
<tr>
<td>2</td>
<td>Mild: Occasionally interrupted others.</td>
</tr>
<tr>
<td>3</td>
<td>Moderate: Often interrupted or intruded on others (e.g., butted into conversations or games).</td>
</tr>
<tr>
<td>4</td>
<td>Severe</td>
</tr>
<tr>
<td>6</td>
<td>Absent or false due to therapeutic medication.</td>
</tr>
<tr>
<td>8</td>
<td>Present or true due to medical condition.</td>
</tr>
<tr>
<td>9</td>
<td>Inadequate information.</td>
</tr>
</tbody>
</table>

Did your parents, teachers, or any of the kids you knew complain that you cut them off when they were talking?

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Mild: Occasionally interrupted others.</td>
</tr>
<tr>
<td>3</td>
<td>Moderate: Often interrupted or intruded on others (e.g., butted into conversations or games).</td>
</tr>
<tr>
<td>4</td>
<td>Severe</td>
</tr>
<tr>
<td>6</td>
<td>Absent or false due to therapeutic medication.</td>
</tr>
<tr>
<td>8</td>
<td>Present or true due to medical condition.</td>
</tr>
<tr>
<td>9</td>
<td>Inadequate information.</td>
</tr>
</tbody>
</table>

Did kids complain that you broke in on games?

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Severe</td>
</tr>
<tr>
<td>6</td>
<td>Absent or false due to therapeutic medication.</td>
</tr>
<tr>
<td>8</td>
<td>Present or true due to medical condition.</td>
</tr>
<tr>
<td>9</td>
<td>Inadequate information.</td>
</tr>
</tbody>
</table>

Indicate Age/Grade of Onset:
19. Duration

For how long did you have trouble with _____ (list symptoms that were positively endorsed)?

1 Not present.
2 Symptoms persisted less than 6 months.
3 Symptoms persisted at least 6 months.
9 Inadequate information.

20. Age of Onset

IF NECESSARY: How old were you when you first started having trouble (list symptoms)?

Did you have these problems in kindergarten?

First Grade?

Specify: ______________________

1 Not present.
2 Onset of symptoms since 7 years of age.
3 Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7.
9 Inadequate information.

21. Some impairment in 2 or more settings

Did these things (list positive symptoms) cause trouble for you in school?

With your family?

With other kids?

1 Not present.
2 Mild: Some impairment in only one setting.
3 Moderate: Some impairment from the symptoms was present in two or more settings (e.g., at school and at home).
4 Severe
6 Absent or false due to therapeutic medication.
8 Present or true due to medical condition.
9 Inadequate information.

22. Assess clinically significant impairment

How much trouble did these things (list positive symptoms) cause for you in school?

With your family?

With other kids?

Give me an example.

1 Not present.
2 Mild.
3 Moderate: There must be clear evidence of clinically significant impairment in social, academic or occupational functioning.
4 Severe
6 Absent or false due to therapeutic medication.
8 Present or true due to medical condition.
9 Inadequate information.
ADULT'S GLOBAL ASSESSMENT of FUNCTIONING

RATE SUBJECT'S LEVEL OF GENERAL FUNCTIONING DURING THE MOST SEVERE PERIOD OF ADHD SYMPTOMS IN THE PAST 12-MONTHS

G.A.F. SCORE: _______ (SEE NEXT PAGE.)
DSM-IV Axis V: Global Assessment of Functioning (G.A.F.) Scale

Consider psychological, social, and occupational functioning on a hypothetical continuum of mental health-illness. Do not include impairment in functioning due to physical (or environmental) limitations.

Indicate appropriate code for the LOWEST level of functioning during the week of POOREST functioning in the past 12 months. (Use intermediate level when appropriate, e.g., 45, 68, 72.) Note: Make a rating of 0 if inadequate information.

100 Superior functioning in a wide range of activities, life’s problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms.

91 Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members).

80 If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument), no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in school work).

70 Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or absences from work), but generally functioning pretty well, has some meaningful interpersonal relationships.

60 Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with workers).

50 Serious symptoms (e.g., suicidal ideation, several obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).

40 Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas. Such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing in school).

30 Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal pre-occupation) OR inability to function in almost all areas (e.g., stay in bed all day; no job, home, or friends).

20 Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death, frequently violent, manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).

10 Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicide act with clear expectation of death.
NOTES ON THIS INTERVIEW

1. Was this interview completed? YES NO
   If not, why was it interrupted?

   Please circle parts of the interview that were not completed due to time:
   - 18 Adult ADHD criteria AD237
   - 14 Additional items AD238
   - Self-report Screener AD239
   - 18 Child ADHD criteria AD240

2. Was it rescheduled? YES NO
   Day   Month   Year

3. Were there any unusual circumstances or aspects of the interview situation that affected R’s answers?
   Please describe:

4. Are you satisfied that this was a valid interview? YES NO
   If not, why not?

5. Please list any other factors that you think affected R’s responses or your coding.

6. What is the principal AXIS-I diagnosis? (This is not a formal diagnosis or based on counting DSM IV criteria. It is your impression at this point.)
7. Please give your clinical impression of the presence and development of psychiatric symptoms, particularly in terms of ADHD and related symptoms. Address any differential diagnosis questions.
OPTIONAL (IF TIME ALLOWS)

FAMILY HISTORY OF ADHD

Have you ever heard of an illness called “Attention Deficit / Hyperactivity Disorder”?

PARENTS
Was either of your parents ever diagnosed with ADHD?
IF SO: Which one? Their age when diagnosed?
Was the other one ever diagnosed with ADHD?

<table>
<thead>
<tr>
<th>Parent</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
| Father       | 1 NO| 2 YES | P013
| Mother       | 1 NO| 2 YES | P014

SIBLINGS
Were any of your siblings ever diagnosed with ADHD?
IF YES: Who was it? At what age? (Any others?)

<table>
<thead>
<tr>
<th>Sibling</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
| Siblings | 1 NO| 2 YES | P015

OFFSPRING
Were any of your children ever diagnosed with ADHD?
IF YES: How old were they when their problems in this area became evident? (Any others?)

<table>
<thead>
<tr>
<th>Offspring</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
| Offspring | 1 NO| 2 YES | P016

AUNTS/UNCLES
Do you know if any of your aunts and uncles were ever diagnosed with ADHD?
IF YES: On your father’s side? How old was he/she when they were diagnosed? (Any others?)
On your mother’s side? How old was he/she when they were diagnosed? (Any others?)

<table>
<thead>
<tr>
<th>Aunts/Uncles (paternal)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
| 1 NO                    | 2 YES | P017
| Aunts/Uncles (maternal) | 1 NO| 2 YES | P018

NIECES/NEPHEWS
Do you know if any of your nieces or nephews were ever diagnosed with ADHD?
IF YES: Were they on your side or your spouse’s side? At what age were they diagnosed? (Any others?)

<table>
<thead>
<tr>
<th>Nieces/Nephews (familial)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
| 1 NO                      | 2 YES | P019
| Nieces/Nephews (by marriage) | 1 NO| 2 YES | P020
LEGAL HISTORY

Have you ever had a car accident? How many?  # AUTO ACCIDENTS___________

How much property damage and personal injury occurred?

When was the most recent one?

How many speeding tickets have you gotten (ever)?  # SPEEDING TICKETS_________

In the past year?  # SPEEDING TICKETS/PAST YEAR____

How fast were you going above the speed limit?

Has your driver’s license ever been suspended or revoked? IF SO: For what reason? LICENSE REVOKED OR SUSPENDED:

1 NO

2 YES

Have you ever been arrested? For what?  # ARRESTS___________________

How many times have you had run-ins with the legal authorities?