

## A Resource for Clinicians

- AT-A Adult ADHD Self-Report Scale-V.1.1. (ASRS-V1.1) Symptom Checklist
- AT-B Adult ADHD Self-Report Scale-V1.1. (ASRS-V1.1) Screener (English)
- AT-C Adult ADHD Self-Report Scale-V1.1. (ASRS-V1.1) Screener (Spanish)
- AT-D Barkley's Quick-Check for Adult ADHD Diagnosis (Sample)
- AT-E Brief Semi-Structured Interview for ADHD in Adults
- AT-F Weiss Functional Impairment Rating Scale Self-Report (WFIRS-S)
- AT-G ADHD Medication Side Effects Checklist
- AT-H Medication Response Form
- AT-I Hamilton Anxiety Rating Scale (HAM-A)
- AT-J Hamilton Depression Rating Scale (HDRS)
- AT-K CAGE Questionnaire Adapted to Include Drugs

# Adult ADHD Self-Report Scale-V1.1 (ASRS-V1.1) Symptom Checklist

from WHO Composite International Diagnostic Interview  
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## Instructions

*The questions on the back page are designed to stimulate dialogue between you and your patients and to help confirm if they may be suffering from the symptoms of attention-deficit/hyperactivity disorder (ADHD).*

Description: The Symptom Checklist is an instrument consisting of the eighteen DSM-IV-TR criteria. Six of the eighteen 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 twelve 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 particular attention to marks appearing in the dark shaded boxes. The frequency-based response is more sensitive with certain questions. No total score or diagnostic likelihood is utilized for the twelve 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

1. 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.

## Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist

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

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

*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 today's appointment.*

	Never	Rarely	Sometimes	Often	Very Often
1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?					
2. How often do you have difficulty getting things in order when you have to do a task that requires organization?					
3. How often do you have problems remembering appointments or obligations?					
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?					
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?					
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?					

Part A

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

Part B

# The Value of Screening for Adults with ADHD

Research suggests that the symptoms of ADHD can persist into adulthood, having a significant impact on the relationships, careers, and even the personal safety of patients who may suffer from it.<sup>1-4</sup> Because this disorder is often misunderstood, many people who have it do not receive appropriate treatment and, as a result, may never reach their full potential. Part of the problem is that it can be difficult to diagnose, particularly in adults.

The Adult ADHD Self-Report Scale (ASRS v1.1) and scoring system were developed in conjunction with the World Health Organization (WHO) and the Workgroup on Adult ADHD, which included the following team of psychiatrists and researchers:

**Lenard Adler, MD**

Associate Professor of Psychiatry and Neurology  
New York University Medical School

**Ronald Kessler, PhD**

Professor, Department of Health Care Policy  
Harvard Medical School

**Thomas Spencer, MD**

Associate Professor of Psychiatry  
Harvard Medical School

As a healthcare professional, you can use the ASRS v1.1 as a tool to help screen for adult ADHD patients. Insights gained through this screening may suggest the need for a more in-depth clinician interview. The questions in the ASRS v1.1 are consistent with DSM-IV criteria and address the manifestations of ADHD symptoms in adults. Content of the questionnaire also reflects the importance that DSM-IV places on symptoms, impairments, and history for a correct diagnosis.

The screener takes less than 5 minutes to complete and can provide supplemental information that is critical to the diagnostic process.

**References:**

1. Schweitzer, J.B., Cummins, T.K., Kant, C.A. Attention-deficit/hyperactivity disorder. *Med Clin North Am.* 2001;85(3):10-11, 757-777.
2. Barkley, R.A. *Attention deficit hyperactivity disorder: a handbook for diagnosis and treatment (2nd ed.)*. 1998.
3. Biederman, J., Faraone, S.V., Spencer, T., Wilens, T., Norman, D., Lapey, K. A, et al. Patterns of psychiatric comorbidity, cognition, and psychosocial functioning in adults with ADHD. *Am J Psychiatry.* 1993;150:1792-1798.
4. American Psychiatric Association. *Diagnostic and statistical manual of mental disorders, (4th ed., text revision)*. Washington, DC. 2000:85-93.

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# Adult ADHD Self-Report Scale-V1.1 (ASRS-V1.1) Screener

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**Are you living with Adult ADHD?**  
The questions below can help you find out.

Many adults have been living with Adult Attention-Deficit/Hyperactivity Disorder (Adult ADHD) and don't recognize it. Why? Because its symptoms are often mistaken for a stressful life. If you've felt this type of frustration most of your life, you may have Adult ADHD — a condition your doctor can help diagnose and treat.

The following questionnaire can be used as a starting point to help you recognize the signs/symptoms of Adult ADHD but is not meant to replace consultation with a trained healthcare professional. **An accurate diagnosis can only be made through a clinical evaluation.** Regardless of the questionnaire results, if you have concerns about diagnosis and treatment of Adult ADHD, please discuss your concerns with your physician.

**This Adult Self-Report Scale-V1.1 (ASRS-V1.1) Screener is intended for people aged 18 years or older.**

## Adult Self-Report Scale-V1.1 (ASRS-V1.1) Screener

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Patient Name \_\_\_\_\_ Date \_\_\_\_\_

*Check the box that best describes how you have felt and conducted yourself over the past 6 months. Please give the completed questionnaire to your healthcare professional during your next appointment to discuss the results.*

	Never	Rarely	Sometimes	Often	Very Often
1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?					
2. How often do you have difficulty getting things in order when you have to do a task that requires organization?					
3. How often do you have problems remembering appointments or obligations?					
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?					
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?					
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?					

*Add the number of checkmarks that appear in the darkly shaded area. Four (4) or more checkmarks indicate that your symptoms may be consistent with Adult ADHD. It may be beneficial for you to talk with your healthcare provider about an evaluation.*

# The Value of Screening for Adults with ADHD

Research suggests that the symptoms of ADHD can persist into adulthood, having a significant impact on the relationships, careers, and even the personal safety of patients who may suffer from it.<sup>1-4</sup> Because this disorder is often misunderstood, many people who have it do not receive appropriate treatment and, as a result, may never reach their full potential. Part of the problem is that it can be difficult to diagnose, particularly in adults.

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1. Schweitzer, J.B., Cummins, T.K., Kant, C.A. Attention-deficit/hyperactivity disorder. *Med Clin North Am.* 2001;85(3):10-11, 757-777.
2. Barkley, R.A. *Attention deficit hyperactivity disorder: a handbook for diagnosis and treatment (2nd ed.)*. 1998.
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# Cuestionario autoinformado de cribado del TDAH (trastorno por déficit de atención/hiperactividad) del adulto-V1.1 (ASRS-V1.1)

de la Entrevista diagnóstica internacional compuesta de la OMS  
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## ¿Padece usted TDAH del adulto?

Las siguientes preguntas pueden ayudarle a averiguarlo.

Muchos adultos padecen el Trastorno por déficit de atención/hiperactividad del adulto (TDAH del adulto) y no se dan cuenta. ¿Por qué? Porque muchas veces sus síntomas se confunden con los de vivir con estrés. Si ha tenido este tipo de frustración la mayor parte de su vida, quizá tenga TDAH del adulto –una enfermedad que su médico puede diagnosticar y tratar.

El siguiente cuestionario puede usarse como punto de partida para ayudarle a reconocer los signos/síntomas del TDAH del adulto pero no pretende reemplazar la consulta con un profesional de la medicina. **Solo puede llegarse a un diagnóstico exacto tras una evaluación clínica.** Independientemente de los resultados del cuestionario, si tiene alguna duda sobre el diagnóstico o tratamiento del TDAH del adulto, consulte a su médico.

**Este cuestionario autoinformado de cribado del adulto-V1.1 (ASRS-V1.1) es para individuos mayores de 18 años.**

### Cuestionario autoinformado de cribado del adulto-V1.1 (ASRS-V1.1)

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Nombre \_\_\_\_\_ Fecha \_\_\_\_\_

Marque la casilla que mejor describe la manera en que se ha sentido y comportado en los últimos 6 meses. Por favor, entregue el cuestionario completado a su médico durante su próxima visita para discutir los resultados..

	Nunca	Rara vez	A veces	A menudo	Muy a menudo
1. ¿Con qué frecuencia tiene usted dificultad para acabar los detalles finales de un proyecto, una vez que ha terminado con las partes difíciles?					
2. ¿Con qué frecuencia tiene usted dificultad para ordenar las cosas cuando está realizando una tarea que requiere organización?					
3. ¿Con qué frecuencia tiene usted problemas para recordar citas u obligaciones?					
4. Cuando tiene que realizar una tarea que requiere pensar mucho, ¿con qué frecuencia evita o retrasa empezarla?					
5. ¿Con qué frecuencia agita o retuerce las manos o los pies cuando tiene que permanecer sentado por mucho tiempo?					
6. ¿Con qué frecuencia se siente demasiado activo e impulsado a hacer cosas, como si lo empujase un motor?					

Sume el número de marcas que hizo en la zona sombreada. Cuatro (4) marcas o más indican que sus síntomas pueden ser compatibles con los del TDAH del adulto. Podría ser conveniente para usted hablar con su médico acerca de una evaluación.

El cuestionario autoinformado de cribado del TDAH del adulto de 6 preguntas-Versión 1.1 (ASRS-V1.1) es un subgrupo de la Lista de verificación de síntomas del cuestionario autoinformado de cribado del TDAH del adulto de 18 preguntas de la OMS –Versión 1.1 (Adult ASRS-V1.1).  
AT28491 IMPRESO EN EE.UU. 3000054636 0903500 ASRS-V1.1 Screener COPYRIGHT © 2003 Organización Mundial de la Salud - OMS. Reimpreso con autorización de la OMS. Todos los derechos reservados.

## El valor de la detección para los adultos con TDAH

Las investigaciones sugieren que los síntomas del TDAH pueden persistir hasta la edad adulta y tener un impacto significativo sobre las relaciones personales, la trayectoria profesional y hasta la seguridad personal de los pacientes que sufren este trastorno.<sup>1-4</sup> Debido a que muchas veces este trastorno no se comprende bien, muchas personas que lo padecen no reciben el tratamiento adecuado y, como resultado, nunca alcanzan su máximo potencial. Parte del problema es que puede ser difícil de diagnosticar, particularmente en los adultos.

El cuestionario autoinformado de cribado del TDAH del adulto (ASRS v1.1) y el sistema de calificación se desarrollaron conjuntamente con la Organización Mundial de la Salud (OMS) y el Grupo de Trabajo sobre el TDAH del adulto, que incluyó el siguiente equipo de psiquiatras e investigadores:

**Dr. Lenard Adler**

Profesor Adjunto de Psiquiatría y Neurología  
New York University Medical School

**Dr. Ronald Kessler**

Profesor, Departamento de Política Sanitaria  
Harvard Medical School

**Dr. Thomas Spencer**

Profesor Adjunto de Psiquiatría  
Harvard Medical School

Como profesional de la salud, puede usar la ASRS v1.1 como herramienta para ayudarse a detectar pacientes adultos con TDAH. Lo averiguado por medio de esta evaluación puede sugerir la necesidad de una entrevista clínica más pormenorizada. Las preguntas que contiene la ASRS v1.1 coinciden con los criterios del DSM-IV y tratan sobre las manifestaciones de los síntomas del TDAH en adultos. El contenido del cuestionario también refleja la importancia que el DSM-IV le otorga a los síntomas, discapacidades y antecedentes para la obtención de un diagnóstico correcto.

Son necesarios menos de 5 minutos para responder el cuestionario y puede brindar información complementaria que es crucial para el proceso de diagnóstico.

### Referencias:

1. Schweitzer, J.B., Cummins, T.K., Kant, C.A. Attention-deficit/hyperactivity disorder. *Med Clin North Am.* 2001;85(3):10-11, 757-777.
2. Barkley, R.A. *Attention deficit hyperactivity disorder: a handbook for diagnosis and treatment (2nd ed.)*. 1998.
3. Biederman, J., Faraone, S.V., Spencer, T., Wilens, T., Norman, D., Lapey, K. A, et al. Patterns of psychiatric comorbidity, cognition, and psychosocial functioning in adults with ADHD. *Am J Psychiatry.* 1993;150:1792-1798.
4. American Psychiatric Association. *Diagnostic and statistical manual of mental disorders, (4th ed., text revision)*. Washington, DC. 2000:85-93.

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BARKLEY'S  
Quick-Check for Adult ADHD Diagnosis

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

**Instructions:** This interview is intended to be used to conduct a quick interview screening for the likely existence of Attention-Deficit/Hyperactivity Disorder in adults (age 18 or older).

Interview the patient by asking them the following items. Then place a check mark in the column if they answer **Yes** to that item.

**Note:** This scale does not constitute a formal diagnosis of ADHD but only a means of quickly determining if a patient may have the disorder. If so, a more thorough evaluation may be indicated.

► **Current ADHD Symptoms**

Interviewer, say:

*"I would like to ask you a number of questions about your behavior during the past 6 months. For each behavior I ask you about, I want to know if it occurs often: that is, I want to know if this behavior occurs frequently or more often than in other people of your age group. You should not elaborate on the answers unless I ask you to do so. Just tell me, yes or no, whether these difficulties occur often for you or not."*

(Note: repeat the word "Often" periodically as you proceed through this list)

Do you:

Check if  
Yes

1. Often make decisions impulsively?

☐

2. Often have difficulty stopping activities or behavior when you should do so?

☐

3. Often start projects or tasks without reading or listening to directions carefully?

☐

4. Often have poor follow-through on promises?

☐

5. Often have trouble doing things in proper order?

☐

6. Often drive with excessive speed?

☐

7. Often become easily distracted by extraneous stimuli?

☐

8. Often have difficulty sustaining attention in tasks or leisure activities?

☐

9. Often have difficulty organizing tasks and activities?

☐

Total the number of check marks for **Total Symptoms — Current** \_\_\_\_\_

## ► Areas of Impairment

Interviewer, say:

*"If you had any problems I just mentioned, did these problems interfere significantly with your ability to function as well as others in the following areas?"*

In your:	Check if Yes
1. Occupation or job?	<input type="checkbox"/>
2. Social life?	<input type="checkbox"/>
3. Educational activities?	<input type="checkbox"/>
Total the number of check marks for <b>Total Areas</b> _____	

## ► Recall of Childhood Behavior

Interviewer, say:

*"Now I would like to ask you some questions about your behavior during your childhood years. Think back to when you were between the ages of 5 to 12 years, such as when you were in elementary school. For each behavior I ask you about, I want to know if it occurred often back when you were a child; that is, I want to know if this behavior occurred frequently or more often than in other children. Again, you should not elaborate on the answers unless I ask you to do so. Just tell me, yes or no, whether these difficulties occurred often for you when you were a child."*

When you were a child, did you:	Check if Yes
1. Often fail to give close attention to details or make careless mistakes in your work?	<input type="checkbox"/>
2. Often have difficulty sustaining attention in tasks or fun activities?	<input type="checkbox"/>
3. Often feel restless?	<input type="checkbox"/>
4. Often avoid, dislike, or were reluctant to engage in work that required sustained mental effort?	<input type="checkbox"/>
5. Often forget things in your daily activities?	<input type="checkbox"/>
6. Often interrupt or intrude on others?	<input type="checkbox"/>
Total the number of check marks for <b>Total Symptoms — Childhood</b> _____	

## ► Scoring

	Yes	No
Does the patient have 6 or more current symptoms of ADHD?	<input type="checkbox"/>	<input type="checkbox"/>
<b>And</b> Does the patient have 4 or more childhood symptoms of ADHD?	<input type="checkbox"/>	<input type="checkbox"/>
<b>And</b> Does the patient have 2 or more areas of life impairment?	<input type="checkbox"/>	<input type="checkbox"/>
If yes to all of above, they have an 87% chance of having ADHD, a 0% chance of being classified as normal without any disorder, and a 13% chance of having a psychiatric disorder other than ADHD.		

1. Barkley, R.A. and Murphy, H.R. Identifying New Symptoms for Diagnosing ADHD in Adulthood. *ADHD Report*. 2006;14(4): 7–11.
2. Barkley, R.A. and Murphy, H.R. (Book in Press). Guilford Press: New York, 2007.

# Brief Semi-Structured Interview for ADHD in Adults

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

1. Inquire about the current presence and severity of core ADHD symptoms. (Have patient complete an ADHD symptom checklist.)

Yes	No	Symptoms Present
<input type="checkbox"/>	<input type="checkbox"/>	Inattention
<input type="checkbox"/>	<input type="checkbox"/>	Hyperactivity
<input type="checkbox"/>	<input type="checkbox"/>	Impulsivity

If present, age at which symptoms first appeared: \_\_\_\_\_

Would others who know you agree that these symptoms are present? \_\_\_\_\_

2. Inquire about the degree to which ADHD symptoms impair performance in school, work, or social relationships.

Mild	Moderate	Severe	Domains of Impairment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	School Impairment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work Impairment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Relationship Impairment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other, specify: _____

Would others who know you agree that these symptoms impair your performance? \_\_\_\_\_

3. Inquire about the presence of symptoms of other psychiatric disorders.

Yes	No	Other Symptoms of Psychiatric Disorders	Yes	No	Other Symptoms of Psychiatric Disorders
<input type="checkbox"/>	<input type="checkbox"/>	Depression/Dysthymia	<input type="checkbox"/>	<input type="checkbox"/>	Substance Use/Abuse
<input type="checkbox"/>	<input type="checkbox"/>	Generalized Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	Anger management
<input type="checkbox"/>	<input type="checkbox"/>	Bipolar Disorder/Mood swings	<input type="checkbox"/>	<input type="checkbox"/>	Anti-social behavior
<input type="checkbox"/>	<input type="checkbox"/>	Social Anxiety/Social Phobia	<input type="checkbox"/>	<input type="checkbox"/>	Eating disorder
<input type="checkbox"/>	<input type="checkbox"/>	Post-Traumatic Stress Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Cognitive impairments
<input type="checkbox"/>	<input type="checkbox"/>	Academic/learning problems	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify below)

4. Inquire about past psychiatric history (e.g., previous diagnosis of ADHD or other psychiatric disorders).

Yes	No	Previous Psychiatric Diagnosis	Yes	No	Previous Psychiatric Diagnosis
<input type="checkbox"/>	<input type="checkbox"/>	ADHD	<input type="checkbox"/>	<input type="checkbox"/>	Substance Use/Abuse
<input type="checkbox"/>	<input type="checkbox"/>	Depression	<input type="checkbox"/>	<input type="checkbox"/>	Anger management
<input type="checkbox"/>	<input type="checkbox"/>	Bipolar	<input type="checkbox"/>	<input type="checkbox"/>	Anti-social behavior
<input type="checkbox"/>	<input type="checkbox"/>	Social Anxiety/Social Phobia	<input type="checkbox"/>	<input type="checkbox"/>	Eating disorder
<input type="checkbox"/>	<input type="checkbox"/>	Post-Traumatic Stress Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Cognitive impairments
<input type="checkbox"/>	<input type="checkbox"/>	Academic/learning problems	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify below)

5. Inquire about current or past mental health treatment.

6. Inquire about any significant physical health problems (past and present).

# Weiss Functional Impairment Rating Scale Self-Report (WFIRS-S)

## Instructions

### Purpose

- To evaluate how an individual is actually able to function.
- Allows clinicians to obtain a pre- and post assessment of the patient's specific areas of difficulty.

### Unique Characteristics

- Questions are framed to assess not only symptoms, but also to what degree an individual's behavior or emotional problems have impacted various clinically-relevant domains of functioning
- The WFIRS offers a significant advantage over use of the Children's Global Assessment Scale (CGAS), providing a greater range of clinically specific and meaningful information. It is sensitive to subtle impairments of attention problems on academic performance, which is not included in the CGAS.
- The WFIRS is available in two separate formats:
  - WFIRS-P, a parent-based version to be completed by the parent/guardian of a child
  - WFIRS-S, a self-report version appropriate for adolescent and adult self-report of functional impairment associated with ADHD.

### Scoring

- To calculate the overall mean rating of impairment (range of 0 to 3):
  - sum of all items with a response value (0 through 3)
  - divide the sum by the total number of items that have been endorsed (e.g., do not include 'not applicable' items in the total)
- Any item scored a '2' or '3' is two standard deviations outside the clinical norms for ADHD and would be considered impaired. A conservative threshold for defining impairment in any domain is either two items scored '2' or one item scored '3'. The mean item score for most domains is '1' with the exception of 'risky activities' which is '0.5'.

### Psychometric Properties

- This measure has internal consistency of greater than 9 with excellent sensitivity to change, and a higher correlation between symptom change and improvement in ADHD symptoms than any previous measure.
- Small to moderate correlations are found between WFIRS and ADHDRS, GAF, and the Child Health Illness
- Profile (quality of life), indicating that measurement of symptoms should be complemented by an ADHD specific measure of functional impairment.
- Details on psychometric validation are in preparation for publication.

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#### For More Information:

Questions about the WFIRS should be emailed to Margaret D. Weiss, M.D., Ph.D.: [mweiss@cw.bc.ca](mailto:mweiss@cw.bc.ca)

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# Weiss Functional Impairment Rating Scale – Self-Report (WFIRS-S)

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Patient Name \_\_\_\_\_ Date \_\_\_\_\_ Age \_\_\_\_\_

Sex: ☐ Male ☐ Female

## GENERAL INFORMATION

	Yes	No	N/A
Do you have at least monthly contact with your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you spend time weekly with other people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you live alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been employed in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been in school in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

## A. HOME

How have your emotional or behavioural symptoms affected...

	Never or Not at All	Sometimes or Somewhat	Often or Much	Very Often or Very Much	Not Applicable
1. family relationships	0	1	2	3	<input type="checkbox"/>
2. dependency on other people	0	1	2	3	<input type="checkbox"/>
3. the well being of members of your family	0	1	2	3	<input type="checkbox"/>
4. fighting in the family	0	1	2	3	<input type="checkbox"/>
5. ability for the family to socialize	0	1	2	3	<input type="checkbox"/>
6. your ability to look after others	0	1	2	3	<input type="checkbox"/>
7. balancing the needs of all family members	0	1	2	3	<input type="checkbox"/>
8. your ability to "keep cool" or refrain from rages	0	1	2	3	<input type="checkbox"/>

## B. YOUR SELF-CONCEPT

How have your emotional or behavioural symptoms affected...

	Never or Not at All	Sometimes or Somewhat	Often or Much	Very Often or Very Much	Not Applicable
1. whether you like yourself	0	1	2	3	<input type="checkbox"/>
2. whether you feel competent	0	1	2	3	<input type="checkbox"/>
3. your ability to have fun and enjoy yourself	0	1	2	3	<input type="checkbox"/>
4. your general satisfaction with life	0	1	2	3	<input type="checkbox"/>

## C. LEARNING & WORK

How have your emotional or behavioural symptoms affected...

	Never or Not at All	Sometimes or Somewhat	Often or Much	Very Often or Very Much	Not Applicable
1. your ability to perform well at work or school	0	1	2	3	<input type="checkbox"/>
2. your productivity and efficiency at work or in school	0	1	2	3	<input type="checkbox"/>
3. your ability to maintain stable employment	0	1	2	3	<input type="checkbox"/>
4. getting fired from work or being asked to leave school	0	1	2	3	<input type="checkbox"/>
5. receiving reprimands from people in authority	0	1	2	3	<input type="checkbox"/>
6. the effectiveness of people around you	0	1	2	3	<input type="checkbox"/>
7. your attendance at work or school	0	1	2	3	<input type="checkbox"/>
8. your ability to take in new information	0	1	2	3	<input type="checkbox"/>
9. your capacity to work at your potential	0	1	2	3	<input type="checkbox"/>
10. your income or how much money you make	0	1	2	3	<input type="checkbox"/>
11. being demoted at work or failing courses at school	0	1	2	3	<input type="checkbox"/>
12. your competence as measured by evaluations	0	1	2	3	<input type="checkbox"/>

## D. ACTIVITIES OF DAILY LIVING

How have your emotional or behavioural symptoms affected...

	Never or Not at All	Sometimes or Somewhat	Often or Much	Very Often or Very Much	Not Applicable
1. excessive use of computer or video games, internet, messaging, chat groups, etc.	0	1	2	3	<input type="checkbox"/>
2. being clumsy or accident prone	0	1	2	3	<input type="checkbox"/>
3. personal hygiene (bathing, hair, teeth, nails)	0	1	2	3	<input type="checkbox"/>
4. seeing your doctor/dentist regularly	0	1	2	3	<input type="checkbox"/>
5. your ability to get ready in the morning	0	1	2	3	<input type="checkbox"/>
6. your ability to get to bed	0	1	2	3	<input type="checkbox"/>
7. your sleeping habits	0	1	2	3	<input type="checkbox"/>
8. your eating habits	0	1	2	3	<input type="checkbox"/>
9. shopping	0	1	2	3	<input type="checkbox"/>
10. chores	0	1	2	3	<input type="checkbox"/>
11. tidiness and being organized	0	1	2	3	<input type="checkbox"/>
12. managing money	0	1	2	3	<input type="checkbox"/>
13. your driving behaviour	0	1	2	3	<input type="checkbox"/>
14. your health in general	0	1	2	3	<input type="checkbox"/>

## E. SOCIAL ACTIVITIES

How have your emotional or behavioural symptoms affected...

	Never or Not at All	Sometimes or Somewhat	Often or Much	Very Often or Very Much	Not Applicable
1. getting along with people you encounter	0	1	2	3	<input type="checkbox"/>
2. getting into arguments	0	1	2	3	<input type="checkbox"/>
3. your ability to go out and have fun	0	1	2	3	<input type="checkbox"/>
4. participating in hobbies and recreation	0	1	2	3	<input type="checkbox"/>
5. your ability to make friends	0	1	2	3	<input type="checkbox"/>
6. your ability to keep friends	0	1	2	3	<input type="checkbox"/>

## F. RISKY ACTIVITIES

Have you had problems with...

	Never or Not at All	Sometimes or Somewhat	Often or Much	Very Often or Very Much	Not Applicable
1. others talking you into doing things that get you into trouble	0	1	2	3	<input type="checkbox"/>
2. breaking or damaging things	0	1	2	3	<input type="checkbox"/>
3. doing things that are illegal	0	1	2	3	<input type="checkbox"/>
4. being involved with the police	0	1	2	3	<input type="checkbox"/>
5. smoking cigarettes	0	1	2	3	<input type="checkbox"/>
6. drinking alcohol	0	1	2	3	<input type="checkbox"/>
7. smoking marijuana	0	1	2	3	<input type="checkbox"/>
8. using other street drugs	0	1	2	3	<input type="checkbox"/>
9. complaints from neighbours	0	1	2	3	<input type="checkbox"/>
10. sex without protection (birth control, condom)	0	1	2	3	<input type="checkbox"/>
11. sexually inappropriate behaviour	0	1	2	3	<input type="checkbox"/>
12. being physically aggressive	0	1	2	3	<input type="checkbox"/>
13. being verbally aggressive	0	1	2	3	<input type="checkbox"/>

DO NOT WRITE IN THIS AREA

A. Home \_\_\_\_\_

B. Self-concept \_\_\_\_\_

C. Learning & school \_\_\_\_\_

D. Activities of daily living \_\_\_\_\_

E. Social activities \_\_\_\_\_

F. Risky activities \_\_\_\_\_

Total \_\_\_\_\_

# ADHD Medication Side Effects Checklist

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

**Instructions:** Below is a list of some possible physical or emotional problems that may result from taking ADHD medication. Look through this list and check the box *for the current visit* that describes your experience (put "✓" if the problem is mild, "✓✓" if moderate, and "✓✓✓" if it is severe). Measurements taken at baseline (before ADHD medication was taken) will help your health care provider identify what problems were pre-existing before ADHD treatment was started and what problems may have developed after ADHD treatment was initiated.

Problem	Baseline Date _____ Medication/Dose _____	Visit 1 Date _____ Medication/Dose _____	Visit 2 Date _____ Medication/Dose _____	Visit 3 Date _____ Medication/Dose _____
Decreased appetite				
Weight loss				
Weight gain				
Upset stomach				
Vomiting				
Nausea				
Thirsty				
Constipation				
Difficulty with urination				
Diarrhea				
Headaches				
Tiredness, sedation, fatigue				
Difficulty with sleep at night				
Sleepiness				
Early morning awakening				
Dizziness/light-headedness				
Dry skin				
Dry eyes				
Dry mouth				
Unpleasant taste in the mouth				
Sore throat				
Skin rashes				
Runny nose				
Sweating				
Blood pressure and pulse changes				
Congestion				
Palpitations				
Chest pains				
Tremor				
Mood swings				
Depression				
Worried or Anxious				
Socially withdrawn				
Irritability				
Easily agitated				
Increased anger episodes				
Nervousness				
Excessive talkative				
Picking at skin or fingers, nail-biting, lip or cheek chewing				
Movement of mouth, tongue, jaw (e.g., tongue thrusts, jaw clenching)				
Tics-repetitive movements (e.g., eye blinking, twitching, etc)				
Impotence				
Change in sexual drive				
Other _____				

# Medication Response Form

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Instructions: Please rate the following factors on a scale of 1 - 10 where 1 = poor, 5 = average, and 10 = excellent.  
Please write comments in the appropriate column.

Medication \_\_\_\_\_ Dose, Schedule \_\_\_\_\_

[illegible]



# Hamilton Anxiety Rating Scale (HAM-A)

**Reference:** Hamilton M. The assessment of anxiety states by rating. *Br J Med Psychol* 1959; 32:50–55.

*Rating* Clinician-rated

*Administration time* 10–15 minutes

*Main purpose* To assess the severity of symptoms of anxiety

*Population* Adults, adolescents and children

## Commentary

The HAM-A was one of the first rating scales developed to measure the severity of anxiety symptoms, and is still widely used today in both clinical and research settings. The scale consists of 14 items, each defined by a series of symptoms, and measures both psychic anxiety (mental agitation and psychological distress) and somatic anxiety (physical complaints related to anxiety). Although the HAM-A remains widely used as an outcome measure in clinical trials, it has been criticized for its sometimes poor ability to discriminate between anxiolytic and antidepressant effects, and somatic anxiety versus somatic side effects. The HAM-A does not provide any standardized probe questions. Despite this, the reported levels of inter-rater reliability for the scale appear to be acceptable.

## Scoring

Each item is scored on a scale of 0 (not present) to 4 (severe), with a total score range of 0–56, where <17 indicates mild severity, 18–24 mild to moderate severity and 25–30 moderate to severe.

## Versions

The scale has been translated into: Cantonese for China, French and Spanish. An IVR version of the scale is available from Healthcare Technology Systems.

## Additional references

Maier W, Buller R, Philipp M, Heuser I. The Hamilton Anxiety Scale: reliability, validity and sensitivity to change in anxiety and depressive disorders. *J Affect Disord* 1988;14(1):61–8.

Borkovec T and Costello E. Efficacy of applied relaxation and cognitive behavioral therapy in the treatment of generalized anxiety disorder. *J Clin Consult Psychol* 1993; 61(4):611–19

## Address for correspondence

The HAM-A is in the public domain.

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

### Hamilton Anxiety Rating Scale (HAM-A)

Below is a list of phrases that describe certain feeling that people have. Rate the patients by finding the answer which best describes the extent to which he/she has these conditions. Select one of the five responses for each of the fourteen questions.

0 = Not present                      1 = Mild,                      2 = Moderate,                      3 = Severe,                      4 = Very severe.

**1 Anxious mood**                      ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Worries, anticipation of the worst, fearful anticipation, irritability.

**2 Tension**                      ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Feelings of tension, fatigability, startle response, moved to tears easily, trembling, feelings of restlessness, inability to relax.

**3 Fears**                      ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Of dark, of strangers, of being left alone, of animals, of traffic, of crowds.

**4 Insomnia**                      ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Difficulty in falling asleep, broken sleep, unsatisfying sleep and fatigue on waking, dreams, nightmares, night terrors.

**5 Intellectual**                      ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Difficulty in concentration, poor memory.

**6 Depressed mood**                      ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Loss of interest, lack of pleasure in hobbies, depression, early waking, diurnal swing.

**7 Somatic (muscular)**                      ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Pains and aches, twitching, stiffness, myoclonic jerks, grinding of teeth, unsteady voice, increased muscular tone.

**8 Somatic (sensory)**                      ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Tinnitus, blurring of vision, hot and cold flushes, feelings of weakness, pricking sensation.

**9 Cardiovascular symptoms**                      ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Tachycardia, palpitations, pain in chest, throbbing of vessels, fainting feelings, missing beat.

**10 Respiratory symptoms**                      ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Pressure or constriction in chest, choking feelings, sighing, dyspnea.

**11 Gastrointestinal symptoms**                      ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Difficulty in swallowing, wind abdominal pain, burning sensations, abdominal fullness, nausea, vomiting, borborygmi, looseness of bowels, loss of weight, constipation.

**12 Genitourinary symptoms**                      ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Frequency of micturition, urgency of micturition, amenorrhea, menorrhagia, development of frigidity, premature ejaculation, loss of libido, impotence.

**13 Autonomic symptoms**                      ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Dry mouth, flushing, pallor, tendency to sweat, giddiness, tension headache, raising of hair.

**14 Behavior at interview**                      ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Fidgeting, restlessness or pacing, tremor of hands, furrowed brow, strained face, sighing or rapid respiration, facial pallor, swallowing, etc.

# Hamilton Depression Rating Scale (HDRS)

**Reference:** Hamilton M. A rating scale for depression. *J Neurol Neurosurg Psychiatry* 1960; 23:56–62

**Rating** Clinician-rated

**Administration time** 20–30 minutes

**Main purpose** To assess severity of, and change in, depressive symptoms

**Population** Adults

## Commentary

The HDRS (also known as the Ham-D) is the most widely used clinician-administered depression assessment scale. The original version contains 17 items (HDRS17) pertaining to symptoms of depression experienced over the past week. Although the scale was designed for completion after an unstructured clinical interview, there are now semi-structured interview guides available. The HDRS was originally developed for hospital inpatients, thus the emphasis on melancholic and physical symptoms of depression. A later 21-item version (HDRS21) included 4 items intended to subtype the depression, but which are sometimes, incorrectly, used to rate severity. A limitation of the HDRS is that atypical symptoms of depression (e.g., hypersomnia, hyperphagia) are not assessed (see SIGH-SAD, page 55).

## Scoring

Method for scoring varies by version. For the HDRS17, a score of 0–7 is generally accepted to be within the normal range (or in clinical remission), while a score of 20 or higher (indicating at least moderate severity) is usually required for entry into a clinical trial.

## Versions

The scale has been translated into a number of languages including French, German, Italian, Thai, and Turkish. As well, there is an Interactive Voice Response version (IVR), a Seasonal Affective Disorder version (SIGH-SAD, see page 55), and a Structured Interview Version (HDS-SIV). Numerous versions with varying lengths include the HDRS17, HDRS21, HDRS29, HDRS8, HDRS6, HDRS24, and HDRS7 (see page 30).

## Additional references

Hamilton M. Development of a rating scale for primary depressive illness. *Br J Soc Clin Psychol* 1967; 6(4):278–96.

Williams JB. A structured interview guide for the Hamilton Depression Rating Scale. *Arch Gen Psychiatry* 1988; 45(8):742–7.

## Address for correspondence

The HDRS is in the public domain.

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

## Hamilton Depression Rating Scale (HDRS)

PLEASE COMPLETE THE SCALE BASED ON A STRUCTURED INTERVIEW

Instructions: for each item select the one “cue” which best characterizes the patient. Be sure to record the answers in the appropriate spaces (positions 0 through 4).

### 1 DEPRESSED MOOD (*sadness, hopeless, helpless, worthless*)

- 0 ☐ Absent.
- 1 ☐ These feeling states indicated only on questioning.
- 2 ☐ These feeling states spontaneously reported verbally.
- 3 ☐ Communicates feeling states non-verbally, i.e. through facial expression, posture, voice and tendency to weep.
- 4 ☐ Patient reports virtually only these feeling states in his/her spontaneous verbal and non-verbal communication.

### 2 FEELINGS OF GUILT

- 0 ☐ Absent.
- 1 ☐ Self reproach, feels he/she has let people down.
- 2 ☐ Ideas of guilt or rumination over past errors or sinful deeds.
- 3 ☐ Present illness is a punishment. Delusions of guilt.
- 4 ☐ Hears accusatory or denunciatory voices and/or experiences threatening visual hallucinations.

### 3 SUICIDE

- 0 ☐ Absent.
- 1 ☐ Feels life is not worth living.
- 2 ☐ Wishes he/she were dead or any thoughts of possible death to self.
- 3 ☐ Ideas or gestures of suicide.
- 4 ☐ Attempts at suicide (any serious attempt rate 4).

### 4 INSOMNIA: EARLY IN THE NIGHT

- 0 ☐ No difficulty falling asleep.
- 1 ☐ Complains of occasional difficulty falling asleep, i.e. more than 1/2 hour.
- 2 ☐ Complains of nightly difficulty falling asleep.

### 5 INSOMNIA: MIDDLE OF THE NIGHT

- 0 ☐ No difficulty.
- 1 ☐ Patient complains of being restless and disturbed during the night.
- 2 ☐ Waking during the night – any getting out of bed rates 2 (except for purposes of voiding).

**6 INSOMNIA: EARLY HOURS OF THE MORNING**

- 0 ☐ No difficulty.
- 1 ☐ Waking in early hours of the morning but goes back to sleep.
- 2 ☐ Unable to fall asleep again if he/she gets out of bed.

**7 WORK AND ACTIVITIES**

- 0 ☐ No difficulty.
- 1 ☐ Thoughts and feelings of incapacity, fatigue or weakness related to activities, work or hobbies.
- 2 ☐ Loss of interest in activity, hobbies or work – either directly reported by the patient or indirect in listlessness, indecision and vacillation (feels he/she has to push self to work or activities).
- 3 ☐ Decrease in actual time spent in activities or decrease in productivity. Rate 3 if the patient does not spend at least three hours a day in activities (job or hobbies) excluding routine chores.
- 4 ☐ Stopped working because of present illness. Rate 4 if patient engages in no activities except routine chores, or if patient fails to perform routine chores unassisted.

**8 RETARDATION** (*slowness of thought and speech, impaired ability to concentrate, decreased motor activity*)

- 0 ☐ Normal speech and thought.
- 1 ☐ Slight retardation during the interview.
- 2 ☐ Obvious retardation during the interview.
- 3 ☐ Interview difficult.
- 4 ☐ Complete stupor.

**9 AGITATION**

- 0 ☐ None.
- 1 ☐ Fidgetiness.
- 2 ☐ Playing with hands, hair, etc.
- 3 ☐ Moving about, can't sit still.
- 4 ☐ Hand wringing, nail biting, hair-pulling, biting of lips.

**10 ANXIETY PSYCHIC**

- 0 ☐ No difficulty.
- 1 ☐ Subjective tension and irritability.
- 2 ☐ Worrying about minor matters.
- 3 ☐ Apprehensive attitude apparent in face or speech.
- 4 ☐ Fears expressed without questioning.

**11 ANXIETY SOMATIC** (*physiological concomitants of anxiety*)  
**such as:**

gastro-intestinal – dry mouth, wind, indigestion, diarrhea, cramps, belching

cardio-vascular – palpitations, headaches

respiratory – hyperventilation, sighing

urinary frequency

sweating

- 0 ☐ Absent.
- 1 ☐ Mild.
- 2 ☐ Moderate.
- 3 ☐ Severe.
- 4 ☐ Incapacitating.

**12 SOMATIC SYMPTOMS GASTRO-INTESTINAL**

- 0 ☐ None.
- 1 ☐ Loss of appetite but eating without staff encouragement. Heavy feelings in abdomen.
- 2 ☐ Difficulty eating without staff urging. Requests or requires laxatives or medication for bowels or medication for gastro-intestinal symptoms

**13 GENERAL SOMATIC SYMPTOMS**

- 0 ☐ None.
- 1 ☐ Heaviness in limbs, back or head. Backaches, headaches, muscle aches. Loss of energy and fatigability.
- 2 ☐ Any clear-cut symptom rates 2.

**14 GENITAL SYMPTOMS** (*symptoms such as loss of libido, menstrual disturbances*)

- 0 ☐ Absent.
- 1 ☐ Mild.
- 2 ☐ Severe.

**15 HYPOCHONDRIASIS**

- 0 ☐ Not present.
- 1 ☐ Self-absorption (bodily).
- 2 ☐ Preoccupation with health.
- 3 ☐ Frequent complaints, requests for help, etc.
- 4 ☐ Hypochondriacal delusions.

**16 LOSS OF WEIGHT** (*RATE EITHER a OR b*)

a) According to the patient:

- 0 ☐ No weight loss.
- 1 ☐ Probable weight loss associated with present illness.
- 2 ☐ Definite (according to patient) weight loss.
- 3 ☐ Not assessed.

b) According to weekly measurements:

- 0 ☐ Less than 1 lb weight loss in week.
- 1 ☐ Greater than 1 lb weight loss in week.
- 2 ☐ Greater than 2 lb weight loss in week.
- 3 ☐ Not assessed.

**17 INSIGHT**

- 0 ☐ Acknowledges being depressed and ill.
- 1 ☐ Acknowledges illness but attributes cause to bad food, climate, overwork, virus, need for rest, etc.
- 2 ☐ Denies being ill at all.

**Total score** \_\_\_\_\_

## CAGE Questionnaire

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

### The CAGE Questionnaire Adapted to Include Drugs (CAGE-AID)

1. Have you felt you ought to cut down on your drinking or drug use? ☐ Yes ☐ No
2. Have people annoyed you by criticizing your drinking or drug use? ☐ Yes ☐ No
3. Have you felt bad or guilty about your drinking or drug use?  
☐ Yes ☐ No
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)? ☐ Yes ☐ No

Score: \_\_ /4

2/4 or greater = positive CAGE, further evaluation is indicated

**Source:** Reprinted with permission from the *Wisconsin Medical Journal*. Brown, R.L., and Rounds, L.A.  
Conjoint screening questionnaires for alcohol and drug abuse. *Wisconsin Medical Journal* 94:135-140, 1995.