DefiniPoint offers a suite of psychometrically validated ADHD rating scales utilizing DSM-5 diagnostic criteria as well as a comorbidity screening instrument, two functional impairment rating scales, and three treatment monitoring instruments, all designed to work in concert with each other.

### ADHD Rating Scales

<table>
<thead>
<tr>
<th>Rating Scales</th>
<th>Patient</th>
<th>Informants</th>
<th>Items</th>
<th>Symptoms</th>
<th>Psychometric Properties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vanderbilt ADHD Diagnostic Rating Scales</td>
<td>▲</td>
<td>▲</td>
<td>Parent ▲ Teacher ▲ Self ▲</td>
<td>43 (T) 55 (P) Subtypes, ODD, CD, anxiety/depression</td>
<td>▲ ▲</td>
</tr>
<tr>
<td>Swanson, Nolan, and Pelham Questionnaire</td>
<td>▲</td>
<td>▲</td>
<td>Parent ▲ Teacher ▲ Self ▲</td>
<td>90 Subtypes, ODD, overactivity, aggressive/defiance</td>
<td>▲ ▲</td>
</tr>
<tr>
<td>Strengths &amp; Weaknesses of ADHD Symptoms and Normal Behavior Scale</td>
<td>▲</td>
<td>▲</td>
<td>Parent ▲ Teacher ▲ Self ▲</td>
<td>18 ADHD subtypes</td>
<td>▲ ▲</td>
</tr>
<tr>
<td>Wender Utah Rating Scale</td>
<td>▲</td>
<td>▲</td>
<td>Parent ▲ Teacher ▲ Self ▲</td>
<td>61 ADHD, screen for other disorders</td>
<td>▲ ▲</td>
</tr>
<tr>
<td>Adult ADHD Self-Report Scale</td>
<td>▲</td>
<td>▲</td>
<td>Parent ▲ Teacher ▲ Self ▲</td>
<td>18 ADHD subtypes</td>
<td>▲ ▲</td>
</tr>
</tbody>
</table>

### Comorbidity Screening

<table>
<thead>
<tr>
<th>Screening</th>
<th>Patient</th>
<th>Informants</th>
<th>Items</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weiss ADHD Comorbid Screen</td>
<td>▲</td>
<td>▲</td>
<td>172 ADHD subtypes, many comorbid disorders</td>
<td></td>
</tr>
</tbody>
</table>

### Impairment Rating Scales

<table>
<thead>
<tr>
<th>Rating Scales</th>
<th>Patient</th>
<th>Informants</th>
<th>Items</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weiss Functional Impairment Rating Scale</td>
<td>▲</td>
<td>▲</td>
<td>Parent ▲ Teacher ▲ Self ▲</td>
<td>50 (S) 69 (P) Impairment</td>
</tr>
<tr>
<td>Impairment Rating Scale</td>
<td>▲</td>
<td>▲</td>
<td>Parent ▲ Teacher ▲ Self ▲</td>
<td>8 Impairment</td>
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</tbody>
</table>

### Treatment Monitoring Instruments

<table>
<thead>
<tr>
<th>Monitoring Instruments</th>
<th>Patient</th>
<th>Informants</th>
<th>Items</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rabiner ADHD Monitoring</td>
<td>▲</td>
<td>▲</td>
<td>20</td>
<td>ADHD symptoms in the classroom</td>
</tr>
<tr>
<td>Weiss Teacher Report</td>
<td>▲</td>
<td>▲</td>
<td>43</td>
<td>ADHD symptoms in the classroom</td>
</tr>
<tr>
<td>Medical Monitoring</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>20, 12 Efficacy, side effects</td>
</tr>
</tbody>
</table>
CHILD ADHD RATING SCALES

Vanderbilt ADHD Diagnostic Rating Scales
The Vanderbilt ADHD Rating Scales (VADRS) are based on DSM-5 criteria for ADHD diagnosis and include versions specific for parents and teachers. These psychometrically sound measures are easily accessible and simple to interpret. ADHD symptom-specific rating scales effectively discriminate between children with and without ADHD, and accurately predict presentation specifiers (subtypes).

The psychometric properties and clinical utility of both the parent and teacher versions have been demonstrated in studies and described in multiple journal articles since the introduction of the teacher rating scale in 1998. The parent rating scale in 2003. The psychometric properties and clinical utility for both rating scales were reconfirmed via recent clinical studies and published in 2013.

The VADRS have been found to be reliable and well validated with normative data available across sex and age (sample size of 6,591 and 6,171 for the teacher and parent rating scales, respectively).

The SNAP Rating Scale
The SNAP Rating Scale, based on DSM-5 criteria for ADHD, is psychometrically sound, easily accessible and simple to interpret. This comprehensive (90 item) ADHD rating scale effectively discriminates between children with and without ADHD, and accurately predicts subtypes (inattention, hyperactivity/impulsivity and combined). The SNAP is particularly helpful in making a differential diagnosis and includes items to gauge other DSM-5 disorders.

The psychometric properties and clinical utility of the SNAP has been demonstrated in multiple studies since its introduction in 2001. Response to treatment and direct classroom observation have established the validity of SNAP, and it was used as the primary outcome measure in the 1999 Multimodality Treatment Study of ADHD. The SNAP has been found to be reliable and well validated with normative data available from parents (N = 1,613) and teachers (N = 1,205).

The SWAN “Short”
The Strengths and Weaknesses of ADHD symptoms and Normal behavior rating scale (SWAN) is based on DSM-5 criteria for ADHD diagnosis measuring inattentive, hyperactive, and impulsive behaviors. The SWAN is a revised version of the SNAP, in which wording of the 18 ADHD symptoms was adapted to measure positive attention and impulse regulation behaviors in the normal population. Psychometrically identical to the original SWAN and SNAP, this updated SWAN “short” has the same distribution of individuals. The SWAN “short” is psychometrically sound, easier for informants to use, and simple to interpret. This ADHD symptom-specific rating scale effectively discriminates between children with and without ADHD, and accurately predicts presentation specifiers (subtypes).

The psychometric properties and clinical utility of the SWAN has been demonstrated in studies and described in multiple journal articles since its initial introduction. Recent clinical studies reconfirmed the findings.

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ADULT/ADOLESCENT ADHD RATING SCALES

Wender Utah Rating Scale (WURS)
The Wender Utah ADHD Rating Scale (WURS) is based on DSM criteria for ADHD diagnosis and is easily accessible and simple to interpret. This ADHD symptom-specific rating scale effectively discriminates between adults/adolescents with and without ADHD.

The WURS is a 61-item retrospective self-report scale where individuals rate the severity of ADHD symptoms experienced when they were children using a 5-point Likert scale. It measures symptoms in seven categories:

- Attention difficulties
- Hyperactivity/restlessness
- Temper
- Affective liability
- Emotional over-reactivity
- Disorganization
- Impulsivity

For adults, WURS has been shown to be a valid retrospective screening and dimensional measure of childhood ADHD symptoms to replicate and correlate with Connors Abbreviated Parent and Teacher Questionnaire and demonstrate internal consistency reliability and to exhibit good construct validity. The WURS may be particularly useful if the clinician wishes to assess possible mood liability symptoms of ADHD. The WURS has been shown to demonstrate good psychometric properties for ADHD assessments for various populations such as college students, men and women, and numerous non-US countries.

The psychometric properties and clinical utility of the WURS has been demonstrated in studies and described in multiple journal articles since the introduction 1993.10,11,12

Adult ADHD Self-Report Scale (ASRS)
The Adult ADHD Self-Report Rating Scale (ASRS) is an 18-item self-report scale based on the DSM-5 ADHD criteria reworded to be more appropriate for adults or adolescents. Additionally, a context basis of symptoms is provided. The scale is intended to be used for individuals at risk for having ADHD, whether secondary to presenting symptoms, family history, or comorbidity. The ASRS is psychometrically sound, easily accessible and simple to interpret. This ADHD symptom-specific rating scale effectively discriminates between adults/adolescents with and without ADHD, and accurately predicts presentation specifiers (subtypes).

The ASRS has demonstrated good psychometric properties (good reliability and validated) in both adolescent and adult populations. The psychometric properties and clinical utility of the ASRS have been demonstrated in multiple clinical studies and described in journal articles since its introduction in 2005.13,14,15,16,17
COMORBIDITY SCREENING

Weiss ADHD Comorbidity Screen (WACS)
The WACS is a screening tool that helps practitioners to gather symptom information about conditions that are most typically associated with ADHD. It is a way to direct and check mental status, and assure that you have not missed comorbid disorders, either by forgetting to ask or because the patient was disinclined to reveal the problem. The WACS can be used with children, adolescents, and adults to provide comparative informant information, information over time, and assistance with differential diagnosis and comorbidity.

By allowing clinicians to visually scan the responses and easily identify endorsed items, it is a user-friendly clinical tool that enables the clinician to focus the clinician interview to make a correct DSM-5 diagnosis and to compare what informants describe, with what appears in the interview to cross check differences and obtain a consensus. The WACS is consistent with DSM-5, but is not a DSM-5 checklist.

FUNCTIONAL IMPAIRMENT RATING SCALES

These instruments are particularly helpful to quantify an individual’s response to intervention and gauge overall progress beyond ADHD symptoms.

Weiss Functional Impairment Rating Scale (WFIRS)
Weiss Functional Impairment Rating Scales (WFIRS) assesses symptoms and to what degree an individual’s behavior or emotional problems impact various clinically-relevant domains of functioning. Although ADHD symptoms and actual impairment are distinct concepts, it is informative to measure both since some patients are highly symptomatic but not impaired or vice versa. The WFIRS contains items that are most likely to represent the patient's target of treatment and therefore has utility when used to assess treatment efficacy. The WFIRS is designed to determine not only if the ADHD has improved, but if the patient's functional difficulties are also better.

The WFIRS is psychometrically sound, easily accessible and simple to interpret. The clinical utility of the WFIRS has been demonstrated in multiple clinical studies and described in journal articles since its introduction. The instrument has been translated into 18 languages, used in many studies, and psychometrically validated.

Impairment Rating Scale (IRS)
The Impairment Rating Scale (IRS) is a multidimensional measure that assesses functioning across domains. Specifically, the IRS qualifies and quantifies impairment present in a child's life, both in school and nonschool settings. The scale has Parent and Teacher versions which ask about the degree to which the child has problems that warrant treatment, intervention, or special services in specific areas of functioning. For children ages 4 through 12, the IRS has shown good psychometric properties and has empirically derived cutoff points.

The IRS asks the informant to respond using a 7-point scale that ranges from “No problem; definitely does not need treatment or special services” to “Extreme problem; definitely needs treatment or special services.” The IRS exhibits concurrent, discriminant, and convergent validity, and acceptable levels of temporal stability. The IRS is psychometrically sound, easily accessible and simple to interpret. The clinical utility of the WFIRS has been demonstrated in multiple clinical studies and described in journal articles since its introduction.

The IRS measures the following areas of functioning:

- Peer
- Sibling
- Parent
- Teacher
- Academics
- Self-Esteem
- Classroom/Family
- Global

TREATMENT MONITORING

Rabiner ADHD Monitoring System
The ADHD Monitoring System was developed by David Rabiner, Ph.D., a clinical psychologist and professor at Duke University. The need for regular monitoring of students’ ADHD symptoms and performance in the classroom is well recognized. This instrument provides a systematic way to monitor and document how well a child with ADHD is doing at school in several important areas: ADHD symptoms; social and emotional functioning; and academic performance. The form requires less than 5 minutes for teachers to complete and provides clear information about behaviors/performance in the classroom.

Weiss Teacher Report of School Functioning
The Teacher Report of School Functioning was developed by Margaret Weiss, MD, PhD, a child psychiatrist and professor at the University of British Columbia, and provides clinicians with information on a student’s performance and behaviors at school as well as teachers’ perspectives and concerns. The Teacher Report is designed to facilitate communication between the clinician and teachers during an ADHD evaluation and following treatment as part of an ongoing ADHD management plan.

Medical Monitoring
The need for regular monitoring of patients’ outcomes and side effects during the pharmacologic management of ADHD is well recognized. This Medical Monitoring tool provides side-effect information to the prescribing physician for routine follow-up visits. The Medical Monitoring tool asks the informant to provide information on 12 common side-effects associated with ADHD medications. The informant is also asked to grade the severity of the side-effects (none, mild, moderate, severe). The tool has a Generic Version which limits the questions to side-effects while the Parent version also asks about the length of time since diagnosis, length of time using the current medication, dosing regimen, effectiveness, and timing of behaviors and dosing during the day.