DefiniPoint offers a variety of psychometrically validated/standardized ADHD rating scales based on DSM-5 diagnostic criteria. DefiniPoint also includes impairment rating scales to measure the impact of ADHD symptoms.

- For children, adolescents, and adults
- With short, medium, and long versions
- Enables you tailor assessments to meet the specific needs of the Client

Instruments in DefiniPoint are also suitable for follow-ups to quantify treatment efficacy and document outcomes.

### DefiniPoint Instruments

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Vanderbilt ADHD Diagnostic Rating Scales

Overview

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 and 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).

Symptom and Impairment Scales

The VADRS include questions to assess the severity and frequency of the nine inattentive symptoms and nine hyperactivity/impulsivity symptoms as well as impairment questions to gauge the DSM impairment.

Use in Determining Treatment Outcomes

In addition to being used for initial evaluations, the VADRS can be used to systematically obtain objective behavioral information from parents and teachers to monitor improvements and inform treatment decisions. The VADRS can be completed in less than 10 minutes, making it ideal to easily gather information on a routine basis.

PARENT RATING SCALES (VADPRS)

The wording of DSM-5 criteria is adapted for the home setting in this 43 question rating scale. Additionally, the VADPRS includes screening questions for Oppositional-Defiant Disorder, Conduct Disorder, Anxiety and Depression. Recent studies have reported that the VADPRS may be helpful in determining which children likely do not meet diagnostic criteria for these comorbidities.

TEACHER RATING SCALES (VADTRS)

The wording of DSM-5 criteria is adapted for the school setting in this 55 question rating scale. The teacher version also includes a screen for mood and anxiety symptoms and a rating of the child’s classroom performance.

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Overview
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 presentation specifiers (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 have been demonstrated in multiple studies since its introduction in 2001. Response to treatment and direct classroom observations has established the validity of SNAP, and it was used as the primary outcome measure in the Multimodality Treatment Study of ADHD.1 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).2

Classroom Impairment
The SNAP includes the 10 items of the Swanson, Kotkin, Agler, Mylnn, and Pelham (SKAMP) Rating Scale to gauge severity of impairment in the classroom. These items are classroom manifestations of inattention, hyperactivity, and impulsivity (i.e., getting started, staying on task, interactions with others, completing work, and shifting activities).3

Differential Diagnosis
Since Oppositional Defiant Disorder is often present in children with ADHD, the SNAP includes DSM-5 criteria for ODD. Because it measures inattention/overactivity separately from aggression/defiance, the SNAP is able to distinguish these two related behaviors. The SNAP also measures the general index of childhood problems. Several other DSM-5 disorders may overlap with or masquerade as symptoms of ADHD. These may be comorbid disorders, but the presence of one or more of these disorders may exclude a diagnosis of ADHD. The SNAP is not designed to be used in the formal process of diagnosing these non-ADHD disorders, but if symptoms of the SNAP receive a high (“Quite A Bit” or “Very Much”) rating, then an assessment of the implicated disorders may be warranted.

- Conduct Disorder (4 items)
- Intermittent Explosive Disorder (1 item)
- Stereotypic Movement Disorder (1 item)
- Obsessive-Compulsive Disorder (2 items)
- Generalized Anxiety Disorder (6 items)
- Narcolepsy (1 item)
- Adjustment Disorder (2 items)

- DSM-5 Criteria for Inattention and Hyperactivity/Impulsivity Symptoms
- DSM-5 Criteria for ODD
- 90 Items Including DSM Screen for Numerous Disorders
- Normative Data used to Provide a Single Score for Each Informant
- DefiniPoint Integrates Multi-informant Scores to Provide Single Result

- Histrionic Personality Disorder (1 item)
- Narcissistic Personality Disorder (1 item)
- Borderline Personality Disorder (1 item)
- Manic Episode (5 items)
- Dysthymic Disorder (3 items)
- Posttraumatic Stress Disorder (2 items)


Overview
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 subtypes.

The psychometric properties and clinical utility of the SWAN has been demonstrated in studies and described in multiple journal articles since its initial introduction1. The psychometric properties and clinical utility for the SWAN was reconfirmed via recent clinical studies and published in 2012 and 20132,3.

Positive Attention and Impulse Regulation
The SWAN is the preferred rating scale designed to measure positive attention and impulse regulation behaviors based on DSM criteria.

Use in Determining Treatment Outcomes
In addition to being used for initial evaluations, the SWAN can be used to systematically obtain objective behavioral information from parents and teachers to monitor improvements and inform treatment decisions. The SWAN can be completed in approximately 5 minutes, making it ideal to easily gather information on a routine basis.

SWAN RATING SCALE
The wording of DSM-5 criteria is adapted for measuring the child’s attention on a continuum, from positive attention skills to attention problems, in this 18 question rating scale. Various studies have validated the use of the SWAN rating scale for both home and school settings.


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.  

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The psychometric properties and clinical utility of the WURS has been demonstrated in studies and described in multiple journal articles since the introduction 1993.  

The WURS has been found to be reliable and well validated with normative data available across sex and age.

**MULTI-CULTURAL UTILITY**

The WURS has been translated and validated in several languages/cultures including Spanish, German, French, Chinese, Japanese, Finnish and Turkish hyperactivity/impulsivity symptoms as well as impairment questions to gauge the DSM impairment.

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Adult ADHD Self-Report Rating Scale (ASRS)

Overview

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 subtypes.

The ASRS was developed in conjunction with the World Health Organization and has demonstrated good psychometric properties (good reliability and validated) in both adolescent and adult populations. The ASRS has been translated and validated in several languages including Spanish, Chinese, French, German, Swedish, Danish, Norwegian, and Hebrew.

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. 1,2,3,4

The ASRS is reliable and well validated across sex and age (sample size of 154 adults and 1,080 college students). The ASRS has been used to evaluate ADHD symptoms in numerous clinical trials and demonstrated sensitivity to pharmacologic intervention.

Use in Determining Treatment Outcomes

In addition to being used for initial evaluations, the ASRS can be used to systematically obtain symptom information to monitor improvements and inform treatment decisions. The ASRS can be completed in less than 3 minutes, making it ideal to easily gather information on a routine basis.

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Overview
The 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. ¹,²,³

The instrument has been translated into 18 languages, used in many studies, and psychometrically validated.

Use in Determining Treatment Outcomes
This functional impairment rating scale effectively quantifies the level of functioning in relevant domains and can be used to systematically monitor improvements and inform treatment decisions. The WFIRS can be completed in less than 15 minutes, making it ideal to easily gather information on a routine basis.

**WEISS FUNCTIONAL IMPAIRMENT RATING SCALE - SELF**
The Weiss self-report version is appropriate for adolescent and adult report of functional impairment associated with ADHD. It contains 68 items spanning six functional domains:

- Home
- Self-Concept
- Learning & Work
- Activities of Daily Living
- Social Activities
- Risky Activities

**WEISS FUNCTIONAL IMPAIRMENT RATING SCALE - PARENT**
The Weiss parent-based version is to be completed by the parent/guardian of a child. It contains 50 items spanning six functional domains.

- Family
- Learning & School
- Life Skills
- Child’s Self-Concept
- Social Activities
- Risky Activities


Overview

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

Use in Determining Treatment Outcomes

The IRS is also sensitive to changes in behavior modification or pharmacological interventions and can be used to systematically monitor improvements and inform treatment decisions. The IRS can be completed in less than 10 minutes, making it ideal to easily gather information on a routine basis.

IMPAREDMENT RATING SCALE - PARENT

The IRS Parent is to be completed by the parent/guardian of the child. The 8 questions solicit responses on a 7-point scale along with open text elaborations and comments.

IMPAREDMENT RATING SCALE - TEACHER

The IRS Teacher version is to be completed by the teacher of the child. The 7 questions solicit responses on a 7-point scale along with open text elaborations and comments.


Overview
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.

Use in Determining Treatment Outcomes
The Medical Monitoring tool is designed to systematically monitor medication side effects and inform treatment decisions. The questionnaire can be completed in less than 5 minutes, making it ideal to easily gather information on a routine basis.

- Gathers Side Effect Information
- Parent and General Versions
- Parent Version Includes Dosing Regimen, Outcomes, and Timing Questions
- Well Suited for Medication Titration