Although the diagnostic criteria for attention-deficit hyperactivity disorder (ADHD) were originally intended for children [1, 2], the criteria are the same for adults and can be reliably used to diagnose individuals who are currently experiencing symptoms of the disorder and have a history of these symptoms since early childhood [3, 4]. It is also necessary to document impairment in professional, academic, and personal settings and that the symptoms are due primarily to ADHD and not to another psychiatric condition or other environmental or personal circumstances. Rating scales can be quite helpful for documenting symptoms (ADHD symptom scales) or for more structured evaluations which can be used in fully establishing the diagnosis. A further utility of ADHD adult symptom scales can be in monitoring the response to treatment.

There are several diagnostic interviews and symptom rating scales that can be used in the clinical evaluation of adults for ADHD (Tables 18.1 and 18.2), which are generally economical and effective in obtaining a large amount of data quickly, including symptom severity and response to treatment. Many of these measures include adult-specific prompts and probes designed to assess the impact and severity of ADHD symptoms using a semi-structured interview, which is particularly advantageous for clinicians who have limited experience in working with adult ADHD patients. There are also measures that assess ADHD-related impairments in executive function (EF), emotional regulation (ER), occupational, and quality-of-life domains.

### Adult ADHD diagnostic scales

A number of available scales can be used to assist in the diagnosis of adult ADHD.

The Conners’ Adult ADHD Diagnostic Interview for DSM-IV (CAADID) is a semi-structured interview that assesses ADHD in adults using the *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition (DSM-IV) criteria [5]. The CAADID is administered in two parts. Part I collects comprehensive information about the patient’s demographic history, developmental course, risk factors for ADHD symptoms, and comorbid psychopathology [5]. Part I consists of questions that are primarily in a yes/no format and can be completed by either the patient or clinician. Part II is administered by a trained clinician and is designed to determine if the patient meets DSM-IV Criteria A–D for ADHD [5]. Part II is divided into three sections. The first two sections evaluate the presence, age of onset, and pervasiveness of all 18 DSM-IV symptoms of inattention and hyperactivity–impulsivity, respectively. Each symptom is accompanied by specific examples of typical behaviors related to the manifestation of that symptom in order to increase diagnostic reliability. The third section assesses the impairment caused by the symptoms endorsed in the first two sections. Clinicians are also provided with a checklist and space at the end of the interview for recording behaviors observed during the interview that are either consistent or inconsistent with ADHD. DSM-IV Criterion E regarding differential diagnosis of ADHD is assessed using information gathered in Part I, which can be supplemented with a separate clinical interview, such as the Structured Clinical Interview for DSM-IV-TR Axis I Disorders (SCID-I) [6]. The CAADID has been shown to have good test–retest reliability and concurrent validity [7] and has been used in a number of clinical trials of adult ADHD [8–13].

The Adult ADHD Clinician Diagnostic Scale version 1.2 (ACDS v1.2) is a semi-structured clinician-administered interview that is designed to assess
Table 18.1. Adult ADHD diagnostic rating scales

<table>
<thead>
<tr>
<th>Scale</th>
<th>Description</th>
<th>Source</th>
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</thead>
<tbody>
<tr>
<td>Conners’ Adult ADHD Diagnostic Interview for DSM-IV (CAADDI) [5]</td>
<td>Clinician-administered, semi-structured interview designed to assess ADHD in adults using the DSM-IV criteria. Assesses the presence, age of onset, pervasiveness, and impairment of all 18 DSM-IV symptoms of ADHD, as well as demographic history, developmental course, ADHD risk factors, and comorbid psychopathology</td>
<td>Multi-Health Systems, Inc.; <a href="http://www.mhs.com">www.mhs.com</a></td>
</tr>
<tr>
<td>Adult ADHD Clinician Diagnostic Scale (ACDS v1.2) [3]</td>
<td>Clinician-administered interview designed to retrospectively assess ADHD symptoms in childhood and adult symptoms in the past 6 months. Suggested prompts are paired with each symptom domain in the adult section that are designed to ensure adequate probing of the impact and severity of the symptoms in an adult-specific context</td>
<td>New York University School of Medicine; <a href="mailto:adultADHD@nyumc.org">adultADHD@nyumc.org</a></td>
</tr>
<tr>
<td>Adult ADHD Symptoms Scale [20]</td>
<td>Earlier version of the BAARS-IV. Assesses 18 items that correspond to the DSM-IV ADHD symptom domains and functional impairment in 10 life domains. Informant-report version available and can be used to retrospectively assess childhood symptoms from ages 5 to 12</td>
<td>In Attention Deficit Hyperactivity Disorder: A Handbook for Diagnosis and Treatment, 3rd edn.; The Guilford Press; <a href="http://www.guilford.com/">http://www.guilford.com/</a></td>
</tr>
<tr>
<td>Brown ADD Scale Diagnostic Form [21]</td>
<td>Comprehensive assessment that collects information about the DSM-IV ADHD symptoms as well as the individual’s clinical history, psychiatric comorbidities, family history, physical health, drug use, sleep habits, and functional and social impairments. The information is combined with the results from the Brown ADD Rating Scale</td>
<td>The Psychological Corporation; <a href="http://www.pearsonclinical.com/education/products/100000456/brown-attention-deficit-disorder-scales-brownadderscales.html?Pid=015-8029-240">http://www.pearsonclinical.com/education/products/100000456/brown-attention-deficit-disorder-scales-brownadderscales.html?Pid=015-8029-240</a></td>
</tr>
<tr>
<td>ADHD module of the Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS) [23]</td>
<td>Includes prompts that can be used to assess adult ADHD according to DSM-IV criteria; utility in adults is limited because questions often refer to childhood-specific situations</td>
<td>University of Pittsburgh, Department of Psychiatry; <a href="http://www.psychiatry.pitt.edu/research/tools-research/ksads-pl">http://www.psychiatry.pitt.edu/research/tools-research/ksads-pl</a></td>
</tr>
<tr>
<td>Diagnostic Interview for ADHD in Adults (DIVA) [24]</td>
<td>Clinician-administered structured interview designed to assess ADHD in adults using the DSM-IV criteria. Includes sections for 18 symptoms, age-of-onset, and five areas of impairment affected by ADHD. Includes examples (both childhood and adulthood) for each of the symptoms as well as areas of impairment. Available in English and Dutch online for free for clinicians and non-commercial researchers</td>
<td>DIVA Foundation; <a href="http://www.divacenter.eu/">http://www.divacenter.eu/</a></td>
</tr>
</tbody>
</table>

and document childhood and adult ADHD symptoms. The interview begins with a retrospective childhood assessment of ADHD using the module adapted from the Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS) followed by an assessment of the 18 DSM-IV ADHD symptoms in the past 6 months. Each symptom domain in the adult assessment includes suggested prompts for clinicians that are intended to probe for the impact and severity of these symptoms in an adult-specific context. The prompts were developed for use in adult ADHD assessment and treatment research [3] but have been validated in the re-examination of the prevalence of adult ADHD in the National Comorbidity Survey Replication (NCS-R) [14] and a variety of treatment trials [15–17]. Consistent with DSM-IV, the ACDS v1.2 also requires
<table>
<thead>
<tr>
<th>Scale</th>
<th>Description</th>
</tr>
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<tr>
<td><strong>SYMPTOM SCALES</strong></td>
<td></td>
</tr>
<tr>
<td>Brown ADD Scale for Adults (BADDs) [21]</td>
<td>Developed before the DSM-IV. Assesses the frequency (0 = never, 1 = once a week, 2 = twice a week, or 3 = almost daily) of 40 items across five symptom domains: organizing work, inattention, sustaining alertness and energy, managing frustration and other affective interference, and using working memory. This scale has been normed, standardized, and validated via clinician and patient rating and can yield a subset of scores, including executive function [48].</td>
</tr>
<tr>
<td>Conners' Adult ADHD Rating Scales (CAARS) [49]</td>
<td>Include a self-report and observer-rated scale that have been developed into long, short, and screening versions. Measures DSM-IV criteria symptoms as well as specific manifestations of ADHD, such as mood lability. Both versions of this scale have been validated and normed [36]. The CAARS-Investigator (CAARS-INV) is clinician administered and contains 30 items that assess the 18 DSM-IV criteria symptoms, as well as specific manifestations of ADHD, on a 4-point Likert scale (0 = not at all, never; 1 = just a little, once in a while; 2 = pretty much, often; and 3 = very much, very frequently) that combines frequency and severity [8].</td>
</tr>
<tr>
<td>Wender–Reimherr Adult Attention Deficit Disorder Scale (WRAADDS) [9, 38]</td>
<td>This 28-item scale is based on the Utah Criteria [37] for adult ADHD. It assesses the severity of seven symptom domains: difficulties sustaining attention, disorganization, hyperactivity and restlessness, impulsivity, temper, mood lability, and emotional overreactivity. The individual items are rated on a scale from 0 to 2 (0 = not present, 1 = mild, 2 = clearly present), and the seven categories are summarized on a scale from 0 to 4 (0 = none, 4 = very much).</td>
</tr>
<tr>
<td>ADHD Rating Scale-IV (ADHD-RS-IV) [28]</td>
<td>This 18-item scale is derived from the DSM-IV criteria symptoms. It uses a 4-point, Likert severity scale (0 = none, 3 = severe). Can be divided into two subscales to measure either inattentive or hyperactive/impulsive symptoms. This scale was developed and standardized for use with children, but clinicians can be trained to use it with adults. It can be paired with the prompts from the adult component of the ACDS [3], which has been shown to be sensitive to drug effects in clinical trials of adults [15–17].</td>
</tr>
<tr>
<td>Adult ADHD Investigator Symptom Rating Scale (AISRS) [29]</td>
<td>This 18-item rating scale integrates symptom frequency, severity, and pervasiveness to assess each DSM-IV criterion on a 4-point Likert scale (0 = none, 3 = severe). The AISRS items are paired with prompts from the adult component of the ACDS and improve on aspects of the ADHD-RS. The AISRS uses adult-specific stem questions that aid clinicians in providing a context basis to the core symptom domains. For example, the symptom “difficulty waiting” in the ADHD-RS becomes “difficulty waiting your turn in situations when turn taking is required” in the AISRS. Also, “double-barreled” questions in the ADHD-RS that assess two symptom domains are replaced in the AISRS by questions that assess only one domain. For example, “difficulty playing quietly or engaging in leisure activities quietly” has been replaced by “difficulty unwinding or relaxing when you have time to yourself.” The AISRS has been shown sensitive to drug effects in clinical trials of adults [50, 51].</td>
</tr>
<tr>
<td>Adult ADHD Self-Report Scale (ASRS) v1.1 Symptom Checklist [39, 52]</td>
<td>This 18-item, self-report scale derived from the DSM-IV criteria for ADHD is used to screen and identify adults using modified language to reflect the adult presentation of ADHD and to provide a context basis for the symptoms. The scale was developed by an adult ADHD workgroup for the World Health Organization. Respondents rate the frequency of each symptom on a scale of 0 (none) to 4 (very often).</td>
</tr>
<tr>
<td>Adult Self-Report Scale (ASRS) Screener [39, 41]</td>
<td>This screening version of the 18-item ASRS Symptom Checklist is a self-administered scale consisting of the six symptoms of ADHD psychometrically determined to be most predictive of the disorder [39]. The ASRS Screener has shown good sensitivity and specificity and has a positive predictive value between 57% and 93% [39, 41]. In order for respondents to screen positively, they must rate at least four of the six symptoms as occurring significantly. The ASRS Screener should be used first to identify individuals who may be at risk for ADHD and then the ASRS Symptom Checklist should be used as a follow-up measure. The ASRS Screener can be found on the WHO website or at <a href="http://psych.med.nyu.edu/adhd-self-assessment-tools-and-information">http://psych.med.nyu.edu/adhd-self-assessment-tools-and-information</a>.</td>
</tr>
<tr>
<td>Adult ADHD Quality of Life (AAQoL) scale [42]</td>
<td>Consists of 29 items that assess the following quality-of-life domains on a 5-point scale (from “not at all” to “extremely”): life productivity, psychological health, relationships, and life outlook. The AAQoL was validated in a retrospective study of 989 adults [42].</td>
</tr>
<tr>
<td>ADHD Impact Module for Adults (AIM-A) [44]</td>
<td>Consists of five multi-item domains scored on a 5-point scale, along with questions on quality of life, and economic impact. The AIM-A has shown high correlation with the ADHD-RS, high validity, and also an ability to discriminate amongst the ADHD population based on severity, subtype, medication history, and sensitivity to change.</td>
</tr>
</tbody>
</table>
respondents to have at least some symptoms of ADHD before the age of 7, some impairment in at least two domains of functioning in the past 6 months due to the ADHD symptoms, and clinically significant impairment in at least one domain of functioning in the same period linked to the ADHD symptoms. Finally, a clinician evaluation or structured clinical interview, such as the SCID-I, can be used to rule out other psychiatric conditions that may account for the symptoms. The ACDS v1.2 has also been updated to allow assessment via DSM-IV and DSM-5 criteria.

The Barkley Adult ADHD Rating Scale-IV (BAARS-IV) assesses 18 items that correspond to the DSM-IV ADHD symptom domains as well as 9 additional items that assess symptoms of sluggish cognitive tempo (SCT) [19]. Symptoms of SCT include being prone to daydreaming, trouble staying awake and alert, being easily confused or bored, lethargy, and trouble processing information quickly [19]. Each item is rated for the past 6 months on a 4-point scale (1 = never or rarely; 2 = sometimes; 3 = often; 4 = very often) and information on age of onset and impairment domains is also collected. A total current ADHD symptom score is calculated as well as four subscale scores – Inattention, Hyperactivity, Impulsivity, and SCT – which can then be compared with normative data for the respondent’s age group to obtain a percentile score [19]. The BAARS-IV is available in four versions: Self-Report Current Symptoms, Self-Report Childhood Symptoms, Other Report Current Symptoms, and Other Report Childhood Symptoms. The Childhood versions of the BAARS-IV retrospectively assess the 18 DSM-IV symptoms of ADHD from ages 5 to 12 and do not contain the additional SCT symptoms. The BAARS-IV Other Report Forms allow clinicians to obtain ratings from an adult who knows the respondent well. Normative Data is not available for the Other Report Forms [19].

The earlier version of the BAARS-IV, the Adult ADHD Symptoms Scale, assessed 18 items that correspond to the DSM-IV ADHD symptom domains using a similar 4-point Likert scale [20]. However, the Adult ADHD Symptoms Scale contained a separate section that asked respondents to rate the degree of impairment they experienced from any ADHD symptoms in 10 life domains including school, relationships, work, and home life. The Adult ADHD Symptoms Scale also included informant-report versions and could be completed for a retrospective assessment of childhood ADHD symptoms from ages 5 to 12 [20]. These scales, along with assessments of developmental history, employment, medical health, social history, and driving behaviors can be combined in performing a structured diagnostic ADHD assessment in adults [20].

The Brown ADD Diagnostic Form is a comprehensive assessment that gathers information about the DSM-IV ADHD symptoms as well as clinical and family history, psychopathology, comorbidities, physical health, drug use, sleep habits, IQ, and impairments with work, school, leisure, peer interactions, and self-image [21]. Other assessments can be used to assess deficits in cognitive EF. A diagnosis is established by evaluating all of these data together with

| Table 18.2. (cont) |
| Scale | Description |
| Barkley Functional Impairment Scales (BFIS) [45] | Consists of Long-Form (LF) and Quick-Form (QF), both with self-report and other-reports. The LF consists of 15 domains of impairment while the QF only has 6, all of which are rated on a 0–9 scale (or 99 for “Does not apply”). BFIS includes normative data, has been validated with 1249 adults, and has a high reliability. |
| Weiss Functional Impairment Rating Scale Self-Report (WFIRS-S) [46, 47] | Frequency/severity based scale ("0" – “never or not at all,” "1" – “sometimes or somewhat,” "2" – “often or much,” "3" – “very often or very much,” and “n/a” – “not applicable”), with domains in family, work, school, life skills, social and self-concept and risk, with 8 to 14 questions in each domain. Items which rate "2" or "3" are considered to denote significant impairment. Impairment for each of the domains noted above is characterized by two items rating "2" or "3" or one item scoring a "3" in the domain in question. |

* The Wechsler Adult Intelligence Scale can be used with the Brown Scale to aid in establishing an ADHD diagnosis.
† The CAARS total ADHD symptom score with adult ADHD prompts (the 18 DSM-IV symptoms of ADHD from the CAARS-INv) and ADHD symptom subscale scores (the nine inattentive and nine hyperactive/impulsive symptoms) have been shown to successfully assess the treatment response to atomoxetine in adult clinical trials [8, 53].
‡ A recent clinical trial of atomoxetine showed the WRAADDS to be sensitive to drug effects in the improvement of mood lability and dysregulation in adults with ADHD [9].
§ A recent study of 60 adults with ADHD found the ASRS to have high internal consistency and concurrent validity with the clinician-administered ADHD-RS [52]. The ASRS can be found at http://psych.med.nyu.edu/adhd-self-assessment-tools-and-information.
the results from the 40-item Brown ADD Rating Scale [21, 22].

The K-SADS module on ADHD includes extensive prompts that clinicians can use to assess for ADHD in adults according to the DSM-IV criteria. However, its use with adults is limited as the questions were developed for use with pediatric patients as they use childhood-based language [3, 23].

The Diagnostic Interview for ADHD in Adults (DIVA) is based on the 18 items for an ADHD diagnosis in the DSM-IV and is the first structured Dutch interview for ADHD in adults [24]. The DIVA includes three sections: (1) Criteria for Attention Deficits, (2) Criteria for Hyperactivity–Impulsivity, and (3) Age-of-Onset and Impairments due to the ADHD. Each of the 18 items provides a list of examples for both current and childhood to help the patient further understand the item and compare themselves to others. The impairments section also provides examples (for both adulthood and childhood) of how ADHD can affect the five major areas of work/education, relationships and family life, social contacts, free time and hobbies, and self-confidence/self-image.

**Adult ADHD symptom assessment scales**

Current-symptom surveys can be divided into clinician-administered and self-report forms. A number of the self-reported scales are normed and can provide population comparisons. Self-report scales are an effective way to capture the symptoms of adults with ADHD, as symptoms such as internalized restlessness, feeling disorganized, and distraction may be more readily apparent to the patient than to observers [25]. Semi-structured scales are also useful when assessing new patients who may be less aware about their symptoms as they allow the use of an extensive list of example prompts to establish a comprehensive baseline for impairment. Some scales adhere more strictly to the DSM-IV-TR symptom domains, whereas others expand the adult ADHD symptomatology to include assessment of mood regulation and EF [3].

The ADHD Rating Scale IV, Investigator Administered and Scored (ADHD-RS-IV), is a clinician-administered scale that is designed to assess current symptomatology. The ADHD-RS-IV consists of 18 items that directly correspond to the DSM-IV symptoms of ADHD and each item is scored on a 4-point Likert scale ranging from 0 (none) to 3 (severe) using a combined rating of frequency and severity [26]. The ADHD-RS-IV was originally standardized for use in children [26, 27] but has been shown to be sensitive to drug effects in adults with ADHD [15, 16]. The prompts from the adult module of the ACDS v1.2 can be paired with each item of the ADHD-RS-IV to enable raters to probe for the impact and severity of ADHD symptomatology in an adult-specific context [28]. The ADHD-RS-IV with prompts has been shown to be a valid and reliable measure to assess ADHD in adults [17].

The Adult ADHD Investigator Symptom Rating Scale (AISRS) is another clinician-administered scale that assesses each DSM-IV symptom domain of ADHD. Similar to the ADHD-RS-IV, the AISRS consists of 18 items that are scored on a 4-point Likert scale (0 = none; 1 = mild; 2 = moderate; and 3 = severe) with a maximum total score of 54 and maximum scores of 27 for both the inattentive and hyperactive–impulsive subscales [29]. In addition to using the adult ADHD prompts from the ACDS v1.2, the AISRS stem questions are designed to better capture symptoms of the disorder presented in adulthood. The AISRS has been found to be a valid measure of medication response in adults with ADHD [29–31].

The Brown Attention-Deficit Disorder Scale (BADDs) for adults is a validated, normed 40-item self-report scale administered by a clinician (clinician-recorded responses). Each item is measured on a frequency-based scale (0 = never, 1 = once a week or less, 2 = twice a week, or 3 = almost daily) and can be grouped into five clusters of related ADHD symptoms: organizing and activating work; sustaining attention and concentration; sustaining energy and effort; managing affective interference; and utilizing working memory and accessing recall [21]. The BADDs can be used to assess ADHD-related EF, and has been previously used to evaluate EF in children and adults with ADHD [32–35].

The screening version of the Conners’ Adult ADHD Rating Scale (CAARS) is a 30-item frequency scale with items such as “has difficulty organizing tasks and activities” and “is ‘on the go’ or acts as if ‘driven by a motor.’” Symptoms are assessed on a combination of frequency and severity. Patients respond on a 4-point Likert-type scale (0 = not at all, never; 1 = just a little, once in a while; 2 = pretty much, often; and 3 = very much, very frequently). All 18 items from the DSM-IV can be extrapolated from the CAARS. There are also...
observer and self-report versions of the CAARS. Both the clinician-administered and self-rated versions of this scale have been validated. The self-rated version of the CAARS has been normed [36].

The Wender–Reimherr Adult Attention Deficit Disorder Scale (WRAADDS) is a clinician-administered scale based on the Utah Criteria [37] for adult ADHD. It assesses the severity of the seven ADHD symptom domains of the Utah Criteria using 27 individual items: attention difficulties, hyperactivity, affective lability, disorganization, temper, emotional overreactivity, and impulsivity. The individual items are rated on a scale from 0 to 2 (0 = not present, 1 = mild, 2 = clearly present), and the seven categories are summarized on a scale from 0 (none) to 4 (very much) [9, 38].

The Adult ADHD Self-Report Scales (ASRS) consist of a 6-item screening tool for general use and an 18-item symptom checklist for patients who might be at risk. These scales were developed by the workgroup on adult ADHD and are copyrighted by the World Health Organization. The ASRS has been translated into 24 languages. The ASRS is free and available on the NYU (http://psych.med.nyu.edu/adhd-self-assessment-tools-and-information) and Harvard School of Public Health (http://www.hcp.med.harvard.edu/ncs/asrs.php) websites. The ASRS symptom checklist asks patients about the 18 symptom domains identified in the DSM-IV, modified to reflect the adult presentation of ADHD symptoms, with a context basis of symptoms provided. Symptoms are rated on a frequency basis, ranging from 0 (none) to 4 (very often) [39]. There is also an expanded version of the ASRS v1.1 symptom checklist, which includes 14 additional ADHD-related symptoms of EF and emotional control which have been validated versus the ACDS v1.2 [40]. The 6-item screening version, the ASRS v1.1 screener (extracted from the full 18-item symptom assessment scale), is available for assessing patients in the community to establish whether they are at increased risk for ADHD and is designed to be used before the symptom checklist [39]. The six items in the ASRS Screener were selected based on psychometric factor analyses of the diagnostic interviews of patients with and without ADHD in the NCS-R [39, 41].

Neither the 6-item ASRS v1.1 screener nor the full ASRS 18-item symptom assessment version is meant to be a stand-alone diagnostic tool. The diagnosis of ADHD remains predicated on assessment of current symptoms, impairment, and childhood onset of symptoms. The ASRS symptom checklist and other symptom assessment tools are designed to assess the breadth of ADHD symptoms in fulfilling the first criteria. The ASRS Screener has shown good sensitivity and specificity and has a positive predictive value between 57% and 93% [39, 41].

The BAARS-IV and earlier scales assess ADHD symptoms, but have been described above in the section on diagnostic assessments as they can be used as part of a structured diagnostic assessment of adult ADHD [20].

### Quality of life and functional impairment assessments

Assessments of impairment are part of the core DSM-IV and DSM-5 related diagnostic criteria. Additionally, assessment of quality of life can assist the clinician in establishing the impact and consequences of adult ADHD. There are two major scales in each of these categories of assessments.

The Adult ADHD Quality of Life (AAQoL) scale, which is in development, is a current-symptom psychometric scale that identifies and assesses five ADHD-related quality-of-life domains: daily activities, work, psychological well-being, physical well-being, and relationships [42]. The AAQoL consists of 29 self-rated items encompassing these five domains. Respondents rate each item on a 5-point scale, from “not at all” to “extremely.” The AAQoL assists clinicians in determining the impact of ADHD symptomatology and of treatment on quality of life [42]. The AAQoL has been used to assess changes in quality of life in a number of adult ADHD treatment trials [43].

The ADHD Impact Module for Adults (AIM-A) is another current-symptom psychometric scale which includes five multi-item domains to assess the impact of ADHD [44]. The five domains include Living with ADHD, General Well-Being, Performance and Daily-Life (for home, work, and school), Relationships and Communication, and Impact of Symptoms (both emotional, including bothersome and concern, and daily interference), and within which each item is scored on a 5-point scale. The AIM-A also includes four questions assessing the limitations ADHD has put on the individual’s life goals and achievements. Lastly, the scale includes questions on the economic impact (e.g., days of missed work, number of motor vehicle accidents), demographics (e.g., marital status, age), and
medical questions (e.g., comorbidities, medication history). The AIM-A has been shown to have a moderate correlation with the ADHD-RS (>0.34), high validity, and sensitivity to change [44].

The Barkley Functional Impairment Scale (BFIS) is available to aid identifying functional impairments resulting from mental disorders [45]. BFIS consists of both a Long-Form (LF, which includes a Self- and Other-report), and a Quick-Form (QF, also Self- and Other-reports). The LF includes 15 major-life activity domains, while the QF only includes six (i.e., self-care routines, home-chores, home-family, social-friends, education, and work). Furthermore, once the BFIS is completed, the clinician can follow up with the BFIS Impairment Interview, and discover reasons for the specific impairments that were rated greater than moderate. The BFIS has the benefit of over 16 years of work and a lot of normative data for adults from 18 to 96 years of age (n = 1249). Each of the domains on the BFIS is rated from 0 to 9 (0 = not at all, 1–2 = somewhat, 3–4 = mild, 5–7 = moderate, 8–9 = severe) or 99 for “Does not apply.” Data are also provided (in the appendix to the BFIS forms) to allow the clinician to rate each impairment domain as well as total impairment score and Percent Domain Impairment score at a clinically significant level (judged to be at the 93rd–95th percentile, or above). The BFIS (both LF and QF) has high test–retest reliability, internal consistency, and validity and can be used both in clinical and research settings [45].

The Weiss Functional Impairment Rating Scale Self-Report (WFIRS-S) is another self-rating scale of functional impairment [46]. The WFIRS-S is a frequency/severity-based scale (“0” – “never or not at all,” “1” – “sometimes or somewhat,” “2” – “often or much,” “3” – “very often or very much,” and “n/a” – “not applicable”), with domains in family, work, school, life skills, social and self-concept and risk, with 8 to 14 questions in each domain. A mean overall impairment score can be assessed via the average score in endorsed items (excluding “n/a”). Items which rate “2” or “3” are considered to denote significant impairment, as compared to two to three standard deviations above the normative sample. Impairment for each of the domains noted above is characterized by two items rating “2” or “3” or one item scoring a “3” in the domain in question. The WFIRS-S has high internal consistency, is noted to have reasonable sensitivity to change and has mild to moderate correlations against an ADHD symptoms rating scale (the ADHD-RS-IV) [47].

Summary
Although some areas of understanding of adult ADHD remain limited, there is a strong sense of how to proceed with diagnosis, using current DSM-IV-TR criteria as a guide. A thorough clinical interview, aided by the use of rating scales for current symptoms, collateral information about childhood from parents or siblings, and the use of a clinical evaluation to determine cross-situationality, onset, impairment, and comorbidity, forms the backbone of the diagnostic assessment. The poor psychosocial outcomes of patients with ADHD, often a consequence of unrecognized, untreated disorder manifestation, can also serve as a diagnostic indicator. Accordingly, adult ADHD remains a valid clinical diagnosis, and the clinician-administered interview that adheres to the cardinal DSM-IV-TR or DSM-5 criteria for making the diagnosis remains the cornerstone of the diagnostic evaluation.

References


