Diagnostic Tools for the Initial Evaluation of ADHD and Monitoring Treatment Success

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Disclosures

• Michelle Shepard
  ◦ I have no relevant financial relationships to disclose or conflicts of interest to resolve
  ◦ I will discuss no unapproved or off-label pharmaceuticals

David Rettew
  ◦ Royalties from Psychology Today and WW Norton publishers
  ◦ I will discuss no unapproved or off-label pharmaceuticals
  ◦ Colleague and former supervisee of Dr. Tom Achenbach
Objectives:

Describe and compare well known rating scales for ADHD and co-morbid conditions

Use clinical cases to describe utility of rating scales in different situations
## Screening vs. Assessment Tools

<table>
<thead>
<tr>
<th>Screening</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluates the possible presence of a particular problem</td>
<td>Defines the nature of the problem</td>
</tr>
<tr>
<td>Can be simple yes/no</td>
<td>Contributes to diagnosis (DSM-5)</td>
</tr>
<tr>
<td>Determines whether a more thorough evaluation is warranted.</td>
<td>Used to develop specific treatment recommendations</td>
</tr>
<tr>
<td></td>
<td>Many require special training to administer and interpret</td>
</tr>
</tbody>
</table>
Evaluating for ADHD

Initial Screening

Full evaluation
- Interviews
- Bio-psycho-social history collection
- **Rating scales**
- Refer for additional assessments if needed
- Assess for co-occurring conditions

Follow-up Visits
- Assessment of improvement
- Side effects
Why use ADHD rating scales?

“Scales and checklists help clinicians obtain information from adults, parents, teachers, and others about symptoms and functioning in various settings. Symptoms must be present in more than one setting (such as both at home and in school or work) to meet DSM-5 criteria for an ADHD disorder.”

https://chadd.org/for-professionals/clinical-practice-tools/
Rating Scale Options

Narrow band: focus on ADHD core symptoms
- ADHD Rating Scales (ADHD-RS-IV and 5)
- Swanson, Nolan and Pelham (SNAP) scale
- Adult ADHD Self Report Scale (ASRS)
- Vanderbilt scales
- Conners’ scales

Broad band: assess multiple behavioral conditions
- Achenbach Child Behavior Checklist (CBCL)
- Behavior Assessment Scale for Children (BASC)
- Brown Attention Deficit Disorder Scales (BADDs)
ADHD Rating Scale (ADHD-RS-V)

ADHD specific- 18 items (DSM-V criteria)

ADHD symptoms and severity in context of functional impairment domains
- relationships with significant others & peers
- academic functioning,
- behavioral functioning
- homework performance
- self-esteem

Used for diagnosis & assessing treatment outcome

Proprietary, but can photocopy once purchased

Swanson, Nolan and Pelham (SNAP) scale

Full version 90 items, short version 26 items (ADHD & ODD symptoms based on DSM-IV criteria)

Cutoff scores but limited normative data

Free, can be downloaded from multiple sites

Quick to administer

https://depts.washington.edu/dbpeds/Screening%20Tools/SNAP.pdf
Adult ADHD Self Report Scale (ASRS)

Version 1.1

- Developed for the WHO based on DSM-IV criteria
- 18 items on 5-point Likert scale
- First 6 questions (Part A) can be used alone as a screener
- Relatively good psychometrics but not designed to be a stand alone diagnostic tool
- Free

6 item screening tool for DSM-5 criteria

- Validated in small population by Usten et al., 2017

http://www.mentalhealthprofessionalsinc.com/Forms/Adult_ADHD_Self-Report_Scale_(ASRS-v1.1).pdf
Vanderbilt Scales

Developed by the National Institute for Children’s Health Quality (NICHQ)

AAP ToolKit includes
- Assessment Scales for Parent & Teachers
- Follow-up Scales for Parent & Teachers

Two Components:
- Symptom assessment
  - higher scores = greater symptom frequency
- Performance impairment
  - higher scores = greater degree of impairment

# Vanderbilt Scales

<table>
<thead>
<tr>
<th>INITIAL ASSESSMENT SCALES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptom screens for:</td>
</tr>
<tr>
<td>- ADHD</td>
</tr>
<tr>
<td>- Oppositional-Defiant</td>
</tr>
<tr>
<td>- Conduct disorder</td>
</tr>
<tr>
<td>- Anxiety/depression</td>
</tr>
<tr>
<td>Impairment in school performance</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FOLLOW-UP SCALES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitors change in symptom frequency and performance</td>
</tr>
<tr>
<td>Assesses for medication side effects</td>
</tr>
</tbody>
</table>
Scoring initial assessments

To make the diagnosis of ADHD:

1. Positive for ADHD core symptoms
2. Performance impaired
3. Symptoms present in more than one environment

<table>
<thead>
<tr>
<th><strong>Parent Assessment Scale</strong></th>
<th><strong>Teacher Assessment Scale</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Predominantly Inattentive subtype</strong></td>
<td><strong>Predominantly Inattentive subtype</strong></td>
</tr>
<tr>
<td>- Must score a 2 or 3 on 6 out of 9 items on questions 1–9. <strong>AND</strong></td>
<td>- Must score a 2 or 3 on 6 out of 9 items on questions 1–9. <strong>AND</strong></td>
</tr>
<tr>
<td>- Score a 4 on at least 2, or 5 on at least 1, of the performance questions 48–54.</td>
<td>- Score a 4 on at least 2, or 5 on at least 1, of the performance questions 36–43.</td>
</tr>
<tr>
<td><strong>Predominantly Hyperactive/Impulsive subtype</strong></td>
<td><strong>Predominantly Hyperactive/Impulsive subtype</strong></td>
</tr>
<tr>
<td>- Must score a 2 or 3 on 6 out of 9 items on questions 10–18. <strong>AND</strong></td>
<td>- Must score a 2 or 3 on 6 out of 9 items on questions 10–18. <strong>AND</strong></td>
</tr>
<tr>
<td>- Score a 4 on at least 2, or 5 on at least 1, of the performance questions 48–54.</td>
<td>- Score a 4 on at least 2, or 5 on at least 1, of the performance questions 36–43.</td>
</tr>
<tr>
<td><strong>ADHD Combined Inattentive/Hyperactivity</strong></td>
<td><strong>ADHD Combined Inattentive/Hyperactivity</strong></td>
</tr>
<tr>
<td>- Requires the criteria on Inattentive <strong>AND</strong> Hyperactive/Impulsive subtypes</td>
<td>- Requires the criteria on Inattentive <strong>AND</strong> Hyperactive/Impulsive subtypes</td>
</tr>
</tbody>
</table>
Vanderbilt Case

8yr old male, no chronic medical problems

3rd grade teacher concerned about distractibility and difficulty staying on task at school. Often disrupts class and peers. Below grade level in reading

Parents concerned about problems listening at home, forgetting things, not being able to follow directions, and needing constant reminding

At initial visit history obtained and notable with father having problems with attention in school. Physical exam non-focal. Vanderbilt assessments discussed and sent with parents and to teachers.
### Sample Scored NICHQ Vanderbilt Assessment Scale: Parent Informant

**Today's Date:** 4-7-11  
**Child's Name:** John Smith  
**Child's Date of Birth:** 10-18-03  
**Parent's Name:** Joe Smith and Jane Doe  
**Parent's Phone Number:** 555-1212

**Directions:** Each rating should be considered in the context of what is appropriate for the age of your child. When completing this form, please think about your child's behaviors in the past 6 months. Is this evaluation based on time when the child

- [ ] was on medication  
- [ ] was not on medication  
- [ ] not sure

#### Symptoms

<table>
<thead>
<tr>
<th>Item</th>
<th>Never</th>
<th>Occasionally</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does not pay attention to details or makes careless mistakes with, for example, homework</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Has difficulty keeping attention to what needs to be done</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Does not seem to listen when spoken directly</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Does not follow through when given directions and fails to finish activities not due to refusal or failure to understand</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Has difficulty organizing tasks and activities</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Avoids distractions, or does not want to start tasks that require ongoing mental effort</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Loses things necessary for tasks or activities (toys, assignments, pencils, books)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Is easily distracted by noises or other stimuli</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Is forgetful in daily activities</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10. Fidgets with hands or feet or squirms in seat</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11. Leaves seat when remaining seated is expected</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12. Runs about or climbs too much when remaining seated is expected</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>13. Has difficulty playing or beginning sport play activities</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>14. Is “on the go” or often acts as if “driven by a motor”</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>15. Talks too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>16. Blurt out answers before questions have been completed</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>17. Has difficulty waiting his or her turn</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>18. Interrupts or intrudes in on others’ conversations and/or activities</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

#### Performance

<table>
<thead>
<tr>
<th>Skill</th>
<th>Excellent</th>
<th>Above Average</th>
<th>Average</th>
<th>Somewhat of a Problem</th>
<th>Problematic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Writing</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Mathematics</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Relationship with parents</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Relationship with siblings</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Relationship with peers</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Participation in organized activities (e.g., teams)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Result: Symptoms consistent with ADHD combined presentation with Symptoms noted at home and school and impairment in school performance.
1 Month Follow-up
Child started behavior therapy and stimulant medication

Vanderbilt Follow-up Assessment Parent Scales are reviewed
  ◦ Total number positive ADHD symptoms pre/post: 16/7
  ◦ Total symptom score pre/post: 39/24

No significant side effects reported
Vanderbilt's

<table>
<thead>
<tr>
<th>PROS</th>
<th>CONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short, quick to complete</td>
<td>No normative data</td>
</tr>
<tr>
<td>Easy to score by hand, no software needed</td>
<td>1st edition free but 2nd and upcoming 3rd editions available only by purchase from the AAP</td>
</tr>
<tr>
<td>Allows calculation of symptom score that can be followed over time to monitor response to treatment</td>
<td></td>
</tr>
</tbody>
</table>
Conners’ Scales
Developed by Keith Conners PhD

Available Tools:
- Conners’ Parent Rating Scale-Revised for parents/caregivers
- Conners’ Teacher Rating Scale-Revised for teachers
- Conners-Wells’ Adolescent Self-Report Scale for teenagers
- 3rd edition- contains parent, teacher, and self-report both full and short forms

https://www.wpspublish.com/conners-3-conners-third-edition#simpleproducts
Conners’ Scales

Symptom scales
- ADHD (18 items in the DSM-IV criteria)
- ODD/CD (DSM-IV criteria)
- Learning problems
- Executive functioning problems
- Peer/Family relations
- Anxiety and depression

Full length and short versions
Validated for ages 6–18 years
Conners’ case

14 yo boy with a history of adversity. He has had longstanding ADHD treated with multiple modalities in addition to PTSD. His disruptive behavior has improved with good foster care and treatment, although there is a question about his current level of ADHD symptoms.

The patient often is reluctant to take medications, claiming that he doesn’t think they have a strong positive effect.

We agree to administer a rating scale to the same teacher during two week intervals that the patient is and is not taking medications. The teacher will not be informed about medication status.
Discussion points

Rating scales can be useful in clearly showing treatment effects or lack thereof and can help resolve debates when there is a disagreement about treatment.

Even in cases of comorbidity and trauma, ADHD medications can be a useful part of treatment. The diagnosis of ADHD should not be taken off the table for people with a history of trauma but should be understood in context.
Conners’ Scales

<table>
<thead>
<tr>
<th>PROS</th>
<th>CONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent reliability and validity</td>
<td>Costly, pack of 25 is $72.00</td>
</tr>
<tr>
<td>Easy administration, scoring and</td>
<td></td>
</tr>
<tr>
<td>interpretation</td>
<td></td>
</tr>
<tr>
<td>Large normative samples- provides t-</td>
<td></td>
</tr>
<tr>
<td>scores based on age and sex</td>
<td></td>
</tr>
</tbody>
</table>
Achenbach System of Empirically Based Treatment (ASEBA)

One of most widely used broad-based behavioral instruments in the world (80+ languages)
Developed here at UVM
Empirical and DSM-based categories
Copyright protected

Please print. Be sure to answer all items.

Below is a list of items that describe children and youths. For each item that describes your child now or within the past 6 months, please circle the 2 if the item is very true or often true of your child. Circle the 1 if the item is somewhat or sometimes true of your child. If the item is not true of your child, circle the 0. Please answer all items as well as you can, even if some do not seem to apply to your child.

0 = Not True (as far as you know)
1 = Somewhat or Sometimes True
2 = Very True or Often True

0 1 2. Drinks alcohol without parents’ approval (describe).
0 1 2. Acts too young for his/her age
0 1 2. Argues a lot.
0 1 2. Fails to finish things he/she starts
0 1 2. The child is very impulsive;
0 1 2. Bowel movements outside toilet.
0 1 2. Braggart, boasting.
0 1 2. Can’t concentrate, can’t pay attention for long.
0 1 2. Can’t get his/her mind off certain thoughts; obsessions (describe):
0 1 2. Can’t sit still, restless, or hyperactive.
0 1 2. Cries a lot.
0 1 2. Cruel to animals.
0 1 2. Cruelty, bullying, or meanness to others.
0 1 2. Daydreams or gets lost in his/her thoughts.
0 1 2. Deliberately harms self or attempts suicide.
0 1 2. Demands a lot of attention.
0 1 2. Destroys father’s own things.
0 1 2. Destroys things belonging to his/her family or others.
0 1 2. Feels he/she has to be perfect.
0 1 2. Feels or conditions that no one loves him/her.
0 1 2. Feels others are out to get him/her.
0 1 2. Feels worthless or inferior.
0 1 2. Gets hurt a lot; accident-prone.
0 1 2. Gets in many fights.
0 1 2. Gets teased a lot.
0 1 2. Hangs around with others who get in trouble.
0 1 2. Feels, sound, or words that aren’t there (describe):
0 1 2. Impulsive or acts without thinking.
0 1 2. Would rather be alone than with others.
0 1 2. Lying or cheating.
0 1 2. Bites fingernails.
0 1 2. Nervous, high-strung, or tense.
0 1 2. Nervous movements or twitching (describe):
0 1 2. Nightmares.
0 1 2. Not liked by other kids.
0 1 2. Constipated, doesn’t move bowels.
0 1 2. Too fearful or anxious.
0 1 2. Feels dizzy or lightheaded.
0 1 2. Feels too guilty.

https://aseba.org/
ASEBA Assessment Forms

Child Behavior Checklist 1.5-5
Caregiver-Teacher Report Form 1.5-5
Child Behavior Checklist 6-18
Teacher Report Form 6-18
Youth Self-Report 11-18
Brief Problem Monitor 6-18 (BPM-P, BPM-T, BPM-Y)
Adult Behavior Checklist 18-59
Adult Self-Report 18-59
**Brief Problem Monitor**

- **Short form - 19 questions**
- **Likert scale for symptom scoring**
- **Quick to administer and interpret**
- **Parent and teacher forms**
- **Allows follow-up of identified problem areas**

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<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Acts too young for his/her age</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Argues a lot</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Fails to finish things when starts</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Can’t concentrate, can’t pay attention for long</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Can’t sit still, restless, or hyperactive</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Destroys things belonging to other kids or others</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Disobedient at home</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Disobedient at school</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Feels worthless or inferior</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Impulsive or acts without thinking</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Too fearful or anxious</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Cannot make up mind</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Self-controllable, easy to manage</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Instability or easily annoyed</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Stubborn, wants own way</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Temper tantrums or hot temper</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Threatens parents</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Unhappy, sad, or depressed</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Worry</td>
<td></td>
</tr>
</tbody>
</table>

**Additional Items**

- |
- |
- |

Please be sure you answered all items.
Child Behavior Checklist

ASEBA form completed by parents/caregivers

Two different sections:

- performance and behavioral (wide range)
- emotional and social traits (problems and competencies)

Mixture of free text, yes / no, multiple choice and Likert scales
ASEBA Scales

SYNDROME SCALES

- Emotionally Reactive
- Anxious/Depressed
- Somatic Complaints
- Withdrawn
- Attention Problems
- Aggressive Behavior
- Sleep Problems

DSM-ORIENTED DIAGNOSTIC SCALES

- Affective Problems
- Anxiety/stress problems
- Pervasive Developmental Disorder
- ADHD
- Autism Spectrum
- Oppositional Defiant Problems
ASEBA Scoring & Interpretation

2 options:
- Web based platform can be entered in directly by parents/teachers
- Software entry of responses with printable reports

Scoring
- Raw scores converted to T-scores, and compared with normative samples
- Clinical, borderline, non-clinical (normal)
ASEBA Multi-informant output

Anxious / Depressed

Withdrawn / Depressed

Somatic Complaints

Social Problems

Thought Problems

Attention Problems

Rule-Breaking Behavior

Aggressive Behavior

B = Borderline clinical range; C = Clinical range; Broken Lines = Borderline clinical range

* nc = The scores are not computed due to missing data

Printed by: VCCYF/gretchen
ASEBA Case

10 year old boy who with past diagnosis of ADHD and ODD presents for continued symptoms after no longer being able to be seen at community mental health center.

Responded well to guanfacine and parent behavioral training, although some symptoms remain, especially in other areas such as self-esteem and anxiety.
ASEBA Output

Child scores per parents and teacher continue to show attention problems but also anxiety, depression, and aggression.

Screens given to parent also indicate similar mental health challenges as rated by self- and spouse-report.
Discussion points

Broad-based scales can indicate areas that may be impacting ADHD symptoms
- In this case, focused more on child anxiety and depression

Inquiry and screening of PARENTS frequently reveal psychopathology that is affecting the child
- These are often missed through regular “family history” questions (Basoglu, Rettew, et al., 2014)
- In the case, emphasized parental mental health and substance use treatment
ASEBA

<table>
<thead>
<tr>
<th>PROS</th>
<th>CONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well normed by age, sex, culture</td>
<td>Requires software to score</td>
</tr>
<tr>
<td>Paper, computer and web based forms</td>
<td>Software and scales costly</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scale</th>
<th>Free</th>
<th>Multiple Informants</th>
<th>Ages</th>
<th>Screens for Comorbid Conditions</th>
<th>Validated with Norms</th>
<th>Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vanderbilt</td>
<td>Yes*</td>
<td>Yes</td>
<td>6-12</td>
<td>Yes</td>
<td>No</td>
<td>26-55</td>
</tr>
<tr>
<td>Conners’</td>
<td>No</td>
<td>Yes</td>
<td>3-17</td>
<td>Yes</td>
<td>Yes</td>
<td>59-87</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>37 (short)</td>
</tr>
<tr>
<td>ADHD- RS-5</td>
<td>No</td>
<td>Yes</td>
<td>5-17</td>
<td>No</td>
<td>No</td>
<td>18</td>
</tr>
<tr>
<td>SNAP</td>
<td>Yes</td>
<td>Yes</td>
<td>6-18</td>
<td>Yes</td>
<td>No</td>
<td>90</td>
</tr>
<tr>
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<td>26 (short)</td>
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<td>ASEBA</td>
<td>No</td>
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<td>ASRS</td>
<td>Yes</td>
<td>No</td>
<td>18+</td>
<td>No</td>
<td>Limited</td>
<td>18</td>
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<td>6 (screener)</td>
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Mehealth
https://www.mehealth.com/

Part of NIH funded project
Uses Vanderbilt scales
Resources & References


ASEBA: https://aseba.org/

ASRS: http://www.mentalhealthprofessionalsinc.com/Forms/Adult_ADHD_Self-Report_Scale_(ASRS-v1.1).pdf


https://www.hcp.med.harvard.edu/ncs/asrs.php

Conners’: https://www.mhs.com/MHS-Assessment?prodname=conners3


https://www.aap.org/en-us/pubserv/adhd2/Pages/kit/data/assessdxframe.html

CHADD: https://chadd.org/for-professionals/overview/

Resources for parents

American Academy of Pediatrics [https://www.healthychildren.org/English/health-issues/conditions/adhd/Pages/default.aspx](https://www.healthychildren.org/English/health-issues/conditions/adhd/Pages/default.aspx)

Understood.com

CHADD
- [https://chadd.org/for-parents/comprehensive-assessment/](https://chadd.org/for-parents/comprehensive-assessment/)