

PADDI-5™

Practical Adolescent Dual Diagnosis Interview-5

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Name: _____

Interviewer: _____

ID #: _____

Parent or Legal Guardian: _____

Date of Birth: ____ / ____ / ____
month day year

Current Date: ____ / ____ / ____
month day year

1. Gender: _____ 2. How old are you? _____ years
____ (1) Male
____ (2) Female

3. What is your racial or ethnic background?
____ (1) Hispanic / Latino
____ (2) African-American
____ (3) Native American
____ (4) Native Hawaiian / Pacific Islander
____ (5) Asian
____ (6) Middle Eastern
____ (7) Caucasian / White
____ (8) Multiracial / Biracial / Other (specify) _____

4. Who do you live with? (check all that apply)
____ (a) Both parents in the same household
____ (b) Mother
____ (c) Father
____ (d) Grandparents
____ (e) Older brothers or sisters
____ (f) Younger brothers or sisters
____ (g) Other relative(s) _____
____ (h) Foster parent(s) _____
____ (i) Other _____

5. Why are you here? (select all that apply)
____ (a) Known to police
____ (b) Parent/family insistence
____ (c) School problems
____ (d) Mental—nonviolent
____ (e) Mental—violent
____ (f) Aggressive behavior
____ (g) Suicide attempt/gesture
____ (h) Substance abuse
____ (i) Other or comments: _____

6. Has this been a problem before?
____ (0) No _____ Yes
6. A. If yes, what happened? _____

7. Are you in school now?
____ (1) Yes, attending or will attend in fall
____ (2) Suspended
____ (3) _____
____ (4) Dropped out—no longer in school
____ (5) Working on GED
____ (6) Graduated from high school / earned GED
____ (7) Incarcerated
____ (8) Other _____

8. What is the last grade you passed? _____
9. Did you ever have so much trouble reading that you were behind the rest of the class?
____ (0) No _____ (1) Yes
10. Can you read well?
____ (0) No _____ (1) Yes
11. Have you ever been in any special classes?
____ (0) No _____ (1) Yes
12. Have you ever taken prescribed medication regularly for more than two weeks?
____ (1) No
____ (2) Yes, but not in the past two weeks.
____ (3) Yes, taking medication during past 2 weeks.
12.A. If yes, what medications are you taking?

PADDI-5 SCORING SUMMARY

Problem Category	Relevant Items *	Score	Normal Range	Indications
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PREVIEW COPY

MENTAL HEALTH CONDITIONS

Intellectual Functioning Screen

13. Who is the president of the United States?
___ (0) Wrong: _____
___ (1) Correct answer
14. Who was the president before that?
___ (0) Wrong: _____
___ (1) Correct answer
15. What is today's date? (month, day, and year)
___ (0) Wrong: _____
___ (1) Correct answer
16. What day of the week is it?
___ (0) Wrong: _____
___ (1) Correct answer

If the respondent has **less than two** correct answers for Questions 13-16, **DISCONTINUE THE INTERVIEW** and request intelligence testing before proceeding further.

Major Depressive Episode

17. Have you ever felt sad, blue, depressed, or cranky almost every day for at least two-weeks?
___ (0) No ___ (1) Yes
18. Have you ever lost interest in almost everything in your life or were unable to feel pleasure for two-weeks?
___ (0) No ___ (1) Yes

If both Items 17 and 18 are "no," skip to Item 22.

19. When was the last time you felt sad, blue, depressed, or lost interest in things for two weeks or more?
___ (1) In the next 2 months
___ (2) 3 to 6 months ago
___ (3) 7 to 12 months ago
___ (4) Over a year ago

The next questions are only about the periods when you were sad, blue, depressed, or lost interest.

20. Did you have trouble getting to sleep, staying asleep or sleeping too much?
___ (0) No ___ (1) Yes
21. Did you lose your appetite or lose weight without dieting?
___ (0) No ___ (1) Yes

22. When you felt depressed, did you have slowed thinking or trouble concentrating?
___ (0) No ___ (1) Yes

23. Did you have less energy or did you tire more easily?
___ (0) No ___ (1) Yes

24. When you felt depressed, did you feel more hopeless or guilty?
___ (0) No ___ (1) Yes

25. Were you unusually nervous, or were your movements unusually slowed?
___ (0) No ___ (1) Yes

26. Were you ever so depressed that you started to hear voices but there was no one there?
___ (0) No ___ (1) Yes

27. When did these periods of depression or loss of interest occur?
___ (0) Only when **not** using alcohol or other drugs
___ (1) Only when using alcohol or other drugs
___ (2) Both when using and not using

Dangerousness to Self or Others

28. Have you ever had any thoughts of death, dying, or suicide?
___ (0) No ___ (1) Yes
29. How many times have you tried to kill yourself?
___ (0) Never Number of times _____
30. Do you feel like killing yourself now or do you wish you could die or disappear?
___ (0) No ___ (1) Yes
31. Have you thought about how you would kill yourself?
___ (0) No ___ (1) Yes
- 31.A. If yes, do you have a plan?
___ (a) Overdose
___ (b) Hanging
___ (c) Shooting
___ (d) Using a knife
___ (e) Crashing a car
___ (f) Carbon monoxide with a car
___ (g) Jumping off a building, bridge, etc.
___ (h) Other: _____

MENTAL HEALTH CONDITIONS

32. How many times have you thought about seriously hurting or killing someone else?

___ (0) Never Number of times ___

33. Are you thinking about killing someone else now?

___ (0) No ___ (1) Yes

33.A. If yes, explain: _____

Manic Episode

34. Have you ever felt too happy or “on top of the world” for no reason and it lasted one week or longer?

___ (0) No ___ (1) Yes

35. Have you ever been unusually cranky or grouchy or had lots of energy for a week or longer?

___ (0) No ___ (1) Yes

If both Items 34 and 35 are “no,” skip to Item 46.

36. When did you last have one of these times of feeling too happy or grouchy or having lots of energy?

- ___ (1) Happening now
___ (2) In the past 2 months
___ (3) 3 to 6 months ago
___ (4) 7 to 12 months ago
___ (5) More than a year ago

The following six questions refer to your experience during these times when you were too high, too excited, full of energy for little or no reason.

37. Have there ever been times when you needed little or no sleep for several days?

___ (0) No ___ (1) Yes

38. Has there ever been a time when you felt high for a day or more and you were not using any drugs?

___ (0) No ___ (1) Yes

39. Were there ever a lot of days when your thoughts were so sped up that you could not keep up with them or your thoughts were jumbled?

___ (0) No ___ (1) Yes

Were you more distractible? Was it harder to keep your mind focused on a topic or task?

___ (0) No ___ (1) Yes

41. Were you able to do a lot more things than usual?

___ (0) No ___ (1) Yes

42. Were you more talkative than usual, or did other people tell you that you were talking too much or too quickly?

___ (0) No ___ (1) Yes

43. Did you feel so important that you thought you could do almost anything or that you were more important than most people?

___ (0) No ___ (1) Yes

44. During any time when you felt too happy or speeded up, did you do something you regretted later?

___ (0) No ___ (1) Yes

45. Did the feelings of being too happy, needing little sleep or being speeded up happen:

- ___ (0) Only when not using alcohol or other drugs?
___ (1) Only when using alcohol or other drugs?
___ (2) Both when using and not using?

Mixed Episode

46. Have you ever felt very speeded up, and very unhappy at the same time for a week or more?

___ (0) No ___ (1) Yes

47. Have you found your feelings rapidly changing from very good to very bad and back again in a matter of minutes or a few hours?

___ (0) No ___ (1) Yes

Skip next item

48. Did these rapid changes in your feelings go on for a week or more?

___ (0) No ___ (1) Yes

Psychotic Symptoms

49. Have you ever heard voices when no one was there?

___ (0) No ___ (1) Yes

50. Have you ever smelled, tasted, or felt something touching you and there was nothing around to cause it?

___ (0) No ___ (1) Yes

51. Have you ever seen things others could not see?

___ (0) No ___ (1) Yes

If no positive response to Items 49 - 51, skip to Item 54.

MENTAL HEALTH CONDITIONS

52. Have you ever had these experiences when you were **not** using alcohol or drugs?

___ (0) No

___ (1) Yes

53. Have you ever heard voices or seen things at a time when you were **not** drifting off to sleep or just waking up?

___ (0) No

___ (1) Yes

54. Have you ever thought you had special powers, such as being able to read people's minds, predict the future, or move objects with your mind?

___ (0) No

___ (1) Yes

Child Abuse Victim

55. Has anyone ever hit you so hard or so often that it left marks or broke a bone?

___ (0) No

___ (1) Yes

56. Has anyone ever hurt you so badly that you had to go to a doctor or the emergency room?

___ (0) No

___ (1) Yes

If yes, how many times? ____

57. Did the person who hurt you not tell the truth about how you were hurt or tell you not to tell anyone?

___ (0) Yes

___ (1) No

58. Has anyone ever touched you in a sexual way that was unwanted?

___ (0) No

___ (1) Yes

59. Has anyone ever made you do something sexual against your will?

___ (0) No

___ (1) Yes

60. Has anyone ever repeatedly ridiculed you, humiliated you, or just made you feel bad?

___ (0) No

___ (1) Yes

Panic

61. Have you ever had any scary or panicky feelings that came on you out of a sudden for no special reason?

___ (0) No

___ (1) Yes

62. Have you ever felt terrible fear, panic, or discomfort when there was no danger?

___ (0) No

___ (1) Yes

If Items 61 and 62 are "no," skip to Item 69.

63. How many scary or panicky periods have you felt in the past 12 months?

___ ___ ___ panicky periods

64. During these scary or panicky periods, did you have the feeling of choking, shortness of breath, or smothering sensations?

___ (0) Neither

___ (1) Choking only

___ (1) Shortness of breath / smothering

65. Did you feel dizzy, lightheaded, or faint?

___ (0) No

___ (1) Yes

66. During these scary or panicky periods, did you experience sweating, shaking, trembling or hot or cold flashes?

___ (0) None

___ (1) Sweating

___ (1) Shaking / trembling

___ (1) Hot or cold flashes

67. Did you have nausea, stomach distress, chest pains, or a pounding heart?

___ (0) None

___ (1) Nausea / stomach distress

___ (1) Chest pains

___ (1) Pounding or racing heart

68. During these scary or panicky periods, were you afraid that you were going to go crazy, lose control, or die?

___ (0) Neither

___ (1) Going crazy / losing control

___ (1) Dying

Sum all responses coded as "1" for total panic score.

Anxiety and Phobias

69. Do you worry too much about things that might happen?

___ (0) No

___ (1) Yes

70. Are you often nervous or anxious about things even though other people say there is nothing to worry about?

___ (0) No

___ (1) Yes

71. Have you often had problems concentrating or you forgot things because you were too nervous?

___ (0) No

___ (1) Yes

MENTAL HEALTH CONDITIONS

72. Do you often feel worried, nervous, keyed up, or on edge?

___ (0) No ___ (1) Yes

73. Have you ever been afraid of going into open areas, public places, or away from home even when there was no real physical danger?

___ (0) No ___ (1) Yes

74. When you were in open areas or out in public, did you ever feel very scared when there was nothing to fear?

___ (0) No ___ (1) Yes

75. Does the fear that something bad will happen keep you from doing things you want to do?

___ (0) No ___ (1) Yes

Posttraumatic Stress

76. Has anything happened to you that bothered you so much that you could not get it out of your mind or forget it? (Criterion A)

___ (0) No **Skip to Item 84** ___ (1) Yes

77. Do the memories of that experience keep coming back into your mind? (Criterion B)

___ (0) No ___ (1) Yes

78. Have you ever had frequent scary dreams about that bad experience? (Criterion B)

___ (0) No ___ (1) Yes

79. Have you ever become so upset or fearful that you felt as if that bad experience was happening all over again? (Criterion B)

___ (0) No ___ (1) Yes

80. Do you try **not** to think about what happened or avoid things that remind you of it? (Criterion C)

___ (0) No ___ (1) Yes

81. Since that happened, have you wanted to be alone more often or been less interested in the things that you used to enjoy? (Criterion D)

___ (0) No ___ (1) Yes

82. Since it happened, are you unable to remember some parts of what happened? (Criterion D)

___ (0) No ___ (1) Yes

83. Since that bad experience, have you had trouble sleeping, concentrating, or dealing with anger, or are you more easily startled? (Criterion E)

___ (0) No ___ (1) Yes

Obsessions / Compulsions

84. Are you frequently bothered by ideas, thoughts, feelings, or urges that seem to pop into your mind from nowhere? (*obsession*)

___ (0) No ___ (1) Yes

85. Do you have to do things again and again in the same exact way to control or reduce stress or to keep something bad from happening? (*compulsion*)

___ (0) No ___ (1) Yes

If both Items 84 and 85 are "No", skip to Item 88.

86. Do you have to do something to ignore or control or make thoughts, feelings, or urges go away?

___ (0) No ___ (1) Yes

87. Do any of the bad thoughts or feelings – or the things you do to control them – interfere with your daily life?

___ (0) No ___ (1) Yes

Conduct Disorder

88. Before the age of 13, did you skip school on purpose more than two times?

___ (0) No ___ (1) Yes

89. Have you run away from home overnight or stayed out all night more than once before the age of 13?

___ (0) No ___ (1) Yes

90. Have you ever **started** physical fights with others two or more times?

___ (0) No ___ (1) Yes

91. Have you ever bullied, threatened, or intimidated someone?

___ (0) No ___ (1) Yes

92. Have you used a knife, gun, club, brick, broken bottle or any other weapon in a fight?

___ (0) No ___ (1) Yes

93. Have you ever damaged or destroyed someone else's things on purpose?

___ (0) No ___ (1) Yes

94. Have you ever set fires because you wanted to burn something down or cause damage?

___ (0) No ___ (1) Yes

95. Have you ever intentionally hurt animals or done cruel things to them?

___ (0) No ___ (1) Yes

MENTAL HEALTH CONDITIONS

96. Have you ever intentionally hurt people or been physically cruel to them?

___ (0) No ___ (1) Yes

97. Have you often lied to get things you wanted or to get out of something?

___ (0) No ___ (1) Yes

98. Have you ever forced someone to do something sexual with you or to go farther than they wanted?

___ (0) No ___ (1) Yes

99. Have you ever stolen things, like shoplifting, without the owners knowing that you took their things?

___ (0) No ___ (1) Yes

100. Have you forcibly stolen from someone, or forced others to give you things that belonged to them?

___ (1) No ___ (1) Yes

101. Have you ever broken into a house, building, or car to steal something?

___ (0) No ___ (1) Yes

102. Have you ever been arrested or placed in a juvenile detention center?

___ (0) No ___ (1) Yes

Oppositional Defiant Disorder

103. Do you often argue with adults or people in authority?

___ (0) No ___ (1) Yes

104. Do you often refuse to do what an adult asks you to do?

___ (0) No ___ (1) Yes

105. Have you repeatedly annoyed people on purpose?

___ (0) No ___ (1) Yes

106. Do you often lose your temper?

___ (0) No ___ (1) Yes

107. Are you easily annoyed by other people?

___ (0) No ___ (1) Yes

108. Do you often feel angry or resentful?

___ (0) No ___ (1) Yes

109. When people do something you don't like, do you try to get back at them?

___ (0) No ___ (1) Yes

110. Do you tend to blame others for your mistakes or misbehavior?

___ (0) No ___ (1) Yes

Attention-Deficit/Hyperactive Disorder (ADHD)

111. Do you often lose or misplace things?

___ (0) No

112. Do you often forget to do things you are supposed to do?

___ (0) No ___ (1) Yes

113. Do you tend to make mistakes or make mistakes because you were not paying attention?

___ (0) No ___ (1) Yes

114. Do you find it hard to focus on what you are doing and yourself easily distracted?

___ (0) No ___ (1) Yes

115. Do you tend to get or feel restless?

___ (0) No ___ (1) Yes

116. Do you often "on the go" in that you find it uncomfortable to be still for a long time?

___ (0) No ___ (1) Yes

117. Do others say you talk too much or talk out of turn?

___ (0) No ___ (1) Yes

118. Do others tell you that you interrupt their conversations?

___ (0) No ___ (1) Yes

119. Do you have trouble waiting for things or waiting your turn?

___ (0) No ___ (1) Yes

Sexual Orientation

120. Romantically do you like boys, girls, both, or neither?

___ (1) Girls

___ (2) Boys

___ (3) Both

___ (4) Neither

120. A. Have you had sexual intercourse?

___ (0) No ___ (1) Yes

SUBSTANCE USE DISORDERS

If during the course of asking the following questions, the respondent spontaneously denies ever using any alcohol, drugs, or inhalants, end the interview and then complete Items 158 through 164.

121. Have you ever spent more time drinking or using drugs than you intended?
 ____ (0) No ____ (1) Yes
122. Have you ever **neglected** some of your usual responsibilities because of using alcohol or drugs?
 ____ (0) No ____ (1) Yes
123. Have you ever wanted to **cut down** on your drinking or drug use?
 ____ (0) No ____ (1) Yes
124. Has anyone ever **objected** to your drinking or drug use?
 ____ (0) No ____ (1) Yes
125. Have you ever been **preoccupied** with drinking or using drugs? That is, have you ever found yourself thinking a lot about drinking or using?
 ____ (0) No ____ (1) Yes
126. Have you ever used alcohol or drugs to relieve **emotional discomfort**, such as sadness, anger, or boredom?
 ____ (0) No ____ (1) Yes
127. How old were you when you first started using a substance to get high? This would include alcohol, drugs, or breathing things like glue, paint, gasoline, or aerosol sprays.
 (Note: code "00" if use denied) ____ years old
128. How old were you when you first had a problem or got into trouble because of using alcohol or other drugs?
 (Note: code "00" if denied) ____ years old
129. How old were you when someone else started to believe that your use of alcohol or other drugs was getting out of control?
 (Note: code "00" if denied) ____ years old
130. How old were you when you first thought that your use of alcohol or other drugs was getting out of control?
 (Note: code "00" if denied) ____ years old

131. When did you last use [name substance]?

Code according to the most recent use:

- 0 = Never used
 1 = Not used for more than a year
 2 = Used within the past year
 3 = Used within the past 6 months
 4 = Used in past 30 days
 5 = Used within the past 7 days
 6 = Used within the past 24 hours

Record number of days the substance was used in the past ____ days

Tobacco

0 1 2 3 4 5 ____ days

Alcohol

0 1 2 3 4 5 6 ____ days

Marijuana

0 1 2 3 4 5 ____ days

Cocaine (powder, crack)

0 1 2 3 4 5 6 ____ days

Amphetamines / stimulants (e.g., speed, uppers)

0 1 2 3 4 5 6 ____ days

Sedatives / tranquilizers (e.g., downers)

0 1 2 3 4 5 6 ____ days

Heroin / opioids (e.g., morphine, codeine, oxycodone)

0 1 2 3 4 5 6 ____ days

PCP (e.g., angel dust, dust)

0 1 2 3 4 5 6 ____ days

Hallucinogens (e.g., LSD, mescaline, peyote)

0 1 2 3 4 5 6 ____ days

Inhalants (e.g., glue, gasoline paint, aerosol sprays)

0 1 2 3 4 5 6 ____ days

Any other substance (specify) _____

0 1 2 3 4 5 6 ____ days

If no use of alcohol or drugs, end interview.
 If alcohol was never used, skip to Item 134.

132. When you drink, how many drinks do you usually have?

- ____ (1) 7 or more
 ____ (2) 5 or 6
 ____ (3) 3 or 4
 ____ (4) 1 or 2

133. Do you drink alcohol with the intention of getting drunk?

no yes If yes, ask, How many times in past 12 mo.

0 1 -----0 1 2 3+

SUBSTANCE USE DISORDERS

134. Have you ever not remembered things that you said or did while drinking or after drinking?

no yes If yes, ask, How many times in past 12 mo.
0 1 ----- 0 1 2 3+

135. Have you ever not remembered things you said or did when using drugs?

no yes If yes, ask, How many times in past 12 mo.
0 1 ----- 0 1 2 3+

136. Do you enjoy how alcohol or drugs make you feel, or do you use just to fit in?

- ___ (1) Uses because of the effect
___ (2) Uses only to fit in **Skip next question**
___ (3) **Both**—for the effects and to fit in
___ (4) Neither—or other reason

137. Which substances make you feel good?

no	yes—feel good	favorite
0 1	Alcohol -----	2
0 1	Marijuana-----	2
0 1	Cocaine -----	2
0 1	Amphetamines / stimulants -----	2
0 1	Sedatives / tranquilizers -----	2
0 1	Heroin / opioids -----	2
0 1	Hallucinogens / PCP -----	2
0 1	Inhalants -----	2
0 1	Other drug -----	2

137.A. Do you have any favorites? (Circle one or more)

138. Have you ever injected a drug to get high?

If the response is yes, ask,
Did you inject [name substance] in past 12 mo.
no yes If yes, ask, How many times in past 12 mo.

0 1	Cocaine -----	0 1 2 3+
0 1	Heroin / opioids -----	0 1 2 3+
0 1	Amphetamines / stimulants -----	0 1 2 3+
0 1	Other drugs -----	0 1 2 3+

139. Have you ever found that it takes more alcohol or drugs to get you high or drunk?

___ (0) No ___ (1) Yes

Have you ever found that you didn't get as high from the same amount of alcohol or drug as you used to?

___ (0) No ___ (1) Yes

141. Have you ever had the shakes, sweating, nausea, fatigue, trouble going to sleep or staying asleep, or any other bad effects while stopping or cutting down your drinking or drug use?

___ (0) No ___ (1) Yes

142. Have you ever taken a drink or used drugs to cure a hangover or to reduce other bad effects?

___ (0) No ___ (1) Yes

143. Have you ever drunk more alcohol or used more drugs than you had intended?

___ (0) No ___ (1) Yes

144. Has the desire to drink or use drugs ever been so strong that you could not stop yourself from drinking or using the drugs?

___ (0) No ___ (1) Yes

145. Have you ever seen signs to control your drinking or drug use?

___ (0) No ___ (1) Yes

146. Have you ever found yourself planning your activities around being able to drink or use drugs?

___ (0) No ___ (1) Yes

147. Have you ever stayed drunk or high from drugs for more than a day at a time?

___ (0) No ___ (1) Yes

148. Have you ever missed any school or work because of your drinking or drug use?

___ (0) No ___ (1) Yes

149. Have you ever given up or reduced any activities so that you could drink or use drugs?

___ (0) No ___ (1) Yes

150. Have you ever had any physical problems that might have been caused by drinking or drug use?

___ (0) No ___ (1) Yes

151. Have you ever continued to drink or use drugs when you had a physical problem or illness that might be made worse by continued use?

___ (0) No ___ (1) Yes

152. Have you ever had any emotional or psychological problems that your drinking or drug use might have caused or made worse?

___ (0) No ___ (1) Yes

SUBSTANCE USE DISORDERS

153. Have you found yourself craving alcohol or drugs?

___ (0) No

___ (1) Yes

154. Have you ever driven any type of motor vehicle when you might have been intoxicated or under the influence of other drugs?

___ (1) No

___ (1) Yes

155. Have you ever done risky things while drinking or using drugs that you normally would not have done?

___ (0) No

___ (1) Yes

156. Have you ever been arrested or detained by any law officers because of problems related to your alcohol or drug use? [This includes DUI offenses.]

___ (0) No

___ (1) Yes

157. Have you ever been violent or hit anyone while drinking or using drugs?

___ (0) No

___ (1) Yes

158. Has your drinking or drug use ever harmed a relationship with someone you cared about?

___ (0) No

___ (1) Yes

159. Have you ever had conflicts with anyone over matters that might have been related to your drinking or drug use?

___ (0) No

___ (1) Yes

160. Have you ever been unable to do something you planned because you were recovering from the effects of using alcohol or drugs?

___ (0) No

___ (1) Yes

161. Have you ever used alcohol or drugs when you did not intend to?

___ (0) No

___ (1) Yes

162. Have you ever tried to cut down on your alcohol or drug use?

___ (0) No

___ (1) Yes

163. Do you usually use alcohol or drugs four or more days a typical week?

___ (0) No

___ (1) Yes

164. Have you neglected to do chores or other tasks you were asked to do because of alcohol or drug use?

___ (0) No

___ (1) Yes

165. Have you ever not gone to a social or family function because you would not be able to drink or use?

___ (0) No

___ (1) Yes

166. Do you do less of the things you want to do because of drinking or using drugs?

___ (0) No

___ (1) Yes

167. When you have cut down on drinking or using drugs, did you have to drink or use a drug to make unpleasant sensations go away?

___ (0) No

___ (1) Yes

END OF INTERVIEW

THANK THE RESPONDENT AND
TERMINATE THE INTERVIEW.

AFTER THE RESPONDENT HAS LEFT
FILL OUT ITEMS 168 – 173.

Observational Data

168. ADHD signs (*check all that apply*)

- ☐ (a) No indication of inattention or hyperactivity
- ☐ (b) Occasionally inattentive
- ☐ (c) Hard to keep focused
- ☐ (d) Easily distracted
- ☐ (e) Not listening when spoken to
- ☐ (f) Fidgets, taps hands or feet, squirms in seat
- ☐ (g) Out of seat when expected to remain seated
- ☐ (h) Uses things without permission
- ☐ (i) Very active and restless
- ☐ (j) Appears as if driven by a motor
- ☐ (k) Talks excessively
- ☐ (l) Interrupts conversations, questions, games, or activities
- ☐ (m) Blurts out answers to questions before the question is completed
- ☐ (n) Very active; opens doors, turns lights on and off, and other inappropriate behaviors.

169. Predominant attitude during interview:

- ☐ (1) Normal and appropriate
- ☐ (2) Depressed
- ☐ (3) Hyperactive
- ☐ (4) Rapidly changing
- ☐ (5) Hostile
- ☐ (6) Apathetic, disinterested
- ☐ (7) Other _____

170. Mood:

- ☐ (1) Normal
- ☐ (2) Depressed
- ☐ (3) Irritable
- ☐ (4) Happy
- ☐ (5) Extremely happy

171. Range of mood (affect):

- ☐ (1) Restricted
- ☐ (2) Content
- ☐ (3) Inappropriate
- ☐ (4) Inappropriate
- ☐ (5) Labile
- ☐ (6) Constricted

172. Speech

- ☐ (1) Normal
- ☐ (2) Fast
- ☐ (3) Hard to interrupt when talking
- ☐ (4) Slowed down
- ☐ (5) Unusual or does not make sense

173. How did the individual present (*check all that apply*)

- ☐ (a) Friendly and open
- ☐ (b) Likeable
- ☐ (c) Guarded, suspicious
- ☐ (d) Insensitive
- ☐ (e) Unreceptive, unwilling to participate
- ☐ (f) Responsive, but confusing

SUMMARY COMMENTS:

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