

## 6-ITEM Kutcher Adolescent Depression Scale: KADS

NAME : \_\_\_\_\_

DATE : \_\_\_\_\_

OVER THE LAST WEEK, HOW HAVE YOU BEEN "ON AVERAGE" OR "USUALLY" REGARDING THE FOLLOWING

1. Low mood, sadness, feeling blah or down, depressed, just can't be bothered.

☐

a) Hardly Ever

☐

b) Much of the time

☐

c) Most of the time

☐

d) All of the time

2. Feelings of worthlessness, hopelessness, letting people down, not being a good person.

☐

a) Hardly Ever

☐

b) Much of the time

☐

c) Most of the time

☐

d) All of the time

3. Feeling tired, feeling fatigued, low in energy, hard to get motivated, have to push to get things done, want to rest or lie down a lot

☐

a) Hardly Ever

☐

b) Much of the time

☐

c) Most of the time

☐

d) All of the time

4. Feeling that life is not very much fun, not feeling good when usually would feel good, not getting as much pleasure from fun things as usual.

☐

a) Hardly Ever

☐

b) Much of the time

☐

c) Most of the time

☐

d) All of the time

5. Feeling worried, nervous, panicky, tense, keyed up, anxious.

☐

a) Hardly Ever

☐

b) Much of the time

☐

c) Most of the time

☐

d) All of the time

6. Thoughts, plans or actions about suicide or self-harm.

☐

a) Hardly Ever

☐

b) Much of the time

☐

c) Most of the time

☐

d) All of the time

TOTAL SCORE: \_\_\_\_\_

## Beck Anxiety Inventory

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by that symptom during the past month, including today, by circling the number in the corresponding space in the column next to each symptom.

	Not At All	Mildly but it didn't bother me much.	Moderately - it wasn't pleasant at times	Severely – it bothered me a lot
Numbness or tingling	0	1	2	3
Feeling hot	0	1	2	3
Wobbliness in legs	0	1	2	3
Unable to relax	0	1	2	3
Fear of worst happening	0	1	2	3
Dizzy or lightheaded	0	1	2	3
Heart pounding/racing	0	1	2	3
Unsteady	0	1	2	3
Terrified or afraid	0	1	2	3
Nervous	0	1	2	3
Feeling of choking	0	1	2	3
Hands trembling	0	1	2	3
Shaky / unsteady	0	1	2	3
Fear of losing control	0	1	2	3
Difficulty in breathing	0	1	2	3
Fear of dying	0	1	2	3
Scared	0	1	2	3
Indigestion	0	1	2	3
Faint / lightheaded	0	1	2	3
Face flushed	0	1	2	3
Hot/cold sweats	0	1	2	3
<b>Column Sum</b>				

## ADHD Rating Scale

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

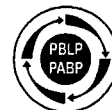
Completed By: \_\_\_\_\_ Parent \_\_\_\_\_ Teacher \_\_\_\_\_ Other \_\_\_\_\_

For each line below, please put an "X" in the box that best describes the child's behaviour over the last 6 months

	BEHAVIOUR	Always or very often	Often	Somewhat	Rarely or Never
<b>Inattention</b>	Fails to give close attention to details or makes careless mistakes in schoolwork/homework.				
	Has difficulty keeping attention on tasks or play activities.				
	Does not seem to listen when spoken to directly.				
	Does not follow through on instructions and fails to finish schoolwork or chores.				
	Has difficulty organizing tasks and activities.				
	Avoids or strongly dislikes tasks that require sustained mental effort (e.g., homework)				
	Loses things necessary for tasks or activities (e.g., pencils, books, toys, etc).				
	Is easily distracted by outside stimuli.				
	Is forgetful in daily activities.				
	<b>TOTALS for Inattention</b>				
<b>Hyperactivity and Impulsivity</b>	Fidgets with hands or feet or squirms in seat.				
	Leaves seat in situations in which remaining seated is expected (e.g., dinner table).				
	Runs about or climbs in situations where it is inappropriate.				
	Has difficulty playing quietly.				
	Is "on the go" or acts "driven by a motor."				
	Talks excessively.				
	Blurts out answers to questions before the questions have been completed.				
	Has difficulty awaiting turn.				
	Interrupts others or intrudes on others (e.g., butts into games)				
	<b>TOTALS for Hyperactivity and Impulsivity</b>				

Were some of these behaviours present before age 7? Yes \_\_\_ No \_\_\_ Unsure \_\_\_ N/A \_\_\_

Sources: (1) American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders. 4th edition. Washington DC: American Psychiatric Association; 1994. (2) ICSI Guidelines. Diagnosis and management of attention deficit hyperactivity disorder in primary care for school age children and adolescents Available from: URL:<http://www.guideline.gov/> (accessed November 2007). (3) El Camino Pediatrics Available from: URL:[http://elcaminopediatrics.com/forms\\_medrecords\\_childattentionprofile\\_pf.htm](http://elcaminopediatrics.com/forms_medrecords_childattentionprofile_pf.htm) (accessed November 2007). (4) Morison D. Off-task and fidgety. An update on ADHD. The Canadian Journal of CME 2003; February:79-85.



NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Patient Health Questionnaire (PHQ-9)				
Over the <i>last 2 weeks</i> , how often have you been bothered by any of the following problems?				
	Nearly every day 3	More than half the days 2	Several days 1	Not at all 0
Little interest or pleasure in doing things				
Feeling down, depressed, or hopeless				
Trouble falling or staying asleep, or sleeping too much				
Feeling tired or having little energy				
Poor appetite or overeating				
Feeling bad about yourself—or that you are a failure or have let yourself or your family down				
Trouble concentrating on things, such as reading the newspaper or watching television				
Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual				
Thoughts that you would be better off dead, or of hurting yourself in some way				

# ADULT ADHD SELF-REPORT SCALE (ASRS-v1.1) SYMPTOM CHECKLIST

Patient Name \_\_\_\_\_

Today's Date \_\_\_\_\_

Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months. Please give this completed checklist to your healthcare professional to discuss during today's appointment.

	Never	Rarely	Sometimes	Often	Very Often
<b>PART A</b>					
1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?					
2. How often do you have difficulty getting things in order when you have to do a task that requires organization?					
3. How often do you have problems remembering appointments or obligations?					
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?					
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?					
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?					
<b>PART B</b>					
7. How often do you make careless mistakes when you have to work on a boring or difficult project?					
8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?					
9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?					
10. How often do you misplace or have difficulty finding things at home or at work?					
11. How often are you distracted by activity or noise around you?					
12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?					
13. How often do you feel restless or fidgety?					
14. How often do you have difficulty unwinding and relaxing when you have time to yourself?					
15. How often do you find yourself talking too much when you are in social situations?					
16. When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish them themselves?					
17. How often do you have difficulty waiting your turn in situations when turn taking is required?					
18. How often do you interrupt others when they are busy?					

# HOW COMMON IS BIPOLAR DISORDER?

## THE MOOD DISORDER QUESTIONNAIRE

Answer each of the following questions to the best of your ability, then talk with your healthcare provider.

Yes No

1. Has there ever been a period of time when you were not your usual self and...

... you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?

☐ ☐

... you were so irritable that you shouted at people or started fights or arguments?

☐ ☐

... you felt much more self-confident than usual?

☐ ☐

... you got much less sleep than usual and found you didn't really miss it?

☐ ☐

... you were much more talkative or spoke much faster than usual?

☐ ☐

... thoughts raced through your head or you couldn't slow your mind down?

☐ ☐

... you were so easily distracted by things around you that you had trouble concentrating or staying on track?

☐ ☐

... you had much more energy than usual?

☐ ☐

... you were much more active or did many more things than usual?

☐ ☐

... you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?

☐ ☐

... you were much more interested in sex than usual?

☐ ☐

... you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?

☐ ☐

... spending money got you or your family into trouble?

☐ ☐

2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time?

☐ ☐

3. How much of a problem did any of these cause you—like being unable to work; having family, money, or legal troubles; getting into arguments or fights?

☐ No problem


☐ Minor problem

☐ Moderate problem

☐ Serious problem

**This instrument is designed for screening purposes only and is not to be used as a diagnostic tool. Always consult with your healthcare provider.**

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