ENGLISH

# DIVA-5

## Diagnostic Interview for ADHD in adults (3rd edition; DIVA-5)

**D**iagnostisch **I**nterview **V**oor **A**DHD bij volwassenen

DIVA Foundation
*diagnostic interview for ADHD in adults*

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# Colophon

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# Introduction

DIVA-5 is the third edition of the DIVA. This edition includes adjustments made to the DIVA 2.0 following the changes in the DSM-5 criteria for Attention-deficit/hyperactivity disorder. According to the DSM-5, ascertaining the diagnosis of ADHD in adults involves determining the presence of ADHD symptoms during both childhood and adulthood.

The main requirements for the diagnosis are that the onset of ADHD symptoms occurred during childhood and that this was followed by a lifelong persistence of the characteristic symptoms to the time of the current evaluation. The symptoms need to be associated with significant clinical or psychosocial impairments that affect the individual in two or more life situations[1]. Because ADHD in adults is a lifelong condition that starts in childhood, it is necessary to evaluate the symptoms, course and level of associated impairment in childhood, using a retrospective interview for childhood behaviours. Whenever possible the information should be gathered from the patient and supplemented by information from informants that knew the person as a child (usually parents or close relatives)[2].

## Changes in DSM-5 compared to DSM-IV-TR criteria for ADHD

The DSM-5 was published in the beginning of 2013, and several changes were made regarding the diagnosis of ADHD in adulthood. According to these changes, the DIVA was adjusted. The adjustments are summarised below:

- Age of onset: The criterion for the age of onset in childhood was changed from 'some hyperactivity-impulsivity or inattentive symptoms that cause impairment were present before the age of 7 years' to 'several inattentive or hyperactive/impulsive symptoms were present prior to age 12'. Under DSM-5 there is no longer a requirement for impairments from the symptoms prior to age 12.
- Symptom count in childhood: the total number of symptoms for the childhood diagnosis has not changed (i.e. 6/9 Attention deficit (A) and/or Hyperactivity/impulsivity (HI) symptoms). There needs to have been a period of six months or more with 6/9 symptoms interfering with functioning in one or both domains and several symptoms prior to age 12.
- Symptom count in adulthood: The threshold for the number of symptoms needed for a diagnosis of ADHD in adulthood (from the age of 17 upwards) has been lowered from 6 to 5 symptoms on either the inattentive and/or hyperactive/impulsive symptom domains.
- Examples: Some examples of age-appropriate criteria were added in DSM-5. The adjustments concerned the criteria A1 to A9, HI2, HI3, HI5, HI7, and HI9.
- Subtypes have been renamed as 'clinical presentation types' as the DSM-IV subtypes were shown to be developmentally unstable. The DSM-5 presentation types refer to the predominance of one or both symptom domains.

The DIVA-5 was changed to take account of these changes.

Although not mentioned in the DIVA-5, other DSM-5 changes with regards to ADHD are:

1. ADHD is now categorised in the chapter 'Neurodevelopmental disorders', instead of 'Disorders usually first diagnosed in infancy, childhood, or adolescence'.
2. The new option to diagnose ADHD and autism spectrum disorder in the same patient.
3. Also, more attention has been paid to associated features of ADHD which support the diagnosis, including mild delays in language, motor or social development; low frustration tolerance, irritability or mood lability; cognitive problems in tests of attention, executive function or memory.

*The Diagnostic Interview for ADHD in Adults (DIVA-5)* is based on the DSM-5 criteria and is the third edition of the first structured Dutch interview for ADHD in adults (DIVA). The DIVA-5 is

the successor of the DIVA 2.0 that was developed by J.J.S. Kooij and M.H. Francken and was based on the DSM-IV-TR criteria[2]. DIVA 2.0 has been validated in two studies[3,4].

In order to simplify the evaluation of each of the 18 symptom criteria for ADHD, in childhood and adulthood, the interview provides a list of concrete and realistic examples, for both current and retrospective (childhood) behaviour. The examples are based on the common descriptions provided by adult patients in clinical practice. Examples are also provided of the types of impairments that are commonly associated with the symptoms in five areas of everyday life: work and education; relationships and family life; social contacts; free time / hobbies; self-confidence / self-image.

Whenever possible the DIVA should be completed with adults in the presence of a partner and/or family member, to enable retrospective and collateral information to be ascertained at the same time. The DIVA usually takes around one and a half hours to complete.

The DIVA only asks about the core symptoms of ADHD required to make the DSM-5 diagnosis of ADHD, and does not ask about other co-occurring psychiatric symptoms, syndromes or disorders. However comorbidity is commonly seen in both children and adults with ADHD, in around 75% of cases. For this reason, it is important to complete a general psychiatric assessment to enquire about commonly co-occurring symptoms, syndromes and disorders. The most common mental health problems that accompany ADHD include anxiety, depression, bipolar disorder, substance abuse disorders and addiction, sleep problems and personality disorders, and all these should be investigated. This is needed to understand the full range of symptoms experienced by the individual with ADHD; and also for the differential diagnosis, to exclude other major psychiatric disorders as the primary cause of 'ADHD symptoms in adults'[2].

## Instructions for performing the DIVA

The DIVA is divided into 3 parts that are each applied to both childhood and adulthood:

- The criteria for Attention Deficit (A1)
- The criteria for Hyperactivity-Impulsivity (A2)
- The Age of Onset and Impairment accounted for by ADHD symptoms

Start with the first set of *DSM-5 criteria for Attention Deficit (A1)*, followed by the second set of criteria for *Hyperactivity/ Impulsivity (A2)*. Ask about each of the 18 criteria in turn. For each item take the following approach:

First ask about adulthood (symptoms present in the last 6-months or more) and then ask about the same symptom in childhood (symptoms between the ages of 5 to 12 years)[5-7]. Read each question fully and ask the person being interviewed whether they recognise this problem and to provide examples. Patients will often give the same examples as those provided in the DIVA, which can then be ticked off as present. If they do not recognise the symptoms or you are not sure if their response is specific to the item in question, then use the examples, asking about each example in turn. For a problem behaviour or symptom to be scored as present, the problem should occur more frequently or at a more severe level than is usual in an age and IQ matched peer group, or to be closely associated with impairments. Tick off each of the examples that are described by the patient. If alternative examples that fit the criteria are given, make a note of these under "other". To score an item as present it is not necessary to score all the examples as present, rather the aim is for the investigator to obtain a clear picture of the presence or absence of each criterion.

For each criterion, ask whether the partner or family member agrees with this or can give further examples of problems that relate to each item. As a rule, the partner would report on adulthood and the family member (usually parent or older relative) on childhood. The clinician has to use clinical judgement in order to determine the most accurate answer. If the answers conflict with one another, the rule of thumb is that the patient is usually the best informant[8].

The information received from the partner and family is mainly intended to supplement the information obtained from the patient and to obtain an accurate account of both current and childhood behaviour; the informant information is particularly useful for childhood since many patients have difficulty recalling their own behaviour retrospectively. Many people have a good recall for behaviour from around the age of 10-12 years of age, but have difficulty for the pre-school years.

For each criterion, the researcher should make a decision about the presence or absence in both stages of life, taking into account the information from all the parties involved. If collateral information cannot be obtained, the diagnosis should be based on the patient's recall alone. If school reports are available, these can help to give an idea of the symptoms that were noticed in the classroom during childhood and can be used to support the diagnosis. Symptoms are considered to be clinically relevant if they occurred to a more severe degree and/ or more frequently than in the peer group or if they were impairing to the individual.

### Age of onset and impairment

The third section on Age of Onset and Impairment accounted for by the symptoms is an essential part of the diagnostic criteria. Find out whether the patient has always had the

symptoms and, if so, whether several symptoms were present before 12 years of age.

DIVA-5 defines 'several' as 3 or more symptoms in either domain before age 12. If 3 or more symptoms did not commence till later in life, record the age of onset.

Then ask about the examples for the different situations in which impairment can occur, first in adulthood then in childhood. Place a tick next to the examples that the patient recognises and indicate whether the impairment is reported for two or more domains of functioning. For the disorder to be present, it should cause impairment in at least two situations, such as work and education; relationships and family life; social contacts; free time and hobbies; self-confidence and self-image, and be at least moderately impairing.

### Summary of symptoms

In the Summary of Symptoms of Attention Deficit (A) and Hyperactivity/ Impulsivity (HI), indicate which of the 18 symptom criteria were present in childhood and in adulthood separately. Sum the total number of symptoms in each domain in childhood and adulthood.

Indicate on the Score Form whether several symptoms (defined as 3 or more) of A and/or HI were present before age 12.
Indicate whether in adulthood (> age 17) five or more symptoms are present of A and/or HI. Indicate whether there was evidence of a lifelong persistent course for the symptoms, whether the symptoms were associated with impairment, whether impairment occurred in at least two situations, and whether the symptoms might be better explained by another psychiatric disorder. Indicate the degree to which the collateral information, and if applicable school reports, support the diagnosis. Finally, conclude whether the diagnosis of ADHD can be made and which presentation subtype (with DSM-5 code) applies.

### Explanation to be given beforehand to the patient

This interview will be used to ask about the presence of ADHD symptoms that you experienced during your childhood and adulthood. The questions are based on the official criteria for ADHD in the DSM-5. For each question I will ask you whether you recognise the problem. To help you during the interview I will provide some examples of each symptom, that describe the way that children and adults often experience difficulties related to each of the symptoms of ADHD. First of all, you will be asked the questions, then your partner and family members (if present) will be asked the same questions. Your partner will most likely have known you only since adulthood and will be asked questions about the period of your life that he or she knew you for; your family will have a better idea of your behaviour during childhood. Both stages of your life need to be investigated in order to be able to establish the diagnosis of ADHD.

## References


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| | |
|---|---|
| Name of the patient | |
| Date of birth | |
| Sex | ❑ M / ❑ F |
| Date of interview | |
| Name of researcher | |
| Patient number | |

# Part 1: Symptoms of attention-deficit (DSM-5 criterion A1)

**Instructions:** the symptoms in adulthood have to have been present for at least 6 months. The symptoms in childhood relate to the age of 5-12 years. For a symptom to be ascribed to ADHD it should have a chronic trait-like course and should not be episodic.

**A1**

Do you often fail to give close attention to details, or do you make careless mistakes in your work or during other activities? *And how was that during childhood (in schoolwork or during other activities)?*

### Examples adulthood

- ❑ Makes careless mistakes
- ❑ Works slowly to avoid mistakes
- ❑ Work is inaccurate
- ❑ Does not read instructions carefully
- ❑ Overlooks or misses details
- ❑ Too much time needed to complete detailed tasks
- ❑ Gets easily bogged down by details
- ❑ Works too quickly and therefore makes mistakes
- ❑ Other:

Symptom present? ❑ Yes / ❑ No

### Examples childhood

- ❑ Careless mistakes in schoolwork
- ❑ Mistakes made by not reading questions properly
- ❑ Overlooks or misses details
- ❑ Work is inaccurate
- ❑ Leaves questions unanswered by not reading them properly
- ❑ Leaves the reverse side of a test unanswered
- ❑ Others comment about careless work
- ❑ Not checking the answers in homework
- ❑ Too much time needed to complete detailed tasks
- ❑ Other:

Symptom present? ❑ Yes / ❑ No

## A2

Do you often have difficulty sustaining your attention in tasks? *And how was that during childhood (in play activities)?*

### Examples adulthood

- ❑ Not able to keep attention on tasks for long*
- ❑ Quickly distracted by own thoughts or associations
- ❑ Easily distracted by unrelated thoughts
- ❑ Difficulty remaining focused during lectures and/or conversations
- ❑ Finds it difficult to watch a film through to the end, or to read a book*
- ❑ Quickly becomes bored with things*
- ❑ Asks questions about subjects that have already been discussed
- ❑ Other:

*Unless the subject is found to be really interesting (e.g. computer or hobby)

Symptom present? ☐ Yes / ☐ No

### Examples childhood

- ❑ Difficulty keeping attention on schoolwork
- ❑ Difficulty keeping attention on play*
- ❑ Difficulty remaining focused during lectures and/or conversations
- ❑ Easily distracted
- ❑ Difficulty concentrating*
- ❑ Needing structure to avoid becoming distracted
- ❑ Quickly becoming bored of activities*
- ❑ Other:

*Unless the subject is found to be really interesting (e.g. computer or hobby)

Symptom present? ☐ Yes / ☐ No

## A3

Does it often seem as though you are not listening when you are spoken to directly? *And how was that during childhood?*

### Examples adulthood

- ❑ Dreamy or preoccupied
- ❑ Difficulty concentrating on a conversation
- ❑ Afterwards, not knowing what a conversation was about
- ❑ Often changing the subject of the conversation
- ❑ Others saying that your thoughts are somewhere else
- ❑ Mind seems elsewhere, even in the absence of any obvious distraction
- ❑ Other:

Symptom present? ☐ Yes / ☐ No

### Examples childhood

- ❑ Not knowing what parents/teachers have said
- ❑ Dreamy or preoccupied
- ❑ Only listening during eye contact or when a voice is raised
- ❑ Mind seems elsewhere, even in the absence of any obvious distraction
- ❑ Often having to be addressed again
- ❑ Questions having to be repeated
- ❑ Other:

Symptom present? ☐ Yes / ☐ No

## A4

Do you often not follow through on instructions and often fail to finish chores or duties in the workplace? *And how was that during childhood (in schoolwork)?*

### Examples adulthood

- ❑ Does things that are muddled up together without completing them
- ❑ Starts tasks but quickly loses focus and is easily sidetracked
- ❑ Needing a time limit to complete tasks
- ❑ Difficulty completing administrative tasks
- ❑ Difficultly following instructions from a manual
- ❑ Other:

Symptom present? ☐ Yes / ☐ No

### Examples childhood

- ❑ Difficulty following instructions
- ❑ Difficulty with instructions involving more than one step
- ❑ Starts tasks but quickly loses focus and is easily sidetracked
- ❑ Not completing things
- ❑ Not completing homework or handing it in
- ❑ Needing a lot of structure in order to complete tasks
- ❑ Other:

Symptom present? ☐ Yes / ☐ No

## A5

Do you often find it difficult to organise tasks and activities? *And how was that during childhood?*

### Examples adulthood

- ❑ Difficultly with planning activities of daily life
- ❑ Difficulty managing sequential tasks
- ❑ House and/or workplace are disorganised
- ❑ Difficulty keeping materials and belongings in order
- ❑ Works messy and disorganized
- ❑ Planning too many tasks or non-efficient planning
- ❑ Regularly booking things to take place at the same time (double-booking)
- ❑ Arriving late
- ❑ Fails to meet deadlines
- ❑ Not able to use an agenda or diary consistently
- ❑ Inflexible because of the need to keep to schedules
- ❑ Poor sense and management of time
- ❑ Creating schedules but not using them
- ❑ Needing other people to structure things
- ❑ Other:

Symptom present? ☐ Yes / ☐ No

### Examples childhood

- ❑ Difficultly being ready on time
- ❑ Messy room / desk and/or work
- ❑ Difficulty keeping materials and belongings in order
- ❑ Difficultly playing alone
- ❑ Difficulty planning tasks or homework
- ❑ Fails to meet deadlines
- ❑ Doing things in a muddled way
- ❑ Arriving late
- ❑ Poor sense of time
- ❑ Difficulty keeping himself/herself entertained
- ❑ Other:

Symptom present? ☐ Yes / ☐ No

## A6

Do you often avoid (or do you dislike, or are you reluctant to engage in) tasks that require sustained mental effort? *And how was that during childhood?*

### Examples adulthood

- ❑ Do the easiest or nicest things first of all
- ❑ Often postpone boring or difficult tasks
- ❑ Postpone tasks so that deadlines are missed
- ❑ Avoid monotonous work, such as administration
- ❑ Avoids preparing reports, completing forms, or reviewing lengthy papers
- ❑ Do not like reading due to mental effort
- ❑ Avoidance of tasks that require a lot of concentration
- ❑ Other:

Symptom present? ☐ Yes / ☐ No

### Examples childhood

- ❑ Avoidance of homework or has an aversion to this
- ❑ Reads few books or does not feel like reading due to mental effort
- ❑ Avoidance of tasks that require a lot of concentration
- ❑ Aversion to school subjects that require a lot of concentration
- ❑ Often postpones boring or difficult tasks.
- ❑ Other:

Symptom present? ☐ Yes / ☐ No

## A7

Do you often lose things that are necessary for tasks or activities? *And how was that during childhood?*

### Examples adulthood

- ❑ Mislays tools, paperwork, eyeglasses, mobile telephones, wallet, keys, or agenda
- ❑ Often leaves things behind
- ❑ Loses papers for work
- ❑ Loses a lot of time searching for things
- ❑ Gets in a panic if other people move things around
- ❑ Stores things away in the wrong place
- ❑ Loses notes, lists or telephone numbers
- ❑ Other:

Symptom present? ☐ Yes / ☐ No

### Examples childhood

- ❑ Loses school materials, pencils, books, or other items
- ❑ Mislays toys, clothing, or homework
- ❑ Spends a lot of time searching for things
- ❑ Gets in a panic if other people move things around
- ❑ Comments from parents and/or teacher about things being lost
- ❑ Other:

Symptom present? ☐ Yes / ☐ No

## A8

Are you often easily distracted by extraneous stimuli? *And how was that during childhood?*

### Examples adulthood

- ❑ Difficulty shutting off from external stimuli
- ❑ After being distracted, difficult to pick up the thread again
- ❑ Easily distracted by noises or events
- ❑ Easily distracted by the conversations of others
- ❑ Difficulty in filtering and/or selecting information
- ❑ Other:

Symptom present? ☐ Yes / ☐ No

### Examples childhood

- ❑ In the classroom, often looking outside
- ❑ Easily distracted by noises or events
- ❑ After being distracted, has difficultly picking up the thread again
- ❑ Other:

Symptom present? ☐ Yes / ☐ No

## A9

Are you often forgetful in daily activities? *And how was that during childhood?*

### Examples adulthood

- ❑ Forgets appointments or other obligations
- ❑ Forgets keys, agenda etc.
- ❑ Needs frequent reminders for appointments
- ❑ Forgets to pay bills or to return calls
- ❑ Returning home to fetch forgotten things
- ❑ Rigid use of lists to make sure things aren't forgotten
- ❑ Forgets to keep or look at daily agenda
- ❑ Forgets to do chores or run errands
- ❑ Other:

Symptom present? ☐ Yes / ☐ No

### Examples childhood

- ❑ Forgets appointments or instructions
- ❑ Forgets to do chores or run errands
- ❑ Has to be frequently reminded of things
- ❑ Half-way through a task, forgetting what has to be done
- ❑ Forgets to take things to school
- ❑ Leaving things behind at school or at friends' houses
- ❑ Other:

Symptom present? ☐ Yes / ☐ No

# Part 2: Symptoms of hyperactivity-impulsivity (DSM-5 criterion A2)

**Instructions:** the symptoms in adulthood have to have been present for at least 6 months. The symptoms in childhood relate to the age of 5-12 years. For a symptom to be ascribed to ADHD it should have a chronic trait-like course and should not be episodic.

## H/I 1

Do you often fidget with or tap hands or feet, or do you often squirm in your seat? *And how was that during childhood?*

### Examples adulthood

- ❑ Difficulty sitting still
- ❑ Fidgets with the legs
- ❑ Tapping with a pen or playing with something
- ❑ Fiddling with hair or biting nails
- ❑ Able to control restlessness, but feels stressed as a result
- ❑ Other:

Symptom present? ❑ Yes / ❑ No

### Examples childhood

- ❑ Parents often said "sit still" or similar
- ❑ Fidgets with the legs
- ❑ Tapping with a pen or playing with something
- ❑ Fiddling with hair or biting nails
- ❑ Unable to remain seated in a chair in a relaxed manner
- ❑ Able to control restlessness, but feels stressed as a result
- ❑ Other:

Symptom present? ❑ Yes / ❑ No

## H/I 2

Do you often leave your seat in situations where it is expected that you remain seated? *And how was that during childhood?*

### Examples adulthood

- ❑ Often leaves his/her place in the office or in the workplace
- ❑ Avoids symposiums, lectures, church etc.
- ❑ Prefers to walk around rather than sit
- ❑ Never sits still for long, always moving around
- ❑ Stressed owing to the difficulty of sitting still
- ❑ Makes excuses in order to be able to walk around
- ❑ Other:

Symptom present? ❑ Yes / ❑ No

### Examples childhood

- ❑ Often stands up while eating or leaves his/her place in the classroom
- ❑ Finds it very difficult to stay seated at school or during meals
- ❑ Being told to remain seated
- ❑ Making excuses in order to walk around
- ❑ Other:

Symptom present? ❑ Yes / ❑ No

## H/I 3

Do you often feel restless? *And how was that during childhood?*

### Examples adulthood

- ❑ Feeling restless or agitated inside
- ❑ Constantly having the feeling that you have to be doing something
- ❑ Finding it hard to relax
- ❑ Other:

Symptom present? ❑ Yes / ❑ No

### Examples childhood

- ❑ Always running around where it is inappropriate
- ❑ Climbing on furniture, or jumping on the sofa
- ❑ Climbing in trees
- ❑ Feeling restless inside
- ❑ Other:

Symptom present? ❑ Yes / ❑ No

## H/I 4

Do you often find it difficult to engage in leisure activities quietly? *And how was that during childhood (in play activities)?*

### Examples adulthood

- ❑ Talks during activities when this is not appropriate
- ❑ Becoming quickly too cocky in public
- ❑ Being loud in all kinds of situations
- ❑ Difficulty doing activities quietly
- ❑ Difficultly in speaking softly
- ❑ Other:

Symptom present? ❑ Yes / ❑ No

### Examples childhood

- ❑ Being loud-spoken during play or in the classroom
- ❑ Unable to watch TV or films quietly
- ❑ Asked to be quieter or calm down
- ❑ Becoming quickly too cocky in public
- ❑ Other:

Symptom present? ❑ Yes / ❑ No

## H/I 5

Are you often "on the go" or do you often act as if "driven by a motor"? *And how was that during childhood?*

### Examples adulthood

- ❑ Always busy doing something
- ❑ Is uncomfortable being still for extended time, e.g. in restaurants or meetings
- ❑ Has too much energy, always on the move
- ❑ Others find you restless or difficult to keep up with
- ❑ Stepping over own boundaries
- ❑ Finds it difficult to let things go, excessively driven
- ❑ Other:

Symptom present? ☐ Yes / ☐ No

### Examples childhood

- ❑ Constantly busy
- ❑ Others find you restless or difficult to keep up with
- ❑ Is uncomfortable being still for extended time
- ❑ Excessively active at school and at home
- ❑ Has lots of energy
- ❑ Always on the go, excessively driven
- ❑ Other:

Symptom present? ☐ Yes / ☐ No

## H/I 6

Do you often talk excessively? *And how was that during childhood?*

### Examples adulthood

- ❑ So busy talking that other people find it tiring
- ❑ Known to be an incessant talker
- ❑ Finds it difficult to stop talking
- ❑ Tendency to talk too much
- ❑ Not giving others room to interject during a conversation
- ❑ Needing a lot of words to say something
- ❑ Other:

Symptom present? ☐ Yes / ☐ No

### Examples childhood

- ❑ Known as a chatterbox
- ❑ Teachers and parents often ask you to be quiet
- ❑ Comments in school reports about talking too much
- ❑ Being punished for talking too much
- ❑ Keeping others from doing schoolwork by talking too much
- ❑ Not giving others room during a conversation
- ❑ Other:

Symptom present? ☐ Yes / ☐ No

## H/I 7

Do you often blurt out an answer before questions have been completed? *And how was that during childhood?*

### Examples adulthood

- ❑ Being a blabbermouth, saying what you think
- ❑ Saying things without thinking first
- ❑ Giving people answers before they have finished speaking
- ❑ Completing other people's sentences
- ❑ Being tactless
- ❑ Other:

Symptom present? ❑ Yes / ❑ No

### Examples childhood

- ❑ Being a blabbermouth, saying things without thinking first
- ❑ Wants to be the first to answer questions at school
- ❑ Blurts out an answer even if it is wrong
- ❑ Interrupts others before sentences are finished
- ❑ Difficulty waiting for turn during conversations
- ❑ Coming across as being tactless
- ❑ Other:

Symptom present? ❑ Yes / ❑ No

## H/I 8

Do you often find it difficult to await your turn? *And how was that during childhood?*

### Examples adulthood

- ❑ Difficulty waiting in a queue, jumping the queue
- ❑ Difficulty in patiently waiting in the traffic/traffic jams
- ❑ Being impatient
- ❑ Quickly starting relationships/jobs, or ending/leaving these because of impatience
- ❑ Other:

Symptom present? ❑ Yes / ❑ No

### Examples childhood

- ❑ Difficultly waiting turn in group activities
- ❑ Difficultly waiting turn in the classroom
- ❑ Always being the first to talk or act
- ❑ Becomes quickly impatient
- ❑ Crosses the road without looking
- ❑ Other:

Symptom present? ❑ Yes / ❑ No

**H/I 9** Do you often interrupt or intrude on others? *And how was that during childhood?*

**Examples adulthood**

- ❑ Being quick to interfere with others
- ❑ Intrudes on others
- ❑ Disturbs other people's activities without being asked, or takes over their tasks
- ❑ Comments from others about interference
- ❑ Difficulty respecting the boundaries of others
- ❑ Having an opinion about everything and immediately expressing this
- ❑ Other:

Symptom present? ❑ Yes / ❑ No

**Examples childhood**

- ❑ Interrupts the games or activities of others
- ❑ Starts using people's things without asking or permission
- ❑ Interrupts the conversations of others
- ❑ Reacts to everything
- ❑ Unable to wait
- ❑ Other:

Symptom present? ❑ Yes / ❑ No

# Part 3: Impairment on account of the symptoms (DSM-5 criteria B, C and D)

## Criterion B

Have you always had these symptoms of attention deficit and/or hyperactivity/impulsivity?

- ❑ Yes (several symptoms were present prior to the 12th year of age)
- ❑ No

If no is answered above, starting as from ____ year of age

# Criterion C

In which areas do you have / have you had problems with these symptoms?

## Adulthood

**Work/education**

- ❑ Did not complete education/training needed for work
- ❑ Work below level of education
- ❑ Tire quickly of a workplace
- ❑ Pattern of many short-lasting jobs
- ❑ Difficulty with administrative work/planning
- ❑ Not achieving promotions
- ❑ Under-performing at work
- ❑ Left work following arguments or dismissal
- ❑ Sickness benefits/disability benefit as a result of symptoms
- ❑ Limited impairment through compensation of high IQ
- ❑ Limited impairment through compensation of external structure
- ❑ Other:

**Relationship and/or family**

- ❑ Tire quickly of relationships
- ❑ Impulsively commencing/ending relationships
- ❑ Unequal partner relationship owing to symptoms
- ❑ Relationship problems, lots of arguments, lack of intimacy
- ❑ Divorced owing to symptoms
- ❑ Problems with sexuality as a result of symptoms
- ❑ Problems with upbringing as a result of symptoms
- ❑ Difficulty with housekeeping and/or administration
- ❑ Financial problems or gambling
- ❑ Not daring to start a relationship
- ❑ Other:

## Childhood and adolescence

**Education**

- ❑ Lower educational level than expected based on IQ
- ❑ Staying back (repeating classes) as a result of concentration problems
- ❑ Education not completed / rejected from school
- ❑ Took much longer to complete education than usual
- ❑ Achieved education suited to IQ with a lot of effort
- ❑ Difficulty doing homework
- ❑ Followed special education on account of symptoms
- ❑ Comments from teachers about behaviour or concentration
- ❑ Limited impairment through compensation of high IQ
- ❑ Limited impairment through compensation of external structure
- ❑ Other:

**Family**

- ❑ Frequent arguments with brothers or sisters
- ❑ Frequent punishment or hiding
- ❑ Little contact with family on account of conflicts
- ❑ Required structure from parents for a longer period than would normally be the case
- ❑ Other:

## **Adulthood** *(continuance)*

**Social contacts**

- ❑ Tire quickly of social contacts
- ❑ Difficultly maintaining social contacts
- ❑ Conflicts as a result of communication problems
- ❑ Difficulty initiating social contacts
- ❑ Low self-assertiveness as a result of negative experiences
- ❑ Not being attentive (i.e. forget to send a card/ empathising/phoning, etc)
- ❑ Other:

**Free time / hobby**

- ❑ Unable to relax properly during free time
- ❑ Having to play lots of sports in order to relax
- ❑ Injuries as a result of excessive sport
- ❑ Unable to finish a book or watch a film all the way through
- ❑ Being continually busy and therefore becoming overtired
- ❑ Tire quickly of hobbies
- ❑ Accidents/loss of driving licence as a result of reckless driving behaviour
- ❑ Sensation seeking and/or taking too many risks
- ❑ Contact with the police/the courts
- ❑ Binge eating
- ❑ Other:

**Self-confidence / self-image**

- ❑ Uncertainty through negative comments of others
- ❑ Negative self-image due to experiences of failure
- ❑ Fear of failure in terms of starting new things
- ❑ Excessive intense reaction to criticism
- ❑ Perfectionism
- ❑ Distressed by the symptoms of ADHD
- ❑ Other:

## **Childhood and adolescence** *(continuance)*

**Social contacts**

- ❑ Difficultly maintaining social contacts
- ❑ Conflicts as a result of communication problems
- ❑ Difficultly entering into social contacts
- ❑ Low self-assertiveness as a result of negative experiences
- ❑ Few friends
- ❑ Being teased
- ❑ Shut out by, or not being allowed, to do things with a group
- ❑ Being a bully
- ❑ Other:

**Free time/hobby**

- ❑ Unable to relax properly during free time
- ❑ Having to play lots of sport to be able to relax
- ❑ Injuries as a result of excessive sport
- ❑ Unable to finish a book or watch a film all the way through
- ❑ Being continually busy and therefore becoming overtired
- ❑ Tired quickly of hobbies
- ❑ Sensation seeking and/or taking too many risks
- ❑ Contact with the police/courts
- ❑ Increased number of accidents
- ❑ Other:

**Self-confidence / self-image**

- ❑ Uncertainty through negative comments of others
- ❑ Negative self-image due to experiences of failure
- ❑ Fear of failure in terms of starting new things
- ❑ Excessive intense reaction to criticism
- ❑ Perfectionism
- ❑ Other:

| | |
|---|---|
| **Adulthood:** Evidence of impairment in ≥2 areas? | ☐ Yes / ☐ No |
| **Childhood:** Evidence of impairment in ≥2 areas? | ☐ Yes / ☐ No |

**End of the interview. Please continue with the summary.**

Potential details:

# Summary of symptoms A and H/I

## Indicate which criteria were scored in parts 1 and 2 and add up

| Criterion DSM-5 | Symptom | Present during adulthood | Present during childhood |
|---|---|---|---|
| **A1a** | A1. Often fails to give close attention to details, or makes careless mistakes in schoolwork, work or during other activities | | |
| **A1b** | A2. Often has difficultly sustaining attention in tasks or play activities | | |
| **A1c** | A3. Often does not seem to listen when spoken to directly | | |
| **A1d** | A4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace | | |
| **A1e** | A5. Often has difficulty organizing tasks and activities | | |
| **A1f** | A6. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort | | |
| **A1g** | A7. Often loses things necessary for tasks or activities | | |
| **A1h** | A8. Often easily distracted by extraneous stimuli | | |
| **A1i** | A9. Often forgetful in daily activities | | |
| | **Total number of criteria Attention Deficit** | ☐ / 9 | ☐ / 9 |
| **A2a** | H/I 1. Often fidgets with or taps hands or feet or squirms in seat | | |
| **A2b** | H/I 2. Often leaves seat in situations when remaining seated is expected | | |
| **A2c** | H/I 3. Often runs about or climbs in situations where it is inappropriate (in adolescents or adults this may be limited to subjective feelings of restlessness) | | |
| **A2d** | H/I 4. Often unable to play or take part in leisure activities quietly | | |
| **A2e** | H/I 5. Is often "on the go" acting as if "driven by a motor" | | |
| **A2f** | H/I 6. Often talks excessively | | |
| **A2g** | H/I 7. Often blurts out an answer before a question has been completed | | |
| **A2h** | H/I 8. Often has difficulty awaiting his or her turn | | |
| **A2i** | H/I 9. Often interrupts or intrudes on others | | |
| | **Total number of criteria Hyperactivity/Impulsivity** | ☐ / 9 | ☐ / 9 |

# Score form

| | | |
|---|---|---|
| **DSM-5 criterion A** | **Childhood**<br>Are several (3 or more) symptoms present of A and/or HI?<br><br>**Adulthood**<br>Is the number of A characteristics ≥ 5?<br>Is the number of H/I characteristics ≥ 5? | ❑ Yes / ❑ No<br><br>❑ Yes / ❑ No<br>❑ Yes / ❑ No |
| **DSM-5 criterion B** | Are there signs of a lifelong pattern of symptoms, starting before the 12th year of age? | ❑ Yes / ❑ No |
| **DSM-5 criterion C and D** | The symptoms and the impairment are expressed in at least two domains of functioning<br><br>Adulthood<br>Childhood | ❑ Yes / ❑ No<br>❑ Yes / ❑ No |
| **DSM-5 criterion E** | The symptoms cannot be (better) explained by the presence of another psychiatric disorder | ❑ No<br>❑ Yes, by |
| | Is the diagnosis supported by collateral information?<br><br>Parent(s)/brother/sister/other, i.e. _____ *<br><br>Partner/good friend/other, i.e. _____ *<br>School reports<br><br>0 = none/little support<br>1 = some support<br>2 = clear support | ❑ N/A ❑ 0 ❑ 1 ❑ 2<br><br>❑ N/A ❑ 0 ❑ 1 ❑ 2<br>❑ N/A ❑ 0 ❑ 1 ❑ 2<br><br>Explanation: |

| | | |
|---|---|---|
| | Diagnosis ADHD** | ❑ No<br>Yes:<br>❑ 314.01 Combined presentation type<br>❑ 314.00 Predominantly inattentive presentation type<br>❑ 314.01 Predominantly hyperactive-impulsive presentation type<br><br>❑ 314.01 Other specified attention-deficit/hyperactivity disorder<br>❑ 314.01 Not specified attention-deficit/hyperactivity disorder<br><br>❑ Partly in remission |
| | Severity | ❑ mild<br>❑ moderate<br>❑ severe |

* Indicate from whom the collateral information was taken.
** If the established presentation types differ in childhood and adulthood, the current adult presentation type prevails for the diagnosis.

ENGLISH

# DIVA-5

DIVA Foundation

*diagnostic interview for ADHD in adults*