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| **ADHD Assessment – Supporting Evidence v1**To be completed by someone that knows the patient |
| Green | for someone who knows the patient well to complete |
| Orange  | for someone who knew the patient as a child to complete (if applicable). |

Once this Supporting Evidence form is complete, the patient should send both this form and the Patient Details form to their GP so they can complete the referral.

We understand that the length of the form can be challenging but the information is necessary for providing this service. Please fill out as much as you can.

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| **BAARS-IV Other-Report (Current Symptoms)**To be completed by someone who knows the patient well  |
| **Your name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Your relationship to the person being rated:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date completed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please tick the box next to each item below that best describes this person’s behaviour **during the past six months.** | **Never/ Rarely(1)** | **Some-times****(2)** | **Often(3)** | **Very Often(4)** |
| **Section 1 (Inattention)** |
| 1 | Fails to give close attention to details or made careless mistakes in their work or other activities |[ ] [ ] [ ] [ ]
| 2 | Has difficulty sustaining their attention in tasks or fun activities |[ ] [ ] [ ] [ ]
| 3 | Doesn’t listen when spoken to directly |[ ] [ ] [ ] [ ]
| 4 | Doesn’t follow through on instructions and fails to finish work or chores |[ ] [ ] [ ] [ ]
| 5 | Has difficulty organizing tasks and activities |[ ] [ ] [ ] [ ]
| 6 | Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort |[ ] [ ] [ ] [ ]
| 7 | Loses things necessary for tasks or activities |[ ] [ ] [ ] [ ]
| 8 | Is easily distracted by extraneous stimuli or irrelevant thoughts |[ ] [ ] [ ] [ ]
| 9 | Is forgetful in daily activities |[ ] [ ] [ ] [ ]
| **Section 2 (Hyperactivity)** |
| 10 | Fidgets with hands or feet or squirms in seat  |[ ] [ ] [ ] [ ]
| 11 | Leaves their seat in classrooms or in other situations in which remaining seated is expected  |[ ] [ ] [ ] [ ]
| 12 | Shifts around excessively or seems restless or hemmed in |[ ] [ ] [ ] [ ]
| 13 | Has difficulty engaging in leisure activities quietly (seems uncomfortable, or is loud or noisy) |[ ] [ ] [ ] [ ]
| 14 | Is “on the go” or acts as if “driven by a motor” (or they seem like they have to be busy or always doing something) |[ ] [ ] [ ] [ ]
| **Section 3 (Impulsivity)** |
| 15 | Talks excessively (in social situations) |[ ] [ ] [ ] [ ]
| 16 | Blurts out answers before questions have been completed, completes others’ sentences, or jumps the gun |[ ] [ ] [ ] [ ]
| 17 | Has difficulty awaiting their turn |[ ] [ ] [ ] [ ]
| 18 | Interrupts or intrudes on others (butts into conversations or activities without permission or takes over what others are doing).  |[ ] [ ] [ ] [ ]
| **Section 4 (Sluggish Cognitive Tempo)** |
| 19 | Prone to daydreaming when they should be concentrating on something or working |[ ] [ ] [ ] [ ]
| 20 | Has trouble staying alert or awake in boring situations |[ ] [ ] [ ] [ ]
| 21 | Is easily confused |[ ] [ ] [ ] [ ]
| 22 | Is easily bored |[ ] [ ] [ ] [ ]
| 23 | Is spacey or “in a fog” |[ ] [ ] [ ] [ ]
| 24 | Is lethargic, more tired than others |[ ] [ ] [ ] [ ]
| 25 | Is underactive or have less energy than others |[ ] [ ] [ ] [ ]
| 26 | Is slow moving |[ ] [ ] [ ] [ ]
| 27 | Doesn’t seem to process information as quickly or as accurately as others |[ ] [ ] [ ] [ ]

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| **Section 5 (Summary)**Please answer these three questions as prompted. |
| 28 | Does this person exhibit **any** of these 27 symptoms at least “Often” or “Very Often”? (Did you tick an “Often” or “Very Often” above?)Circle one: Yes No  |
| 29 | If so, how old was this person when these symptoms began?They were \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years old.  OR, if you do not know, place a check mark below.[ ]  I do not know.  |
| 30 | If so, in which of these settings did those symptoms impair this person’s functioning? Please tick the box next to all of the areas that apply. [ ]  School [ ]  Home [ ]  Work[ ]  Social Relationships |

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| **BAARS-IV Other-Report (Childhood Symptoms)**This form should be completed by someone who knew the patient as a child age 5-12.If the patient does not have someone who can complete this section, it can be left blank. |
|  **Your name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Your relationship to the person being rated:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date completed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please tick the box next to each item below that best describes this person’s behaviour **when they were a child between 5 and 12 years of age.** | **Never/ Rarely(1)** | **Some-times****(2)** | **Often(3)** | **Very Often(4)** |
| **Section 1 (Inattention)** |
| 1 | Failed to give close attention to details or made careless mistakes in their work or other activities |[ ] [ ] [ ] [ ]
| 2 | Had difficulty sustaining their attention in tasks or fun activities |[ ] [ ] [ ] [ ]
| 3 | Didn’t listen when spoken to directly |[ ] [ ] [ ] [ ]
| 4 | Didn’t follow through on instructions and failed to finish work or chores |[ ] [ ] [ ] [ ]
| 5 | Had difficulty organizing tasks and activities |[ ] [ ] [ ] [ ]
| 6 | Avoided, disliked, or was reluctant to engage in tasks that require sustained mental effort |[ ] [ ] [ ] [ ]
| 7 | Lost things necessary for tasks or activities |[ ] [ ] [ ] [ ]
| 8 | Was easily distracted by extraneous stimuli or irrelevant thoughts |[ ] [ ] [ ] [ ]
| 9 | Was forgetful in daily activities |[ ] [ ] [ ] [ ]
| **Section 2 (Hyperactivity-Impulsivity)** |
| 10 | Fidgeted with their hands or feet or squirmed in their seat  |[ ] [ ] [ ] [ ]
| 11 | Left their seat in classrooms or in other situations in which remaining seated was expected  |[ ] [ ] [ ] [ ]
| 12 | Shifted around excessively or seemed restless or hemmed in |[ ] [ ] [ ] [ ]
| 13 | Had difficulty engaging in leisure activities quietly (seemed uncomfortable, or was loud or noisy) |[ ] [ ] [ ] [ ]
| 14 | Was “on the go” or acted as if “driven by a motor”  |[ ] [ ] [ ] [ ]
| 15 | Talked excessively |[ ] [ ] [ ] [ ]
| 16 | Blurted out answers before questions had been completed, completed others’ sentences, or jumped the gun |[ ] [ ] [ ] [ ]
| 17 | Had difficulty awaiting their turn |[ ] [ ] [ ] [ ]
| 18 | Interrupted or intruded on others (butted into conversations or activities without permission or took over what others were doing).  |[ ] [ ] [ ] [ ]

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| **Section 3 (Summary)**Please answer these two questions as prompted. |
| 19 | Did this person exhibit **any** of these 18 symptoms at least “Often” or “Very Often”? (Did you tick an “Often” or “Very Often” above?)Circle one: Yes No |
| 20 | If so, in which of these settings did those symptoms impair this person’s functioning? Please tick the box next to all of the areas that apply to them.[ ]  School [ ]  Home [ ]  Social Relationships |

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| **If you checked any of the domains in item 20 above, indicating settings in which symptoms impaired the person’s functioning, please provide examples of those childhood difficulties in the spaces below. Please feel free to write as much as you need.**  |
| **School** |
| **Home** |
| **Social Relationships** |

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| **Thank you for taking the time to complete this form.The patient should send this completed form and the completed Patient Details form back to their GP who will complete the referral and send both forms to the Oxford ADHD Service.The Service will acknowledge receipt of the form to the GP and the patient and advise on what happens next.** |