ENGLISH

Young DIVA-5

Diagnostic Interview for ADHD in young people (aged 5-17 years)

Diagnostisch **I**nterview **V**oor **A**DHD bij jongeren

DIVA Foundation

diagnostic interview for ADHD in young people

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April 2021, DIVA Foundation, The Hague, The Netherlands

Colophon

The Diagnostic Interview for ADHD in young people aged 5-17 years (Young DIVA-5) is a publication of the DIVA Foundation, The Hague, The Netherlands, April 2021. The English adaption from DIVA-5 to Young DIVA-5 was done by dr. Sarah Curran, South West London and St George's Mental Health NHS Trust and St George's, University of London and professor Philip Asherson, Institute of Psychiatry Psychology and Neuroscience (IoPPN), King's College London. Revision and authorisation by dr. T.I. Annet Bron, PhD and dr. J.J. Sandra Kooij, MD PhD from the DIVA Foundation, in The Hague, The Netherlands.

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Introduction

According to the DSM-5, ascertaining the diagnosis of Attention-deficit/hyperactivity disorder (ADHD) in young people involves determining the presence of a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequently displayed and is more severe than is typically observed in individuals at a comparable level of development.

The main requirements for the diagnosis are that the onset of several inattentive or hyperactive-impulsive symptoms occurred before twelve years of age, and that the symptoms are associated with clinical or psychosocial impairments in at least two settings[1], and clear evidence of interference with developmentally appropriate social, academic or occupational functioning. Whenever possible the information should be gathered from the patient and supplemented by information from informants that know the young person since childhood (usually parents or close relatives and teachers).

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. 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.
- 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.

Young DIVA-5 takes 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 young people aged 5 -17 years (Young DIVA-5)

Young DIVA-5 is based on the DSM-5 criteria. It is a structured clinical interview for ADHD in young people aged 5-17 years, adjusted for young people, and modelled on the DIVA 2.0 (Diagnostic Interview for ADHD in Adults), that was based on DSM-IV-TR criteria. DIVA 2.0 was widely used in the clinical diagnosis of ADHD in adults, having been translated into many languages[2]. Check for free downloads *www.divacenter.eu*. DIVA 2.0 has been validated in two studies[3, 4]. DIVA-5 in two others[5,6].

In order to simplify the evaluation of each of the 18 symptom criteria for ADHD, the interview provides a list of concrete and realistic examples. The examples are based on the common descriptions provided by 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: at home and at school or college; relationships and family life; social contacts; free time and hobbies; self-confidence and self-image.

Whenever possible, the Young DIVA should be completed with the young person in the presence of a parent and/or family member, to enable retrospective and collateral information to be ascertained at the same time. The Young DIVA usually takes around one hour to complete.

The Young 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 young people with ADHD. 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 co-occurring problems that accompany ADHD include conduct, anxiety, depressive, substance misuse, sleep, social communication and learning disorders. 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'[2].

Instructions for performing the Young DIVA

The Young DIVA is divided into 3 parts that are each applied to behaviours both currently and in earlier childhood:

1. The criteria for Attention Deficit (A1)
2. The criteria for Hyperactivity-Impulsivity (A2)
3. 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:

Ask about symptoms present in the last 6-months or more[7-9]. 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 Young DIVA-5, 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 parents and 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 patient, parent or family member agrees with this or can give further examples of problems that relate to each item. As a rule, reports on both the current behaviours as well as those in earlier childhood are required, and provide a judgement about the age of onset of symptoms (when they were first noticed). The clinician has to use clinical judgement in order to determine the most accurate answer. If the answers of the young person and the parent or family member conflict with one another, look for further evidence from school reports or rating scales to verify which is the most accurate.

The information received from the parent and family is intended to supplement the information obtained from the patient and to obtain an accurate account of both current and earlier childhood behaviour; the informant information is particularly useful for earlier childhood since many young people 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. School reports or ADHD scales rated by teachers may provide essential information relevant for diagnosis.

For each criterion, the researcher should make a decision about the presence or absence taking into account the information from all the parties involved. Symptoms are considered to be clinically relevant if they occur to a more severe degree and/or more frequently than in the peer group or if they are 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. If the symptoms did not commence till later in life, record the age of onset. 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, both currently as well as earlier 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 at home and at school or college; 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. Sum the total number of symptoms in each domain in childhood. Indicate on the Score Form whether several symptoms (defined as 3 or more) of A and/or HI were present before age 12. For each domain, 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 all information, and if applicable school reports, supports 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 are currently experiencing. 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 other young people often experience difficulties related to each of the symptoms of ADHD. First of all, you will be asked the questions, then your parent or family members (if present) will be asked the same questions. Because your parent will most likely remember your behaviours all your life, they will be able to identify at what age any current ADHD symptoms began. It is important to know if your symptoms began at an early age and have persisted since then in order to establish the diagnosis of ADHD.

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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 current symptoms have to have been present for at least 6 months. 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?

Examples

- ❑ Making careless mistakes in school/college work by not reading thoroughly
- ❑ Leaving questions or reverse side of a test unanswered by not reading them
- ❑ Others commenting about careless work
- ❑ Not checking the answers in homework
- ❑ Needing to work slowly to avoid mistakes
- ❑ Working inaccurately
- ❑ Not reading instructions carefully, or overlooks or misses details
- ❑ Needing a lot of time to complete detailed tasks
- ❑ Getting easily held up by details
- ❑ Working too quickly and therefore makes mistakes
- ❑ Other:

Symptom present? ❑ Yes / ❑ No

A2

Do you often have difficulty sustaining your attention in tasks?

Examples

- ❑ Difficulty keeping attention on schoolwork or play for long*
- ❑ Easily distracted by extraneous stimuli or own thoughts
- ❑ Needing structure to avoid becoming distracted
- ❑ Difficulty remaining focused during lectures and/or conversations
- ❑ Finding it difficult to watch a film through to the end, or to read a book*
- ❑ Becoming bored with things quickly*
- ❑ Asking 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

A3

Does it often seem as though you are not listening when you are spoken to directly?

Examples

- ❑ Not knowing what parents/teachers have said
- ❑ Often being dreamy or preoccupied
- ❑ Only listening during eye contact or when a voice is raised
- ❑ Often having to be addressed again or having to repeat questions
- ❑ 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
- ❑ Other:

Symptom present? ❑ Yes / ❑ No

A4

Do you often not follow through on instructions and often fail to finish chores or duties?

Examples

- ❑ Difficulty following instructions (e.g. from a manual)
- ❑ Difficulty with instructions involving more than one step
- ❑ Not completing things (once the novelty has worn off)
- ❑ Needing a lot of structure in order to complete tasks
- ❑ Doing things that are muddled up together without completing them
- ❑ Starting tasks but quickly losing focus and being easily sidetracked
- ❑ Needing a time limit to complete tasks
- ❑ Difficulty completing administrative tasks or homework
- ❑ Other:

Symptom present? ❑ Yes / ❑ No

A5

Do you often find it difficult to organise tasks and activities?

Examples

- ❑ Difficultly with planning activities of daily life, or inefficient planning
- ❑ Difficulty managing sequential tasks, i.e. working messy and disorganized
- ❑ Difficulty keeping materials and belongings in order or keeping bedroom organized
- ❑ Difficulty keeping himself/herself entertained
- ❑ Failing to meet deadlines
- ❑ Being unable to use an agenda or diary consistently
- ❑ Being inflexible because of the need to strictly adhere to schedules
- ❑ Poor sense and management of time, or arriving late
- ❑ Needing other people to structure things
- ❑ 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?

Examples

- ❑ Doing the easiest or most enjoyable tasks first
- ❑ Often postponing boring or difficult tasks, and missing deadlines as a result
- ❑ Avoiding monotonous work, such as administration
- ❑ Disliking reading due to mental effort
- ❑ Avoiding tasks that require a lot of concentration such as homework
- ❑ Aversion to school subjects that require a lot of concentration
- ❑ Other:

Symptom present? ❑ Yes / ❑ No

A7

Do you often lose things that are necessary for tasks or activities?

Examples

- ❑ Often leaving things behind
- ❑ Losing papers for homework, notes, lists or telephone numbers
- ❑ Comments from parents and/or teacher about things being lost
- ❑ Losing a lot of time searching for things
- ❑ Getting in a panic if other people move their personal items around
- ❑ Storing things away in the wrong place
- ❑ Other:

Symptom present? ❑ Yes / ❑ No

A8

Are you often easily distracted by extraneous stimuli?

Examples

- ❑ Difficulty shutting off from external stimuli
- ❑ In the classroom, often looking outside
- ❑ After being distracted, difficulty picking up the thread again
- ❑ Easily distracted by the conversations of others
- ❑ Difficulty in filtering and/or selecting information
- ❑ Other:

Symptom present? ❑ Yes / ❑ No

A9

Are you often forgetful in daily activities?

Examples

- ❑ Forgetting appointments, instructions or other obligations
- ❑ Forgetting keys, agenda etc.
- ❑ Needing frequent reminders for appointments or things
- ❑ Half-way through a task, forgetting what has to be done
- ❑ Forgetting to take things to school, or leaving things behind at school or at friends' houses
- ❑ Often returning home to fetch forgotten things
- ❑ Rigid use of lists to make sure things aren't forgotten
- ❑ Forgetting to keep or look at daily agenda
- ❑ Forgetting to do chores or run errands
- ❑ Other:

Symptom present? ❑ Yes / ❑ No

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

Instructions: the current symptoms have to have been present for at least 6 months. 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 chair?

Examples

- ❑ Difficulty sitting still
- ❑ Fidgeting 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 where it is expected that you remain seated?

Examples

- ❑ Finding it very difficult to stay seated at school or during meals
- ❑ Often standing up while eating or in the classroom
- ❑ Avoiding symposiums, lectures, church etc.
- ❑ Preferring to walk around rather than sit
- ❑ Never sitting still for long, always moving around
- ❑ Stressed owing to the difficulty of sitting still
- ❑ Making excuses in order to be able to walk around

❑ Other:

Symptom present? ❑ Yes / ❑ No

H/I 3

Do you often feel restless?

Examples

- ❑ Always running around
- ❑ Climbing on furniture, or jumping on the sofa
- ❑ Climbing in trees
- ❑ 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

H/I 4

Do you often find it difficult to engage in leisure activities quietly?

Examples

- ❑ Being loud-spoken during play or in the classroom
- ❑ Unable to watch TV or films quietly
- ❑ Asked to be quieter or calm down
- ❑ Talking during activities when this is not appropriate
- ❑ Becoming quickly too overconfident in public
- ❑ Being loud in all kinds of situations
- ❑ Difficulty doing activities quietly
- ❑ Difficultly in speaking softly

❑ 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"?

Examples (current)

- ❑ Excessively active at school and at home
- ❑ Always busy doing something
- ❑ Uncomfortable being still for extended time, e.g. in restaurants or meetings
- ❑ Having too much energy
- ❑ Others find you restless or difficult to keep up with
- ❑ Stepping over own boundaries
- ❑ Finding it difficult to let things go, excessively driven

❑ Other:

Symptom present? ❑ Yes / ❑ No

H/I 6

Do you often talk excessively?

Examples

- ❑ So busy talking that other people find it tiring
- ❑ Known to be an incessant talker, or chatterbox
- ❑ Teachers and parents often ask you to be quiet
- ❑ Comments in school reports or being punished about talking too much
- ❑ Finding it difficult to stop talking
- ❑ Tendency to talk too much
- ❑ Keeping others from doing schoolwork by talking too much
- ❑ Not giving others room to interject during a conversation
- ❑ Needing a lot of words to say something
- ❑ Other:

Symptom present? ❑ Yes / ❑ No

H/I 7

Do you often blurt out an answer before questions have been completed?

Examples

- ❑ Being a blabbermouth, saying what you think without thinking first
- ❑ Wanting to be the first to answer questions at school
- ❑ Blurting out an answer even if it is wrong
- ❑ Interrupting others or giving answers before sentences are finished
- ❑ Completing other people's sentences
- ❑ Coming across as being tactless
- ❑ Other:

Symptom present? ❑ Yes / ❑ No

H/I 8

Do you often find it difficult to await your turn?

Examples

- ❑ Difficulty waiting turn in group activities, in the classroom or during a conversation
- ❑ Always being the first to talk or act
- ❑ Crossing the road without looking
- ❑ Difficulty waiting in a queue, jumping the queue
- ❑ Being impatient
- ❑ Quickly starting relationships, or ending these because of impatience
- ❑ Other:

Symptom present? ❑ Yes / ❑ No

H/I 9 Do you often interrupt or intrude on others?

Examples

- ❑ Impinging on the games of others
- ❑ Interrupting the conversations of others
- ❑ Reacting to everything
- ❑ Unable to wait
- ❑ Being quick to interfere with others
- ❑ Disturbing other people's activities without being asked, or taking over their tasks
- ❑ Difficulty respecting the boundaries of others
- ❑ Having an opinion about everything and immediately expressing this
- ❑ 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?

Work/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
- ❑ Did not complete education/training needed for work
- ❑ Difficulty with administrative work/planning
- ❑ Limited impairment through compensation of high IQ
- ❑ Limited impairment through compensation of external structure
- ❑ Other:

Relationship and/or 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
- ❑ Not daring to start a relationship
- ❑ Other:

Social contacts

- ❑ Few friends
- ❑ Being teased
- ❑ Shut out by, or not being allowed, to do things with a group
- ❑ Being a bully
- ❑ 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
- ❑ Tires quickly of hobbies
- ❑ Sensation seeking and/or taking too many risks
- ❑ Contact with the police/the courts
- ❑ Increased number of accidents
- ❑ 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:

Evidence of impairment in two or more 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
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 (such as school of homework)	
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
A2a	H/I 1. Often fidgets or taps with 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 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" or often acts 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

Score form

DSM-5 criterion A	Age < 17 years: At least 6 symptoms of inattention and/or at least 6 symptoms of hyperactivity-impulsivity have been present for at least 6 months?	❑ Yes / ❑ No
DSM-5 criterion B	Several symptoms (at least 3) are/were present before 12 years?	❑ Yes / ❑ No
DSM-5 criterion C and D	The symptoms and the impairment are expressed in at least two domains of functioning	❑ Yes / ❑ No
DSM-5 criterion E	The symptoms cannot be (better) explained by the presence of another psychiatric disorder	❑ No ❑ Yes, by
	Is the diagnosis supported by collateral information? Parent(s)/brother/sister/other, i.e. ____ * Partner/good friend/other, i.e. ____ * School reports 0 = none/little support 1 = some support 2 = clear support	❑ N/A ❑ 0 ❑ 1 ❑ 2 ❑ N/A ❑ 0 ❑ 1 ❑ 2 ❑ N/A ❑ 0 ❑ 1 ❑ 2 Explanation:

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

* Indicate from whom the collateral information was taken.

ENGLISH

Young DIVA-5

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