

Name of Child:

Age:

Parent:

Date:

### Diagnostic Screening Survey

The Diagnostic Screening Survey was designed by Dr. Brian Richardson to aid in the identification of interrelated conditions which can cause, imitate, and/or impact the behavioral expression of childhood attention problems. It consolidates various other diagnostic checklists found in other published sources, including Healing ADD by Dr. Daniel Amen, Parent Stress Index, Stanley Turecki's Temperament checklist, Childhood Bipolar checklist by Papados, and others. The DSS is for parents to fill out, but does not itself diagnose any condition. A diagnosis of ADD requires consideration of much more data, and can include test results from behavior checklists filled out by teachers, continuous performance tests, QEEG tests, and others. The DSS examines the typical and atypical signs and symptoms of Attention Deficit Disorder, with or without Hyperactivity. In addition, the DSS helps to identify the particular subtype of ADD that your child may have, as have been described by Daniel Amen in his book, Healing ADD. The DSS helps to screen for various childhood behavior problems, explores that possible biological, social, and familial sources of the attention problem, screens for excess parental stress and parenting conflicts (which can impact effective treatment of ADD), screens for biological temperament influences on attention and behavior, screens for mood and anxiety disorders, sensory integration disorders, and learning disabilities. The DSS also attempts to gauge social consequences of the attention and behavior problems and categorize any social skill problems that may exist.

Please print a copy of the DSS in order to fill it out. Please circle the number that best describes your child's behavior. Some questions will be repeated because of overlapping symptoms of the interrelated conditions being examined.

Key: 0 = Never or Rarely  
 1 = Sometimes  
 2 = Often  
 3 = Very Often

Scoring: Traits that occur "often" or "very often" are, depending upon the age of the child, usually significant. Score each "often" and "very often" as a single (1) diagnostic sign and add each of the diagnostic signs and put the totals in the appropriate spaces. Significance thresholds are listed in bold-face type.

### Diagnostic Screening Survey

#### ADD - Inattentive Type - Executive Function

- 0 1 2 3 **Has difficulty sustaining attention** in tasks or play
- 0 1 2 3 Makes careless mistakes and has poor attention to detail
- 0 1 2 3 Has difficulty staying organized (bedroom, desk, locker, book bag) or organizing tasks, chores, or games
- 0 1 2 3 Hates homework, skips doing it if possible, or does it carelessly and in slipshod way
- 0 1 2 3 Has a tendency to lose things
- 0 1 2 3 Is forgetful

\_\_\_\_\_ **(4) ADD-Inattentive/ Executive Function**

#### ADD- Inattentive - Auditory Processing Problems

- 0 1 2 3 **Easily distracted** by other things going on in the room
- 0 1 2 3 Procrastinates - has difficulty following through when told what to do
- 0 1 2 3 Has trouble listening when others are talking
- 0 1 2 3 Does not seem to listen when spoken to directly

\_\_\_\_\_ **(2) ADD Auditory Processing Problems**

\_\_\_\_\_ **(6) ADD - Inattentive Type** (Executive Function + Auditory Processing)

#### ADD- Prefrontal Cortex System Dysfunction

- 0 1 2 3 Excessive daydreaming
- 0 1 2 3 Complains of being bored
- 0 1 2 3 Appears apathetic and unmotivated
- 0 1 2 3 Is tired, sluggish, or slow moving
- 0 1 2 3 Appears spacey or internally preoccupied

\_\_\_\_\_ **ADD- Prefrontal Cortex System Dysfunction**

#### ADD - Hyperactive/Impulsive Type

- 0 1 2 3 Is restless or hyperactive
- 0 1 2 3 Has trouble sitting still, especially in school
- 0 1 2 3 Is fidgety, in constant motion with hands, body or feet
- 0 1 2 3 Is noisy, has a hard time being quiet
- 0 1 2 3 Acts as if being "driven by a motor"
- 0 1 2 3 Talks excessively
- 0 1 2 3 *Is impulsive, doesn't think through what to say or do ahead of time*
- 0 1 2 3 *Has difficulty waiting for his or her turn*
- 0 1 2 3 *Interrupts or intrudes on others*

\_\_\_\_\_ **(6) ADD - Hyperactive/Impulsive Type**

**ADHD - Combined Type** - If Inattentive and Hyperactive/Impulsive Types are both present.

#### ADD - Overfocused/Cingulate System Subtype

- 0 1 2 3 Worries excessively or senselessly
- 0 1 2 3 Is super-organized
- 0 1 2 3 Is oppositional and argumentative
- 0 1 2 3 Strong tendency to get locked into negative thoughts; has the same thoughts over and over again (obsessive)
- 0 1 2 3 Has a tendency towards compulsive behavior (has rituals, or redoes things needlessly)
- 0 1 2 3 Has an intense dislike of change
- 0 1 2 3 Has a tendency to hold grudges
- 0 1 2 3 Has trouble shifting attention from subject to subject
- 0 1 2 3 Has difficulties seeing options in situations
- 0 1 2 3 Has tendency to hold on to own opinion and not listen to others
- 0 1 2 3 Has a tendency to get locked into a course of action, even if it is not good for the child
- 0 1 2 3 Needs to have things done in a certain way or the child becomes very upset (explosive)
- 0 1 2 3 Others complain that the child worries too much

\_\_\_\_\_ **(6) ADD- Overfocused/Cingulate Subtype**

**ADD - Temporal Lobe/Explosive Subtype**

- 0 1 2 3 Has periods of quick temper, child rages with little provocation
- 0 1 2 3 Misinterprets comments as negative even when they are not
- 0 1 2 3 Irritability tends to build to an emotional meltdown, which eventually recedes; the child is often tired after the meltdown is over
- 0 1 2 3 Has periods of spaciness or confusion
- 0 1 2 3 Has periods of fear and/or panic for not specific reason
- 0 1 2 3 Perceives visual changes, such as shadows/auras around objects or objects changing shapes
- 0 1 2 3 Has periods of deja vu (strange feelings of having been somewhere or done something before)
- 0 1 2 3 Feels acutely sensitive to others' comments or scrutiny; or is mildly paranoid
- 0 1 2 3 Has headaches or stomachaches of uncertain origin
- 0 1 2 3 Has a history of any head injury or a family history of violence
- 0 1 2 3 Has dark thoughts (either morbid, homicidal, or suicidal) or violent fantasies
- 0 1 2 3 Has periods of forgetfulness or memory problems
- 13. Has a short fuse; periods of extreme irritability

\_\_\_ (6) **ADD - Temporal Lobe/Explosive Subtype**

**ADD - Depressive/Limbic System Subtype**

- 0 1 2 3 Is moody
- 0 1 2 3 Is negative
- 0 1 2 3 Has low energy
- 0 1 2 3 Is frequently irritable
- 0 1 2 3 Has a tendency to be socially isolated
- 0 1 2 3 Has feelings of hopelessness, helplessness, and needless guilt
- 0 1 2 3 Has lowered interest in things that are usually considered fun
- 0 1 2 3 Undergoes sleep changes (too much or too little)
- No Yes Has chronic low self esteem

\_\_\_ (6) **ADD - Depressive Limbic Subtype**

**ADD - "Ring of Fire" Subtype**

- 0 1 2 3 Is angry and aggressive
- 0 1 2 3 Is excessively sensitive to noise, light, clothes, or touch
- 0 1 2 3 Undergoes frequent or cyclic mood changes (highs and lows)
- 0 1 2 3 Is inflexible and rigid in his or her thinking
- 0 1 2 3 Demands to have his or her own way, even when told NO many times
- 0 1 2 3 Has periods of mean, nasty, or insensitive behavior
- 0 1 2 3 Has periods of increased talkativeness
- 0 1 2 3 Has periods of increased impulsivity
- 0 1 2 3 Displays unpredictable behavior
- 0 1 2 3 Thinks in grandiose, expansive and unrealistic manner
- No Yes Talks very fast, doesn't yield in conversations
- No Yes Says that their thoughts are going "fast" or are "racing"
- 0 1 2 3 Appears anxious or fearful
- No Yes There are few periods where the above criteria are not present and things seem normal (this sign excludes Bipolar Disorder)

\_\_\_ (8) **ADD - "Ring of Fire" Subtype**

**ADD - Biological factors that can cause or influence ADHD or ADD**

- No Yes Is there a genetic history of ADD or ADHD in the child's blood relatives?
- No Yes Does the child thrash around in bed all night? (*Restless Leg Syndrome*)
- No Yes Does the child snore or gasp for breath at night? (*Sleep Apnea*)
- No Yes Does the child have any history of head injury? (*TBI*)
- No Yes Is there a history of a lack of oxygen in womb or during birth? (*anoxia*)
- No Yes Has child suffered a birth trauma? (e.g. *forceps delivery*)
- No Yes Has the child suffered a drowning accident and survived? (*anoxia*)
- No Yes Has the child suffered from encephalitis or meningitis? (*brain trauma*)
- No Yes Was the child exposed to drugs, alcohol, or nicotine in the womb?
- No Yes Has the child diagnosed with overactive or Under-active *thyroid* gland?
- No Yes Has the child been diagnosed with any *endocrine* disorder?
- No Yes Does the child take asthma medications? (*epinephrine*)
- No Yes Has the child started *puberty* yet?
- No Yes If yes, have the signs of ADD gotten worse since the start of puberty?
- No Yes For girls, do the symptoms get worse prior to the start of menses?
- No Yes Is it possible that the child is abusing drugs or alcohol?
- No Yes Has the child had a positive drug screen?
- No Yes Does the child have a diet that low in protein?
- No Yes Or a diet that is high in sugar and simple carbohydrates?
- No Yes Is the child sedentary and gets little exercise?
- No Yes Has the child been exposed to lead or other toxic heavy metals?
- No Yes Does the child have any history of seizures?
- No Yes Is there a history of chronic ear infections and tubes placed in ears?
- No Yes Is there a history of speech delay or other developmental delay?

**ADD - Psychological factors that contribute to or influence ADHD behaviors**

- No Yes Has the child suffered early neglect?
- No Yes Has the child suffered physical or sexual abuse?
- No Yes Does the child engage in negative self-talk?
- No Yes Has the child grown discouraged about school?
- No Yes Has there been a divorce that might be affecting the child's mood?
- No Yes If there is a step-parent, does the child deny their authority to tell them what to do?
- No Yes Is the child alienated from a parent separated from the family?
- No Yes Is the family in a financial crunch now?
- No Yes Is the child physically handicapped?
- No Yes Is there drug or alcohol abuse in the home?
- No Yes Did the child's mother give birth as a teenager?
- No Yes Is the child spending too much time watching TV, playing video games or surfing internet

No. of daily hours watching TV on *school nights* \_\_\_\_\_.

No. of daily hours surfing the internet/ MySpace \_\_\_\_\_.

No. of daily hours playing video games \_\_\_\_\_.

No Yes Child has a recent history of increased stress?

No Yes Child has a problem adjusting to a new life Situation?

No Yes Child has been traumatized?

*Possible Childhood Signs of Stress*

No Yes Child wakes up with nightmares more than twice per month

No Yes Child wets the bed more than twice a week for more than 2 weeks

No Yes Child has tics - sudden, rapid, non-rhythmic movements or noises

No Yes Child is significantly distressed by phobias or irrational fears

No Yes Child stutters

*Parental Stress (for parents only)*

Circle MOM or DAD

No Yes I feel depressed most of the day, nearly every day (sad, hopeless)

No Yes I have greatly diminished zest for living - It's hard to get interested in anything.

No Yes Things which used to give me pleasure no longer do.

No Yes Being a parent is harder than I ever imagined.

No Yes I have little appetite lately

No Yes I find it very difficult to sleep restfully

No Yes I am tired when I get out of bed

No Yes I feel wound up and restless and can't relax

No Yes I do not enjoy being a parent

No Yes I am tired and fatigued nearly every day

No Yes I feel like I only make my child's problems worse

No Yes I never seem to be able to get what I want since I became a parent

No Yes I can't seem to concentrate on anything lately

No Yes I often feel guilty about how I parent my child

No Yes I can't seem to make decisions lately

No Yes When my child misbehaves, I feel responsible as if I didn't do something right

No Yes My child seeks a lot of physical affection, and I sometimes wonder if we may be too close

No Yes I sometimes feel my child has taken over my life

*Parental Discord (for parents only)*

Circle MOM or DAD

No Yes My spouse and I often disagree about discipline

No Yes I am afraid that my spouse is too harsh or rough with punishing child

No Yes There are times when I feel out of control when my child misbehaves

No Yes My spouse and I argue in front of the children

No Yes Our child has witnessed a parent hitting the other parent or sibling

No Yes I wish my spouse would discipline child more firmly and consistently

No Yes I wish my spouse would just try to understand our child's feelings more rather than just punishing

No Yes My spouse and I disagree about spanking

**Behavior Disorders**

It is important to rule out the presence of a behavior disorder, since these problem behaviors interfere with learning and can look like hyperactivity to some observers. However, if real ADHD is not caught early and treated appropriately, oppositional behavior and conduct problems can be the catastrophic result. A psychologist must determine if the behavior problems are a result of or a cause of the child's ADHD.

*Oppositional Defiant Disorder (ODD)*

0 1 2 3 My child loses his or her temper

0 1 2 3 Argues with adults

0 1 2 3 Actively defies or refuses to comply with adult requests or rules

0 1 2 3 Deliberately annoys people

0 1 2 3 Blames others for his or her mistakes or misbehavior

0 1 2 3 Is touchy or easily annoyed by others

0 1 2 3 Is angry or resentful

0 1 2 3 Is spiteful or vindictive (seeks revenge)

0 1 2 3 Refuses to do what he or she is asked upon the first request or order from an adult

\_\_\_\_ (6) **Oppositional Defiant Disorder (ODD)**

*Conduct Disorder*

0 1 2 3 Bullies, threatens, or intimidates others

0 1 2 3 Starts fights

0 1 2 3 Has used a weapon that could cause a serious injury (bat, brick, bottle, knife, gun, etc.)

0 1 2 3 Has been physically cruel to animals

0 1 2 3 Has been physically cruel to people

0 1 2 3 Has forced someone into sexual activity or has had sex with a child 5 or more years younger than he or she

0 1 2 3 Has deliberately set fires

0 1 2 3 Has broken into someone's home, car, store, or building

0 1 2 3 Lies to obtain goods or favor, or to avoid duties

0 1 2 3 Has stolen items of value without confronting the victims

0 1 2 3 Stays out all night without permission

No Yes Has run away from home overnight more than once

No Yes Is truant at school, beginning before the age of thirteen

\_\_\_\_ (3) **Conduct Disorder (CD)**

(In order to qualify for a CD diagnosis, three of the above infractions must have occurred in the last year and at least 1 in the last 6 months)

## Mood Disorders and Anxiety

### Obsessive Compulsive Disorder (OCD)

- No Yes Can't seem to get certain thought or worries out of head
- No Yes Gets angry or upset if things aren't ordered exactly as he or she likes
- No Yes May tantrum if activities don't go exactly as they expect
- No Yes Worries so much about doing things just right that often the task never gets done
- No Yes Repeats certain actions to avoid imagined danger to self or others
- No Yes Has problems throwing anything away
- No Yes Washes hands or bathes excessively; overly fearful of germs
- No Yes Has significant signs of *ADD Overfocused/Cingulate Subtype*

### \_\_\_ (4) Obsessive-Compulsive Disorder (OCD)

### Pediatric Depression

- No Yes Has become more of a loner recently
- No Yes Acts tired, bored, or depleted
- No Yes Acts *more* impulsively, unpredictably, or irrationally *lately*
- No Yes More irritable lately, now trivial things throw him or her into rages
- No Yes Appears more stoic, hard, and "shut down," doesn't cry
- No Yes If the child cries, it lasts a long time and doesn't relieve distress
- No Yes Focuses more on their failures than their successes
- No Yes Blames self for things that aren't his or her fault
- No Yes Talks about themselves negatively
- No Yes Talks or preoccupied with death or suicide, or jokes about it
- No Yes More preoccupied with her weight lately, thinks she's fat
- No Yes Acting "wilder" lately; fighting, rebellious, out of control
- No Yes Acts silly or outrageous as a cover for sadness
- No Yes Strenuously avoids the help of others
- No Yes Has more difficulty with school lately

### \_\_\_ (6) Pediatric Depression

### Social Phobia

- No Yes Fearful in social situations to the point of isolation from peers
- No Yes Painfully shy
- No Yes Exposure to a feared social situation inevitably provokes anxiety, causing crying, tantrums, or panic
- No Yes Has refused to go to school
- 0 1 2 3 Refuses to play with neighborhood peers
- No Yes Never speaks up in class, even if the child knows the answers
- No Yes Shows marked distress when separating from a parent (usually mother)
- No Yes Has stomach aches prior to school and social events, and uses these maladies to excuse self from social events or obligations

### \_\_\_ (5) Social Phobia

### Mood Instability - Pediatric Bipolar Disorder (from *The Bipolar Child* by Papados & Papados)

- 0 1 2 3 Mood and activity levels vary dramatically, has rapid, wide swings of emotion, arousal, excitability and activity (*Mania*)
- 0 1 2 3 Episodes of elated mood (silly, giddy, goofy), euphoria or irritability
- 0 1 2 3 Sometimes so talkative that others can hardly "get a word in edgewise"
- 0 1 2 3 Child says their thoughts are racing; they jump from topic to unrelated topic
- No Yes Antidepressants can cause the moods to cycle more rapidly
- 0 1 2 3 Has periods of depressed mood (e.g. fatigue, lethargy, slowed speech, increased appetite or sleep, loss of interest)
- 0 1 2 3 Has grandiose "larger than life" sense of self-importance
- 0 1 2 3 May only need 3-5 hours of sleep, (or 10+ hours when depressed)
- No Yes Has a history of *Night Terrors* (child wakes screaming after 2-3 hours, is very difficult to soothe, and doesn't even realize you are there)
- No Yes Has extremely morbid *Nightmares*, with images of gore, devils, cannibalism, and the like
- No Yes Has a history of bedwetting (*enuresis*)
- No Yes Has a history of other sleep problems (i.e. sleepwalking, states of confusion or disorientation when awoken) (*Parasomnias*)
- No Yes Engages in high-risk behavior (extreme sports, promiscuous sex, daredevil acts)
- No Yes Binges on massive amounts of food; vomits or uses diuretics or laxatives to avoid weight gain
- No Yes Has conduct problems, trouble with the law (any signs of *Conduct Disorder*)
- 0 1 2 3 Has problems with transitions of activity, persons, or place
- No Yes Has significant symptoms of *Explosive Child syndrome*
- No Yes Temper tantrums are accompanied by swearing, destruction, or threats of violence
- No Yes Easily startled and aroused by new, unwanted, or unexpected stimuli
- No Yes Is bothered by the sounds of ticking clocks, vacuum cleaners, thunder, over-sensitive to light, (*Low Sensory Threshold*)
- No Yes Hates wearing clothes, may prefer being naked, clothes feel "too hot" or "scratchy" (*Low Tactile Threshold*)
- No Yes Has *tics* - sudden, rapid, non-rhythmic movements or noises
- No Yes Has significant problems with attention (see *ADD, ADHD*)
- 0 1 2 3 Excessively fearful in social situations, can be painfully shy
- No Yes Overreacts to stress dramatically
- No Yes History of refusing to go to school
- No Yes Unusual fears (*phobias*), may take exaggerated risks to cover up these fears
- No Yes Recurrent obsessions; repeated compulsive actions (see *OCD*)
- No Yes Family history of mood disorders and alcoholism, usually on both sides of family

### \_\_\_ (15-18) Pediatric Bipolar Disorder

## Difficult Temperament

Temperament, based on the ideas of Stanley Turecki and Stella Chess, are biologically based factors that influence the development of personality and are observable from the first few months of life. Once particular temperament, Poor Adaptability, plays a role in the development of the Explosive Child syndrome, which looks like oppositional behavior, but must be managed very differently than ODD to be successful.

Temperament issues are obvious to parents when their children is young (0-7 years old), but can be harder to identify when the child grows older because the "expression" of these temperaments can be "hidden" in other, more obvious, mood problems and behavioral disorders.

When filling out these temperament scale and your child is older (8 and above), try to recall his or her behavior and emotional expression when they were younger if the symptoms listed no longer apply.

### *Temperament - Initial Withdrawal*

- 0 1 2 3 Doesn't like new situations - new places, people, food or clothes
- 0 1 2 3 Holds back and protests by clinging when exposed to new situation
- 0 1 2 3 May have tantrums if forced to go forward in new situations

### \_\_\_ (2) *Temperament - Initial Withdrawal*

### *Temperament - Irregularity*

- 0 1 2 3 Unpredictable - can't predict when the child will be hungry or tired
- 0 1 2 3 Moods change suddenly
- 0 1 2 3 Conflicts arise over meals or bedtimes
- 0 1 2 3 Wakes up at night (*poor sleep regulation*)

### \_\_\_ (2) *Temperament - Irregularity*

### *Temperament - High Intensity*

- 0 1 2 3 My child is loud, whether miserable, angry or happy

### \_\_\_ (1) *Temperament - High Intensity*

### *Temperament - Poorly Adaptable*

- 0 1 2 3 Has trouble with transition or change, of activity or routine
- 0 1 2 3 Goes on and on for something that he or she wants
- 0 1 2 3 Is very persistent if he or she really likes an activity
- 0 1 2 3 Stubborn - tantrums are long and hard to stop
- 0 1 2 3 Gets used to things and then refuses to give them up
- No Yes Has unusual preferences for food or clothes

### \_\_\_ (4) *Temperament - Poorly Adaptable*

### *Low Frustration Tolerance - "Explosive Child" syndrome* (includes Poorly Adaptable characteristics)

- 0 1 2 3 Becomes easily enraged if things don't go his or her way
- 0 1 2 3 Becomes extremely disrespectful or destructive when frustrated or thwarted
- 0 1 2 3 Insists on having things done in a certain way or certain order
- 0 1 2 3 Expresses self in black-and-white terms, using words like "never," "hate," "always," etc.
- 0 1 2 3 Applies rigid, inflexible rules to complex situations (e.g., "We always go out for recess at 10:30. I don't care if there is an assembly, I am going out for recess!")
- No Yes Continues to have meltdowns in response to rules even though the child is adequately motivated to comply with firm and consistently-applied consequences
- No Yes Explosive episodes have an "out-of-the-blue" quality. A good mood can dissolve immediately with a trivial frustration
- No Yes Is more apt to become frustrated when hungry or tired

### \_\_\_ (6) *Low Frustration Tolerance - Explosive Child syndrome* (add "Poorly Adaptable" signs)

# Social Skills Inventory

(Revised from Novotni Social Skills Checklist, see myADHD.com)

**Key:** 0 = Not a problem    1 = Sometimes a problem or issue    2 = Definitely a problem and needs improvement

<p><b>Score</b>    <b>Basic Manners – The ability to do the following in social situations</b></p> <p>0 1 2 Uses polite words like please, thank you, and you're welcome</p> <p>0 1 2 Expresses appreciation</p> <p>0 1 2 Receives compliments without discounting them</p> <p>0 1 2 Apologizes</p> <p>0 1 2 Accepts the apologies of others</p> <p>0 1 2 Introduces himself/herself</p> <p>0 1 2 Uses appropriate greetings</p> <p>0 1 2 Has appropriate phone manners</p> <p>0 1 2 Uses appropriate ending comments</p> <p>0 1 2 Eats with mouth closed, follows the lead of the host/hostess</p> <p>0 1 2 Will use napkins, ask for items to be passed, keep elbows off table</p> <p>0 1 2 Asks to be excused from the table</p> <p>0 1 2 When hosting, makes guests feel comfortable in his/her home</p> <p>0 1 2 Offers to help others</p> <p>_____ Total score <b>Basic Manners</b></p> <p><b>Verbal Communication Skills - In conversation with others, the ability to:</b></p> <p>0 1 2 Joins a conversation smoothly, without disruption</p> <p>0 1 2 Reflective listening – repeats what another says and asks if they understood them right</p> <p>0 1 2 Tracking - Identifies and reflects the feelings of others</p> <p>0 1 2 Reflects content <i>and</i> feelings of others</p> <p>0 1 2 Uses brief "encouragers" to let others know they are following the conversation ("I see")</p> <p>0 1 2 Uses open ended questions to keep the conversation going</p> <p>0 1 2 Asks for help when needed or wanted</p> <p>_____ Total Score <b>Verbal Communication Skills</b></p> <p><b>NonVerbal Communication Skills – Looking attentive when listening - When talking to others, do you (they):</b></p> <p>0 1 2 Keep an open posture</p> <p>0 1 2 Faces the person</p> <p>0 1 2 Leans forward to show interest</p> <p>0 1 2 Maintains appropriate eye contact</p> <p>0 1 2 Looks relaxed</p> <p>_____ Total <b>NonVerbal Communication Skills</b></p> <p><b>Self Care</b></p> <p>0 1 2 Is able to nurture himself or herself</p> <p>0 1 2 Is clean and neat in appearance, appropriate to situation</p> <p>0 1 2 Is able to identify and express his or her feelings</p> <p>0 1 2 Has good self-esteem</p> <p>0 1 2 Participates in groups</p> <p>0 1 2 Has a sense of humor (that doesn't denigrate others)</p> <p>0 1 2 Hope – has a positive outlook</p> <p>_____ Total Score <b>Self Care</b></p>	<p><b>Score</b>    <b>Communication Roadblocks</b></p> <p>0 1 2 Inattentive - misses pieces of information</p> <p>0 1 2 Uses closed questions (ones that can be answered with a "yes" or a "no")</p> <p>0 1 2 Voice volume – speaks too loud or too soft</p> <p>0 1 2 Speech tempo – speaks too slowly or too quickly</p> <p>0 1 2 Interrupts others – breaks into conversations without considering the flow</p> <p>0 1 2 Too quiet – rarely speaks in conversations</p> <p>0 1 2 Domineering - orders or bosses others around</p> <p>0 1 2 Criticizes – judges or evaluates others</p> <p>0 1 2 Is not considerate, or minimizes other's feelings</p> <p>_____ Total Score <b>Communication Roadblocks</b></p> <p><b>Self Control</b></p> <p>0 1 2 Takes turns, waits for his or her turn</p> <p>0 1 2 Ability to handle the frustration of waiting</p> <p>0 1 2 Effectively managing conflict with others</p> <p>0 1 2 Is able to negotiate and compromise with others</p> <p>0 1 2 Effectively manage anger without insult, intimidation or destruction</p> <p>0 1 2 Refrains from fighting, aggressive behavior</p> <p>0 1 2 Is able to assert themselves, ask for what they want without bullying</p> <p>0 1 2 Avoids impulsive spending</p> <p>0 1 2 Avoids impulsive decision-making</p> <p>0 1 2 Avoids blurting out things that hurt others</p> <p>0 1 2 Avoids inappropriate touching of others</p> <p>0 1 2 Is able to relax</p> <p>0 1 2 Is able to sit still and not fidget</p> <p>_____ Total Score <b>Self Control</b></p> <p><b>Relationship Skills</b></p> <p>0 1 2 Is sensitive to the needs of others</p> <p>0 1 2 Is patient – can allow the other to get their needs met first at times</p> <p>0 1 2 Is creative</p> <p>0 1 2 Is fun to be with</p> <p>0 1 2 Flexible – can "go with the flow"</p> <p>0 1 2 Respects the boundaries of others</p> <p>0 1 2 Treats others with respect</p> <p>0 1 2 Tolerates differences in others</p> <p>0 1 2 Initiates invitations to others</p> <p>0 1 2 Tolerates closeness and intimacy without running away</p> <p>0 1 2 Has at least 3 close friends</p> <p>_____ Total Score <b>Relationships Skills</b></p> <p><b>Adult ADD Organizational Problems</b></p> <p>0 1 2 Difficulty with deadlines</p> <p>0 1 2 Difficulty being on time for meetings and appointments</p> <p>0 1 2 Difficulty remembering special occasions</p> <p>0 1 2 Difficulty managing money</p> <p>0 1 2 Is too organized or rigid</p> <p>0 1 2 Difficulty managing money, bills, bank accounts</p> <p>0 1 2 Disorganized with his or her possessions, domicile</p> <p>0 1 2 Does not do what they agree to do</p> <p>0 1 2 Does not finish projects</p> <p>_____ Total <b>Adult ADD Organizational Problems</b></p>
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# The Family Functioning Inventory

(From The ADD Book by Sears and Thompson)

BUILDERS	3	2	1	0	0	1	2	3	BREAKERS
Positive Actions									Negative Actions
1. <i>Peaceful</i> – You anticipate and plan for problems									<i>Chaotic</i> – Nothing is planned, each problem is a new crisis
2. <i>Organized</i> – You have a family calendar, a method to handle messages, etc.									<i>Unorganized</i> – You fly by the seat of your pants – no one is sure of anything
3. <i>Responsive</i> – You join together to find solutions to meet each other's needs long-term									<i>Reactive</i> – You make knee-jerk responses to problems and live in the moment
4. <i>Supportive</i> – You help everyone win and do their best									<i>Competitive</i> – You are concerned about the individual winning, being the best
5. <i>Rewarding</i> - Family members praise one another									<i>Denigrating</i> - Family members put each other down
6. <i>Protecting</i> - You are careful with one another's vulnerable spots									<i>Attacking</i> – You lash out at each other's vulnerable spots
7. <i>Trusting</i> – You trust each other's motives									<i>Suspicious</i> – You are suspicious of each other's motives
8. <i>Open</i> – You listen and use open-ended questions to help solve problems									<i>Closed Communication</i> - You confront, judge, command, moralize, criticize, and analyze
9. <i>Nurturing</i> – You encourage the individual growth of each person									<i>Constricting</i> – You insist that others behave as you do. You discourage individualism

Positive Communication	This section concerns family communication							Negative Communication
Positive Action								Negative Action
1. <i>Clear</i> – "That door slamming scored me"								<i>Confusing</i> – "Why are you always so wild?"
2. <i>Direct</i> – "Tom, I get angry when you don't listen to me."								<i>Indirect</i> – "He slammed the door Is he mad at someone?"
3. <i>Immediate</i> – "Come here and pick up the coat you just dropped, please."								<i>Delayed</i> – "We can't rely on you; last week you kept us waiting."
4. <i>Complete</i> – "Dad, I need the care tonight. I said I'd drive us to the movie."								<i>Incomplete</i> – "I have to have the car tonight."
5. <i>Flexible</i> – You are willing to discuss issues and make adjustments								<i>Rigid</i> "If you are living under my roof, you follow my rules."
6. <i>Reflective</i> – "Let's discuss consequences"								<i>Impulsive</i> – "You're grounded for a month"
7. <i>Accepting</i> – "I know that hurts when they won't play with you."								<i>Non-accepting</i> – "Don't be a crybaby."
POSITIVES Column Scores								NEGATIVES Column Scores
TOTAL POSITIVE SCORE								TOTAL NEGATIVE SCORE