

January 13, 2016

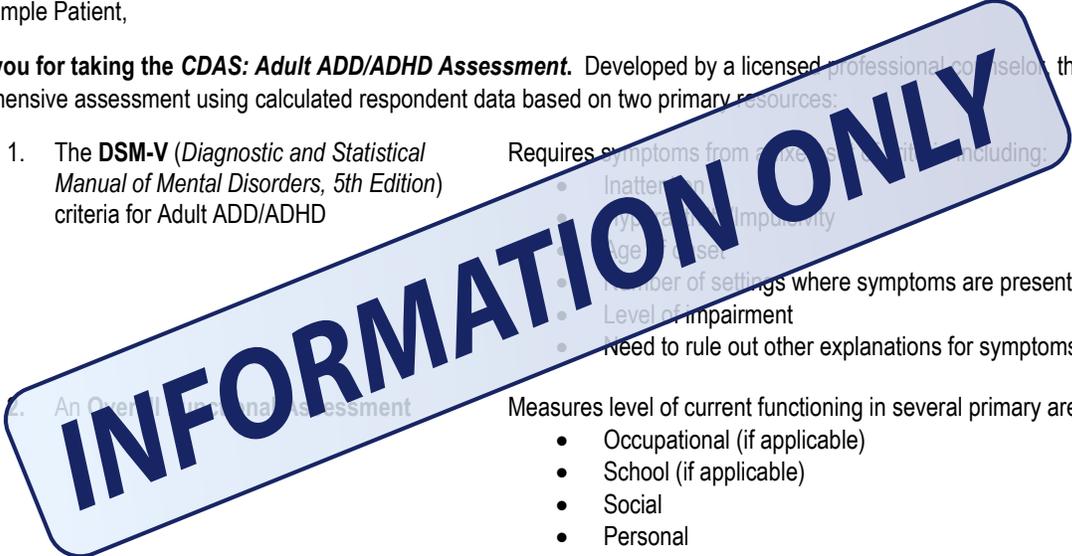
Dear Sample Patient,

Thank you for taking the CDAS: Adult ADD/ADHD Assessment. Developed by a licensed professional counselor, this is a comprehensive assessment using calculated respondent data based on two primary resources:

1. The DSM-V (Diagnostic and Statistical Manual of Mental Disorders, 5th Edition) criteria for Adult ADD/ADHD

Requires symptoms from six areas including:

- Inattention
- Hyperactivity/Impulsivity
- Age of onset
- Number of settings where symptoms are present
- Level of impairment
- Need to rule out other explanations for symptoms



Measures level of current functioning in several primary areas:

- Occupational (if applicable)
- School (if applicable)
- Social
- Personal

Using the above symptoms and criteria and a complex scoring methodology, the CDAS: Adult ADD/ADHD Assessment provides calculated numeric scores to indicate the presence or absence of ADD/ADHD indicators.

ADD/ADHD scores range from 0-132 with higher numbers reflecting stronger indications for ADD/ADHD.

Functional Assessment scores range from 0-100 with lower numbers reflecting higher levels of difficulty with functioning. In addition to diagnostic indications, the report includes specific recommendations and tips for managing ADD/ADHD.

While this report is not a diagnosis, it can be presented to your doctor or other professional healthcare provider to determine if a diagnosis of ADD/ADHD is warranted. To assist your healthcare provider in gathering additional information and making any diagnostic recommendations, raw responses are included.

Best wishes,

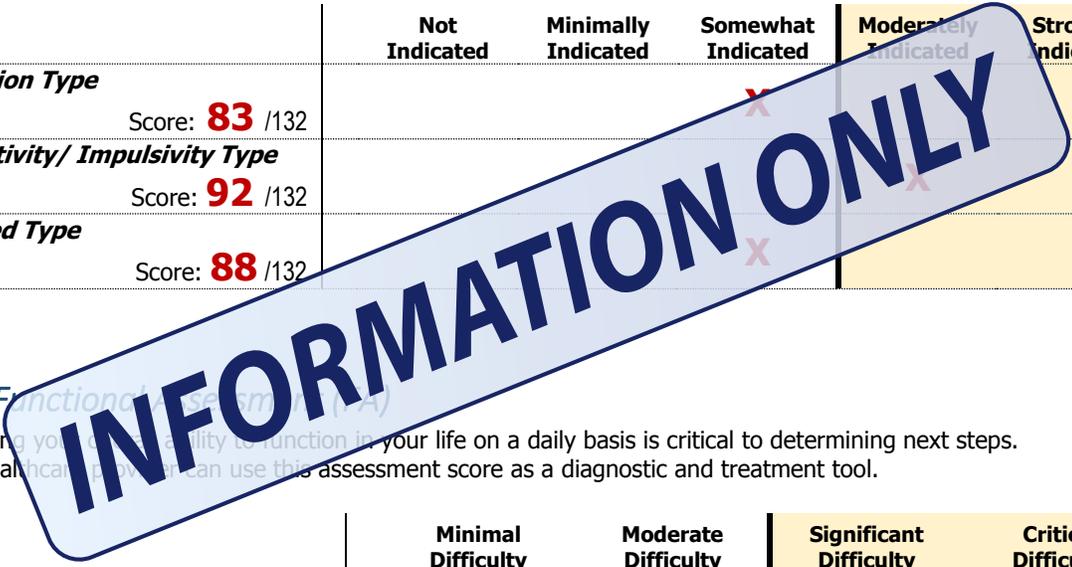
Kelly P. Crossing, MEd, LPC, MS



Date of Assessment: January 12, 2016

*ADD/ADHD Diagnostic Indications**

	Not Indicated	Minimally Indicated	Somewhat Indicated	Moderately Indicated	Strongly Indicated
Inattention Type Score: 83 /132			X		
Hyperactivity/ Impulsivity Type Score: 92 /132				X	
Combined Type Score: 88 /132			X		



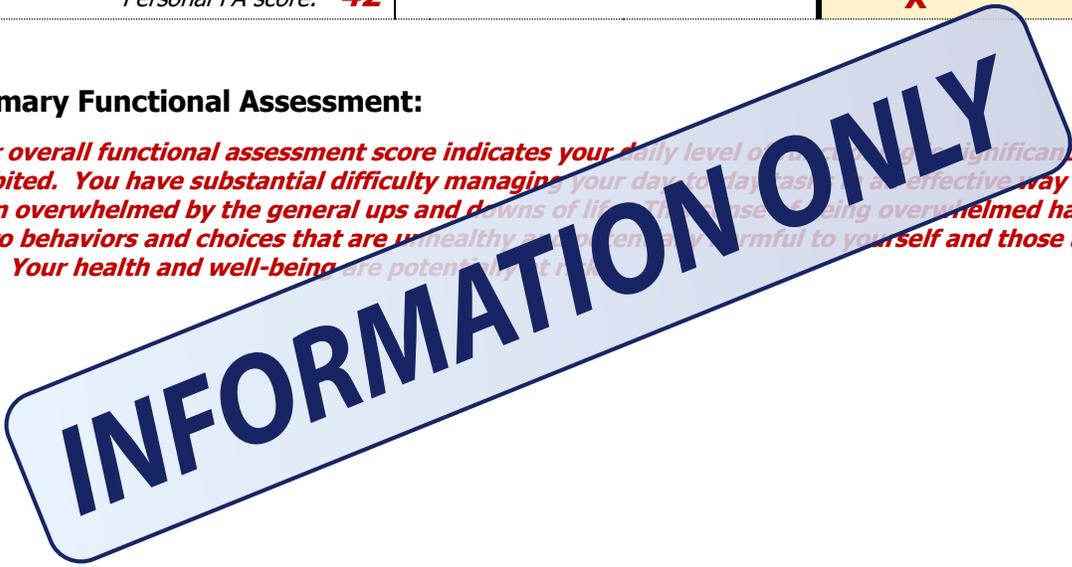
Overall Functional Assessment (FA)

Measuring your ability to function in your life on a daily basis is critical to determining next steps. Your healthcare provider can use this assessment score as a diagnostic and treatment tool.

	Minimal Difficulty	Moderate Difficulty	Significant Difficulty	Critical Difficulty
Overall FA Score: 35			X	
Occupational FA score: NA				
School FA score: NA				
Social FA score: 28			X	
Personal FA score: 42			X	

Summary Functional Assessment:

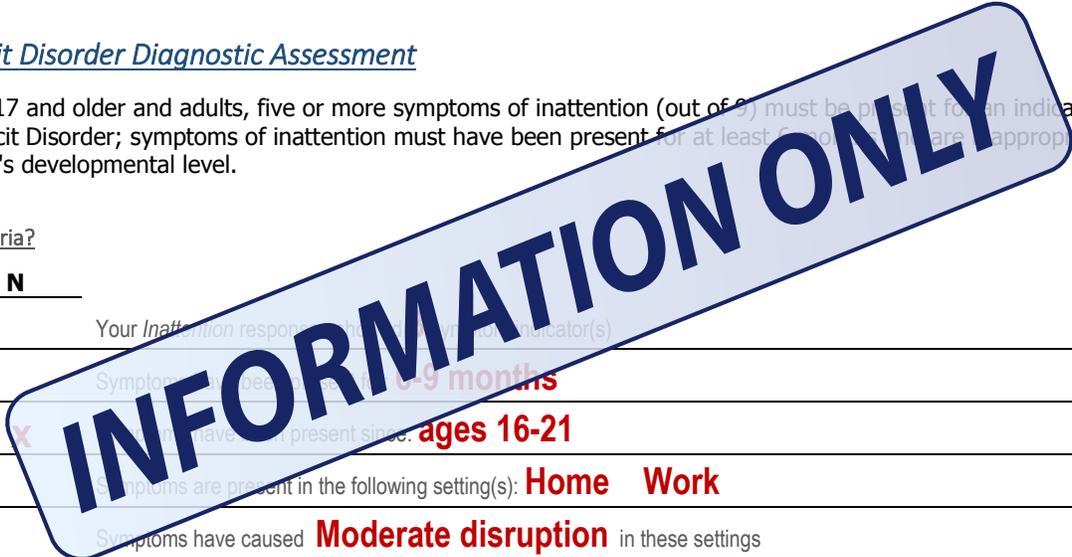
Your overall functional assessment score indicates your daily level of functioning is significantly inhibited. You have substantial difficulty managing your day to day tasks in an effective way and are often overwhelmed by the general ups and downs of life. The ease of feeling overwhelmed has likely led to behaviors and choices that are unhealthy and generally harmful to yourself and those around you. Your health and well-being are potentially at risk.



Attention Deficit Disorder Diagnostic Assessment

For adolescents 17 and older and adults, five or more symptoms of inattention (out of 9) must be present for an indication of Attention Deficit Disorder; symptoms of inattention must have been present for at least 6 months when appropriate for the individual's developmental level.

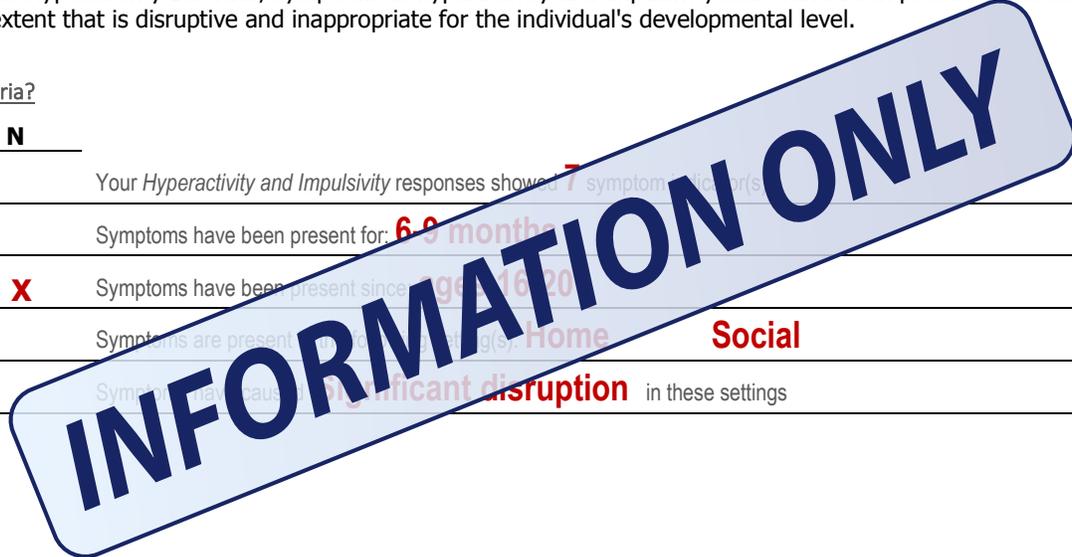
Meets Criteria?		
Y	N	
X		Your <i>Inattention</i> responses showed 7 symptom indicator(s)
X		Symptoms have been present for: 9 months
X		Symptoms have been present since: ages 16-21
X		Symptoms are present in the following setting(s): Home Work
X		Symptoms have caused Moderate disruption in these settings



Attention Deficit Hyperactivity Disorder Diagnostic Assessment

For adolescents 17 and older and adults, five or more symptoms of inattention (out of 9) must be present for an indication of Attention Deficit Hyperactivity Disorder; symptoms of hyperactivity and impulsivity must have been present for at least 6 months to an extent that is disruptive and inappropriate for the individual's developmental level.

Meets Criteria?		
Y	N	
X		Your <i>Hyperactivity and Impulsivity</i> responses showed 7 symptom indicator(s)
X		Symptoms have been present for: 6-9 months
	X	Symptoms have been present since: ages 16-20
X		Symptoms are present in the following setting(s): Home Social
X		Symptoms have caused Significant disruption in these settings



ADD/ADHD Individual Question Responses

Question	Never	Rarely	Sometimes	Often	Almost Always
Inattention					
How often do you find it difficult to sustain or maintain close attention when doing something for work, school, hobbies, or other activities (this could include maintaining focus during meetings, lectures, reading, conversations, etc.)?				X	
How often are you easily distracted from the task or thought at hand (this could be by something going on in your environment, unrelated thoughts, etc.)?				X	
How often do you avoid, dislike, or feel reluctant to engage in tasks that require sustained thought or mental effort for a long period of time (this could be reading a book or long passage, attending meetings, work-related projects, etc.)?					X
How often do you have trouble paying attention to those speaking to you—even when they are speaking to you directly?				X	
How often do you have difficulty organizing a task or activity (this could be a lesson plan, schedules, etc.)?				X	
How often do you fail to pay close attention to what you are doing, resulting in mistakes when doing something for work, school, hobbies, or other activities (this could be spelling or other writing errors, time-based errors, etc.)?				X	
How often do you forget or do things in an uncharacteristic manner (this could be missing appointments or meetings, paying bills, picking up the dry cleaning, etc.)?				X	
How often do you misplace things you use every day (this could be your keys, phone, eyeglasses, etc.)?			X		
How often do you have trouble following through with or finishing tasks, especially necessary ones, by losing focus or getting side-tracked (this could be household chores, work duties, schoolwork, etc.)?					X
Hyperactivity/Impulsivity					
How often do you have difficulty engaging in play or other leisure activities quietly (this could be playing board games, watching TV or movies, "quiet" sports such as golf, etc.)?				X	
How often do you have trouble waiting your turn (this could be while in a line, being "on hold," driving or merging in traffic, etc.)?					X
How often do you feel as if you are "on the go" or "being driven by a motor" (this could be discomfort with sitting/being seated, feeling like you have to be moving, etc.)?					X
How often do you get up and leave your seat in situations where being seated is expected (this could be meetings, in your desk or work area at inappropriate or inopportune times, during movies, etc.)?				X	
How often do you blurt out an answer or respond before a question or statement is completed (this could be responding to questions in meetings, interrupting others or cutting others off in conversations, etc.)?			X		
How often do you feel restless (this could be a sense of urgency, the desire to "get out and do something," etc.)?			X		
How often do you fidget with/toss your hands or feet, or squirm in your seat (this could be feeling antsy or jittery, having "nervous energy," etc.)?				X	
How often do you talk so much that you could be dominating conversations so that others don't have much opportunity to speak, rambling, etc.)?					X
How often do you interrupt others or intrude on others' conversations or activities (this could be joining others without their direct or implied consent, physically stepping into others' personal space, etc.)?					X

Functional Assessment Individual Question Responses

Question	Not Applicable	Does Not Describe Me at All	Somewhat Describes Me	Mostly Describes Me	Describes Me Completely
Work/Occupational Functioning, if applicable					
I have been unable to work.	X				
I have had difficulty keeping a job.	X				
I have frequently been late to work.	X				
I have changed jobs several times.	X				
I have often "gotten in trouble" at work.	X				
I have been fired or let go from my job more than 2 times.	X				
School Functioning, if applicable					
I am frequently absent or tardy.	X				
I am making failing grades.	X				
I often skip school or classes.	X				
I often get in trouble at school.	X				
Social Functioning					
I have been unable to interact with others socially in healthy/effective ways.				X	
I have been highly reluctant or refused to leave home when leaving is expected.				X	
I have few or no friends.					X
I have damaged relationships with close family and/or friends.					X
I pick on others/am a "bully" or am picked on by others/a victim of bullying.					
I have engaged in severely aggressive and/or destructive behavior.				X	
Personal Functioning					
I have not paid my bills--especially the most important ones like rent/mortgage, utilities.				X	
I have occasionally or frequently utilized unhealthy or illegal substances (drugs, alcohol).				X	
I have engaged in activities that could bring or have brought legal consequences.			X		
I have physically harmed someone else at least once.			X		
I have not consistently maintained personal hygiene (bathing, brushing teeth, washing hair, etc.)				X	
I have not maintained my home in neat and organized ways.				X	
I have had consistent thoughts of suicide and developed a formal or informal plan.					X
I have attempted suicide or otherwise severely harmed myself at least once.					X