WELL Health TECHNOLOGIES CORP

ExcelleMD

Private Clinics VirtualMED Corporate Aesthetic

PATIENT'S FORM

PLEASE FILL THIS FORM YOURSELF (PATIENT)

Please modify this form directly (PDF)

Do not print this document

Please send it back to us in the same format (PDF)

For more infomation, visit www.excellemd.com/en/ADHD.

If you have any questions, contact us at 450-735-8111 (1-844-735-8111)

GO BACK TO THE ADHD WEB PAGE

Scan this QR code to go back to the ADHD page of ExcelleMD's website.

Contact us at 450-735-8111 (1-844-735-8111)

WELL Health TECHNOLOGIES CORP

ExcelleMD

Private Clinics VirtualMED Corporate Aesthetic

SCREENING OF ANXIETY AND DEPRESSION SYMPTOMS

PATIENT'S INFORMATION

First Name :

Last Name :

Birth Date :

GAD - 7 SCALE

Over the **last two weeks**, how often have you been bothered by the following problems ?	Not at all	Several days	Over half the time	Nearly every day
1. Feeling anxious or on edge.	0	1	2	3
2. Not being able to stop or control worrying.	0	1	2	3
3. Worrying too much about different things.	0	1	2	3
4. Trouble relaxing.	0	1	2	3
5. Being so restless that it's hard to sit still.	0	1	2	3
6. Become easily annoyed or irritable.	0	1	2	3
7. Feeling afraid as if something awful might happen.	0	1	2	3
Please calcultate the total points obtained in this section	TOTAL			

PHQ - 9 SCALE

Over the **last two weeks**, how often have you been bothered by the following problems ?	Not at all	Several days	Over half the time	Nearly every day
1. Little interest or pleasure in doing things.	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much.	0	1	2	3
4. Feeling tired or having little energy.	0	1	2	3
5. Poor apetite or overeating.	0	1	2	3
6. Feeling bad about yourself - or that you are a failure or have let yourself or someone else down.	0	1	2	3
7. Trouble concentrating on things, such as reading or watching television.	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed, or the opposite - Being so fidgety/restless that you have been moving around a lot more than usual.	0	1	2	3
9. Thoughts that you would be better off dead or of huring yourself in some way. .	0	1	2	3
Please calcultate the total points obtained in this section	TOTAL			

If you checked off any problems, how difficult have these problems made it for you ro do your work, take care of things at home, or get along with other people ?	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
	○	○	○	○

ADHD SELF-REPORT SCALE (ASRS-V1.1) SYMPTOM CHECKLIST

Patient: _____ **Date Completed**: _____

Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months. Please give this completed checklist to your healthcare professional to discuss during your appointment.	Never	Rarely	Sometimes	Often	Very often
PART A					
How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?	☐	☐	☐	☐	☐
How often do you have difficulty getting things in order when you have to do a task that requires organization?	☐	☐	☐	☐	☐
How often do you have problems remembering appointments or obligations?	☐	☐	☐	☐	☐
When you have a task that requires a lot of thought, how often do you avoid or delay getting started?	☐	☐	☐	☐	☐
How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?	☐	☐	☐	☐	☐
How often do you feel overly active and compelled to do things, like you were driven by a motor?	☐	☐	☐	☐	☐
PART B					
How often do you make careless mistakes when you have to work on a boring or difficult project?	☐	☐	☐	☐	☐
How often do you have difficulty keeping your attention when you are doing boring or repetitive work?	☐	☐	☐	☐	☐
How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?	☐	☐	☐	☐	☐
How often do you misplace or have difficulty finding things at home or at work?	☐	☐	☐	☐	☐
How often are you distracted by activity or noise around you?	☐	☐	☐	☐	☐
How often do you leave your seat in meetings or in other situations in which you are expected to stay seated?	☐	☐	☐	☐	☐
How often do you feel restless or fidgety?	☐	☐	☐	☐	☐
How often do you have difficulty unwinding and relaxing when you have time to yourself?	☐	☐	☐	☐	☐
How often do you find yourself talking too much when you are in social situations?	☐	☐	☐	☐	☐
When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish it themselves?	☐	☐	☐	☐	☐
How often do you have difficulty waiting your turn in situations when turn taking is required?	☐	☐	☐	☐	☐
How often do you interrupt others when they are busy?	☐	☐	☐	☐	☐

PRINT

WEISS FUNCTIONAL IMPAIRMENT RATING SCALE – SELF REPORT (WFIRS-S)

Patient Name: _____ **Date:** _____ **Date of Birth:** _____

Work: _____ **Full Time** ☐ **Part Time** ☐ **Other:** _____

School: _____ **Full Time** ☐ **Part Time** ☐

Circle the number for the rating that best describes how your emotional or behavioural problems have affected each item in the last month.

		Never or not at all	Sometimes or somewhat	Often or much	Very often or very much	n/a
A	**FAMILY**					
1	Having problems with family	○	○	○	○	☐
2	Having problems with spouse/partner	○	○	○	○	☐
3	Relying on others to do things for you	○	○	○	○	☐
4	Causing fighting in the family	○	○	○	○	☐
5	Makes it hard for the family to have fun together	○	○	○	○	☐
6	Problems taking care of your family	○	○	○	○	☐
7	Problems balancing your needs against those of your family	○	○	○	○	☐
8	Problems losing control with family	○	○	○	○	☐
B	**WORK**					
1	Problems performing required duties	○	○	○	○	☐
2	Problems with getting your work done efficiently	○	○	○	○	☐
3	Problems with your supervisor	○	○	○	○	☐
4	Problems keeping a job	○	○	○	○	☐
5	Getting fired from work	○	○	○	○	☐
6	Problems working in a team	○	○	○	○	☐
7	Problems with your attendance	○	○	○	○	☐
8	Problems with being late	○	○	○	○	☐
9	Problems taking on new tasks	○	○	○	○	☐
10	Problems working to your potential	○	○	○	○	☐
11	Poor performance evaluations	○	○	○	○	☐
C	**SCHOOL**					
1	Problems taking notes	○	○	○	○	☐
2	Problems completing assignments	○	○	○	○	☐
3	Problems getting your work done efficiently	○	○	○	○	☐
4	Problems with teachers	○	○	○	○	☐
5	Problems with school administrators	○	○	○	○	☐
6	Problems meeting minimum requirements to stay in school	○	○	○	○	☐
7	Problems with attendance	○	○	○	○	☐
8	Problems with being late	○	○	○	○	☐
9	Problems with working to your potential	○	○	○	○	☐
10	Problems with inconsistent grades	○	○	○	○	☐
D	**LIFE SKILLS**					
1	Excessive or inappropriate use of internet, video games or TV	○	○	○	○	☐
2	Problems keeping an acceptable appearance	○	○	○	○	☐
3	Problems getting ready to leave the house	○	○	○	○	☐
4	Problems getting to bed	○	○	○	○	☐
5	Problems with nutrition	○	○	○	○	☐
6	Problems with sex	○	○	○	○	☐

		Never or not at all	Sometimes or somewhat	Often or much	Very often or very much	n/a
7	Problems with sleeping	○	○	○	○	☐
8	Getting hurt or injured	○	○	○	○	☐
9	Avoiding exercise	○	○	○	○	☐
10	Problems keeping regular appointments with doctor/dentist	○	○	○	○	☐
11	Problems keeping up with household chores	○	○	○	○	☐
12	Problems managing money	○	○	○	○	☐
E	**SELF-CONCEPT**					
1	Feeling bad about yourself	○	○	○	○	☐
2	Feeling frustrated with yourself	○	○	○	○	☐
3	Feeling discouraged	○	○	○	○	☐
4	Not feeling happy with your life	○	○	○	○	☐
5	Feeling incompetent	○	○	○	○	☐
F	**SOCIAL**					
1	Getting into arguments	○	○	○	○	☐
2	Trouble cooperating	○	○	○	○	☐
3	Trouble getting along with people	○	○	○	○	☐
4	Problems having fun with other people	○	○	○	○	☐
5	Problems participating in hobbies	○	○	○	○	☐
6	Problems making friends	○	○	○	○	☐
7	Problems keeping friends	○	○	○	○	☐
8	Saying inappropriate things	○	○	○	○	☐
9	Complaints from neighbours	○	○	○	○	☐
G	**RISK**					
1	Aggressive driving	○	○	○	○	☐
2	Doing other things while driving	○	○	○	○	☐
3	Road rage	○	○	○	○	☐
4	Breaking or damaging things	○	○	○	○	☐
5	Doing things that are illegal	○	○	○	○	☐
6	Being involved with the police	○	○	○	○	☐
7	Smoking cigarettes	○	○	○	○	☐
8	Smoking marijuana	○	○	○	○	☐
9	Drinking alcohol	○	○	○	○	☐
10	Taking "street" drugs	○	○	○	○	☐
11	Sex without protection (birth control, condom)	○	○	○	○	☐
12	Sexually inappropriate behaviour	○	○	○	○	☐
13	Being physically aggressive	○	○	○	○	☐
14	Being verbally aggressive	○	○	○	○	☐

Number of Items Scored '2' or '3'

A	Family	0	0	/ 0
B	Work	0	0	/ 0
C	School	0	0	/ 0
D	Life Skills	0	0	/ 0
E	Self-concept	0	0	/ 0
F	Social	0	0	/ 0
G	Risk	0	0	/ 0
	Total	**0**	**0**	/ 0

Total Score

A	Family	0	/ 0
B	Work	0	/ 0
C	School	0	/ 0
D	Life Skills	0	/ 0
E	Self-concept	0	/ 0
F	Social	0	/ 0
G	Risk	0	/ 0
	Total	**0**	/ 0

Mean Score (N/A items not included in calculation)

A	Family	0.00
B	Work	0.00
C	School	0.00
D	Life Skills	0.00
E	Self-concept	0.00
F	Social	0.00
G	Risk	0.00
	Total	**0.00**

**Calculated from 0 answered questions.*

PRINT

WEISS SYMPTOM RECORD II

PATIENT: _____

INFORMANT: _____

This is a problem checklist. Not all the items will be appropriate for you. Please indicate the level of difficulty associated with each item:

- **None:** This is not a problem or concern. Any challenges are age-appropriate
- **Mild:** Some difficulty (somewhat)
- **Moderate:** This is a problem (pretty much)
- **Severe:** This is a serious problem (very much)
- **NA:** Not applicable. Check this column if the item is not a problem or not relevant to you.

Difficulty with:	*None (0)*	*Mild (1)*	*Moderate (2)*	*Severe (3)*	*N/A*
ATTENTION: Mean Score 0.00					
Attention to details or makes careless mistakes	○	○	○	○	☐
Holding attention or remaining focused	○	○	○	○	☐
Listening or mind seems elsewhere	○	○	○	○	☐
Instructions or finishing work	○	○	○	○	☐
Organizing (e.g. time, messy, deadlines)	○	○	○	○	☐
Avoids or dislikes activities requiring effort	○	○	○	○	☐
Loses or misplaces things	○	○	○	○	☐
Easily distracted	○	○	○	○	☐
Forgetful (e.g. chores, bills, appointments)	○	○	○	○	☐
HYPERACTIVITY AND IMPULSIVITY: Mean Score 0.00					
Fidgets or squirms	○	○	○	○	☐
Trouble staying seated	○	○	○	○	☐
Runs about or feels restless inside	○	○	○	○	☐
Loud or difficulty being quiet	○	○	○	○	☐
Often on the go	○	○	○	○	☐
Talks too much	○	○	○	○	☐
Blurts out comments	○	○	○	○	☐
Dislikes waiting (e.g. taking turns or in line)	○	○	○	○	☐
Interrupts or intrudes on others (e.g. butting in)	○	○	○	○	☐
OPPOSITIONAL: Mean Score 0.00					
Loses temper	○	○	○	○	☐
Easily annoyed	○	○	○	○	☐
Angry and resentful	○	○	○	○	☐
Argues	○	○	○	○	☐
Defiant	○	○	○	○	☐
Deliberately annoys other people	○	○	○	○	☐
Blames other people rather than themselves	○	○	○	○	☐
Spiteful	○	○	○	○	☐

WEISS SYMPTOM RECORD II

Difficulty with:	*None (0)*	*Mild (1)*	*Moderate (2)*	*Severe (3)*	*N/A*
DEVELOPMENT AND LEARNING: **Mean Score** 0.00					
Wetting, (after age 5)	○	○	○	○	☐
Soiling (after age 4)	○	○	○	○	☐
Reading	○	○	○	○	☐
Spelling	○	○	○	○	☐
Math	○	○	○	○	☐
Writing	○	○	○	○	☐
AUTISM SPECTRUM: **Mean Score** 0.00					
Difficulty with talking back and forth	○	○	○	○	☐
Unusual eye contact or body language	○	○	○	○	☐
Speech is odd (monotone, unusual words)	○	○	○	○	☐
Restricted, fixed, intense interests	○	○	○	○	☐
Odd, repetitive movements (e.g. flapping)	○	○	○	○	☐
Does not easily "chit chat"	○	○	○	○	☐
MOTOR DISORDERS: **Mean Score** 0.00					
Repetitive noises (e.g. sniffing, throat clearing)	○	○	○	○	☐
Repetitive movements (blinking, shrugging)	○	○	○	○	☐
Clumsy	○	○	○	○	☐
PSYCHOSIS: **Mean Score** 0.00					
Hearing voices that are not there	○	○	○	○	☐
Seeing things that are not there	○	○	○	○	☐
Scrambled thinking	○	○	○	○	☐
Paranoia (feeling people are against you)	○	○	○	○	☐
DEPRESSION: **Mean Score** 0.00					
Sad or depressed most of the day	○	○	○	○	☐
Lack of interest or pleasure most of the day	○	○	○	○	☐
Weight loss, weight gain or change in appetite	○	○	○	○	☐
Difficulty sleeping or sleeping too much	○	○	○	○	☐
Agitated	○	○	○	○	☐
Slowed down	○	○	○	○	☐
Feels worthless	○	○	○	○	☐
Tired, no energy	○	○	○	○	☐
Hopeless, pessimistic	○	○	○	○	☐
Withdrawal from usual interests/people	○	○	○	○	☐
Decrease in concentration	○	○	○	○	☐

WEISS SYMPTOM RECORD II

Difficulty with:	*None (0)*	*Mild (1)*	*Moderate (2)*	*Severe (3)*	*N/A*
MOOD REGULATION: **Mean Score** 0.00					
Distinct period(s) of intense excitement	○	○	○	○	☐
Distinct period(s) of inflated self-esteem, grandiose	○	○	○	○	☐
Distinct period(s) of increased energy	○	○	○	○	☐
Distinct period(s) of decreased need for sleep	○	○	○	○	☐
Distinct Period(s) of racing thoughts or speech	○	○	○	○	☐
Irritable behaviour that is out of character	○	○	○	○	☐
Rage attacks, anger outbursts, hostility	○	○	○	○	☐
SUICIDE: **Mean Score** 0.00					
Suicidal thoughts	○	○	○	○	☐
Suicide attempt(s) or a plan	○	○	○	○	☐
ANXIETY: **Mean Score** 0.00					
Intense fears (e.g. heights, crowds, spiders)	○	○	○	○	☐
Fear of social situations or performing	○	○	○	○	☐
Panic attacks	○	○	○	○	☐
Fear of leaving e.g. the house, public transportation.	○	○	○	○	☐
Worrying and/or anxious most days	○	○	○	○	☐
Nervous, can't relax	○	○	○	○	☐
Obsessive thoughts (e.g. germs, perfectionism)	○	○	○	○	☐
Compulsive rituals (e.g. checking, hand washing)	○	○	○	○	☐
Hair pulling, nail biting or skin picking	○	○	○	○	☐
Preoccupation with physical complaints	○	○	○	○	☐
Chronic pain	○	○	○	○	☐
STRESS RELATED DISORDERS: **Mean Score** 0.00					
Physical abuse	○	○	○	○	☐
Sexual abuse	○	○	○	○	☐
Neglect	○	○	○	○	☐
Other severe trauma	○	○	○	○	☐
PTSD: **Mean Score** 0.00					
Flashbacks or nightmares	○	○	○	○	☐
Avoidance	○	○	○	○	☐
Intrusive thoughts of traumatic events	○	○	○	○	☐
SLEEP: **Mean Score** 0.00					
Trouble falling asleep or staying asleep	○	○	○	○	☐
Excessive daytime sleepiness	○	○	○	○	☐
Snoring or stops breathing during sleep	○	○	○	○	☐

WEISS SYMPTOM RECORD II

Difficulty with:	*None (0)*	*Mild (1)*	*Moderate (2)*	*Severe (3)*	*N/A*
EATING: Mean Score 0.00					
Distorted body image	○	○	○	○	☐
Underweight	○	○	○	○	☐
Binge eating	○	○	○	○	☐
Overweight	○	○	○	○	☐
Eating too little or refusing to eat	○	○	○	○	☐
CONDUCT: Mean Score 0.00					
Verbal aggression	○	○	○	○	☐
Physical aggression	○	○	○	○	☐
Used a weapon against people (stones, sticks etc.)	○	○	○	○	☐
Cruel to animals	○	○	○	○	☐
Physically cruel to people	○	○	○	○	☐
Stealing or shoplifting	○	○	○	○	☐
Deliberately sets fires	○	○	○	○	☐
Deliberately destroys property	○	○	○	○	☐
Frequent lying	○	○	○	○	☐
Lack of remorse or guilt	○	○	○	○	☐
Lack of empathy or concern for others	○	○	○	○	☐
SUBSTANCE USE: Mean Score 0.00					
Misuse of prescription drugs	○	○	○	○	☐
Alcohol > 14 drinks/week or 4 drinks at once	○	○	○	○	☐
Smoking or tobacco use	○	○	○	○	☐
Marijuana	○	○	○	○	☐
Other street drugs	○	○	○	○	☐
Excessive over the counter medications	○	○	○	○	☐
Excessive caffeine (colas, coffee, tea, pills)	○	○	○	○	☐
ADDICTIONS: Mean Score 0.00					
Gambling	○	○	○	○	☐
Excessive internet, gaming or screen time	○	○	○	○	☐
Other addiction _____	○	○	○	○	☐

WEISS SYMPTOM RECORD II

Difficulty with:	*None (0)*	*Mild (1)*	*Moderate (2)*	*Severe (3)*	*N/A*
PERSONALITY: Mean Score 0.00					
Self-destructive	○	○	○	○	☐
Stormy, conflicted relationships	○	○	○	○	☐
Self-injurious behaviour (e.g. cutting)	○	○	○	○	☐
Low self-esteem	○	○	○	○	☐
Manipulative	○	○	○	○	☐
Self-centered	○	○	○	○	☐
Arrogant	○	○	○	○	☐
Suspicious	○	○	○	○	☐
Deceitful with no remorse	○	○	○	○	☐
Breaking the law or antisocial behaviour	○	○	○	○	☐
Tends to be a loner	○	○	○	○	☐
OTHER (Please indicate any other difficulties): Mean Score 0.00					
	○	○	○	○	☐
	○	○	○	○	☐
	○	○	○	○	☐
	○	○	○	○	☐
	○	○	○	○	☐

MEAN SCORE

(N/A items not included in calculation)

ATTENTION	0.00	**ANXIETY**	0.00
HYPERACTIVITY AND IMPULSIVITY	0.00	**STRESS RELATED DISORDERS**	0.00
OPPOSITIONAL	0.00	**PTSD**	0.00
DEVELOPMENT AND LEARNING	0.00	**SLEEP**	0.00
AUTISM SPECTRUM	0.00	**EATING**	0.00
MOTOR DISORDERS	0.00	**CONDUCT**	0.00
PSYCHOSIS	0.00	**SUBSTANCE USE**	0.00
DEPRESSION	0.00	**ADDICTIONS**	0.00
MOOD REGULATION	0.00	**PERSONALITY**	0.00
SUICIDE	0.00	**OTHER**	0.00

*Calculated from *Calculate* answered questions

PRINT