Assessment powered by NovoPsych

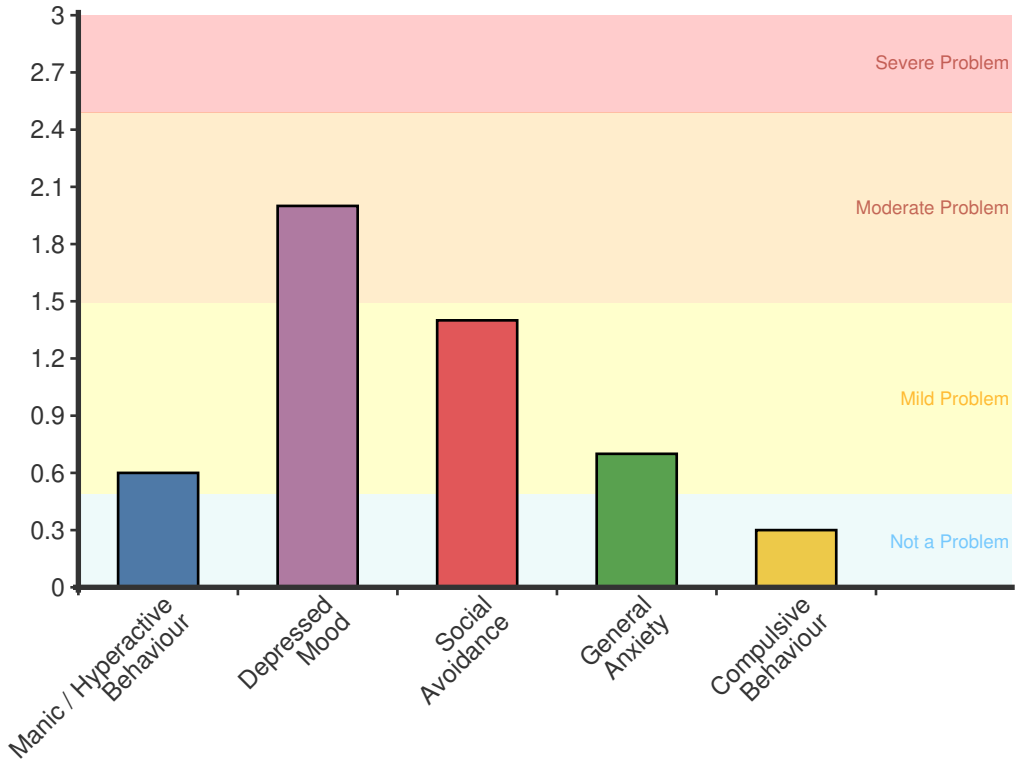
Anxiety Depression and Mood Scale (ADAMS)

Client Name	Generic Client	*Date administered*	9 Jun 2023
Date of birth (age)	9 Aug 1998 (25)	*Time taken*	1 min 50s
Assessor	Dr Mandira Mishra		

Results

	Score	Average Score (0 to 3)	Percentile	Descriptor
Total Score (0 to 87)	33	-	-	-
Manic/Hyperactive Behaviour (0 to 15)	3	0.6	25	Mild Problem
Depressed Mood (0 to 21)	14	2	95	Moderate Problem
Social Avoidance (0 to 21)	10	1.4	85	Mild Problem
General Anxiety (0 to 21)	5	0.7	50	Mild Problem
Compulsive Behaviour (0 to 9)	1	0.3	38	Not a Problem

ADAMS Subscale Average Scores



Interpretation

The respondent's scores were in 'Moderate Problem' range for Depressed Mood indicating commonly exhibited behaviours, which may lead to noticeable disruptions in routines.

The respondent's scores were in 'Mild Problem' range for Manic/Hyperactive Behaviour, Social Avoidance, and General Anxiety indicating intermittent behavioural manifestations causing

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Interpretation (cont.)

occasional disruptions in daily life.

The respondent's scores were in 'Not a Problem' range for Compulsive Behaviour indicating occasional or minimal behavioural manifestations that do not significantly disrupt daily routines.

Scoring and Interpretation Information

For comprehensive information on the ADAMS, see here.

Emphasis is placed upon the subscale scores, with higher scores being indicative of more severe symptomatology.

-Manic/Hyperactive Behaviour subscale (items 3, 4, 12, 17, and 22, range 0-15): Higher scores indicate increased levels of over-activity, attention problems, or difficulty with routine tasks.

-Depressed Mood subscale (items 5, 9, 10, 14, 18, 23, and 28, range 0-21): Higher scores signify heightened levels of symptoms such as increased sleep, sadness, fatigue, tearfulness, lack of energy, and overall listlessness.

-Social Avoidance subscale (items 2, 6, 13, 19, 21, 25, and 27, range 0 to 21): Higher scores suggest more pronounced communication difficulties, withdrawal tendencies, shyness, avoidance of social interactions, facial expressions of sadness or worry, or avoidance of eye contact or interaction with peers.

-General Anxiety subscale (items 1, 3, 7, 11, 15, 24, and 26, range 0 to 21): Higher scores indicate elevated levels of nervousness, tension, worry, anxiety, panic attacks, and trembling, including symptoms shared with the Manic/Hyperactive Behaviour subscale.

-Compulsive Behaviour subscale (items 8, 16, and 20, range 0 to 9): Higher scores indicate more frequent engagement in ritualistic behaviours such as checking behaviours and rituals.

Note. Item 3 appears in both the Manic/Hyperactive Behaviour and General Anxiety subscales.

A percentile is used to illustrate how a respondent's score compares to normative responses from intellectually disabled individuals in the reference sample by Esbensen et al. (2003). A percentile of 50 suggests typical responding patterns compared to people with ID. Conversely, a percentile of 99 indicates that the respondent scores higher than 99 per cent of individuals, indicating severe symptoms.

The ADAMS subscale average scores are categorised using the following qualitative descriptors:

-Not a Problem (average scores between 0 and 0.49)
-Mild Problem (average scores between 0.5 and 1.49)
-Moderate Problem (average scores between 1.5 and 2.49)
-Severe Problem (average scores between 2.5 and 3)

For multiple administrations, the line graph visually tracks the respondent's results across sessions. A meaningful change (~ 0.5 SD) in the score is defined as an increase or decrease of

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Scoring and Interpretation Information (cont.)

2 or more points for Manic/Hyperactive Behaviour, Depressed Mood, Social Avoidance, and General Anxiety subscales, and at least 1 point for the Compulsive Behaviour subscale. This criterion is based on the Minimally Important Difference (MID) calculation specific to each subscale. Such changes indicate meaningful improvement or reduction in symptoms, while a change of less than the specified points suggests no meaningful change in symptom severity between assessments.

Intellectually disabled individuals with elevated levels of anxiety, mood disturbances, and depression may face additional challenges in maintaining a high quality of life compared to those with lower levels of symptomatology (Horovitz et al., 2014). Importantly, recent research underscores the effectiveness of therapeutic interventions in alleviating depressive symptoms among individuals with ID (Hamers et al., 2018). Such interventions consistently show promise in enhancing mental well-being in this population, offering a positive pathway to improve overall mental health and quality of life.

Client Responses

		Not a Problem	Mild Problem	Moderate Problem	Severe Problem
1	Nervous	**0**	1	2	3
2	Problems initiating communication	0	**1**	2	3
3	Does not relax or settle down	**0**	1	2	3
4	Has periods of over-activity	0	1	**2**	3
5	Sleeps more than normal	0	1	2	**3**
6	Withdraws from other people	0	1	2	**3**
7	Tense	0	1	2	**3**
8	Engages in ritualistic behaviours	**0**	1	2	3
9	Depressed mood	0	1	**2**	3
10	Sad	0	1	**2**	3
11	Worried	0	**1**	2	3
12	Has developed difficulty staying on task or completing work	**0**	1	2	3

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Client Responses (cont.)

		Not a Problem	Mild Problem	Moderate Problem	Severe Problem
13	Shy	**0**	1	2	3
14	Easily fatigued (not due to being overweight)	0	**1**	2	3
15	Anxious	**0**	1	2	3
16	Repeatedly checks items	0	**1**	2	3
17	Easily distracted	**0**	1	2	3
18	Lacks energy	0	1	2	**3**
19	Avoids others, spends much of time alone	0	1	**2**	3
20	Easily upset if ritualistic behaviours are interrupted	**0**	1	2	3
21	Lacks emotional facial expressions	0	**1**	2	3
22	Has shown difficulty in starting routine tasks	0	**1**	2	3
23	Listless	**0**	1	2	3
24	Experiences panic attacks	**0**	1	2	3
25	Avoids eye contact	0	**1**	2	3
26	Trembles when frightening situations are not present	0	**1**	2	3
27	Avoids peers	0	1	**2**	3
28	Tearful	0	1	2	**3**