



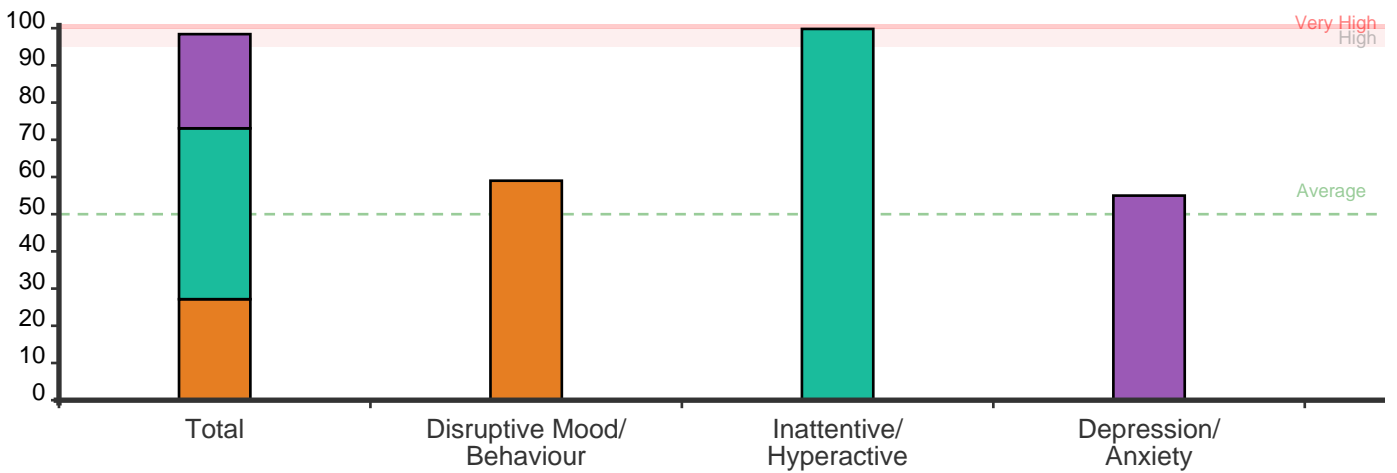
Wender Utah Rating Scale - 25 item version (WURS-25)

<i>Client Name</i>	Generic Client	<i>Date administered</i>	28 Jul 2025
<i>Date of birth (age)</i>	14 Dec 2015 (9)	<i>Time taken</i>	1 min 27s
<i>Assessor</i>	Dr David Hegarty		

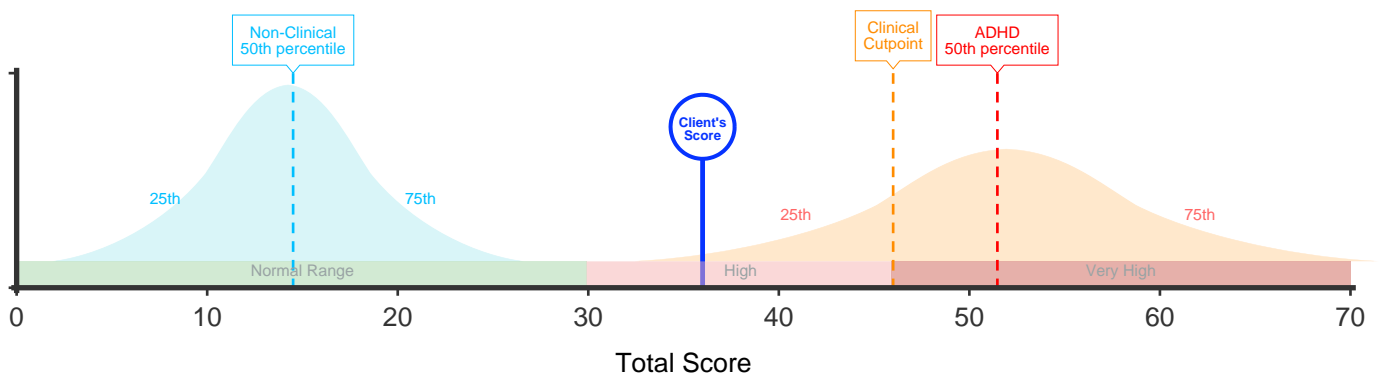
Results

	Raw Score	Average Score	Normative Percentile	Clinical Percentile	Childhood Symptom Severity
Total	36	1.4	98.4	16	High
Disruptive Mood/Behavior	7	0.64	59	7	Normal Range
Inattentive/Hyperactive	23	2.6	99.8	53	High
Depression/Anxiety	3	0.8	55	14	Normal Range

WURS-25 Normative Percentiles



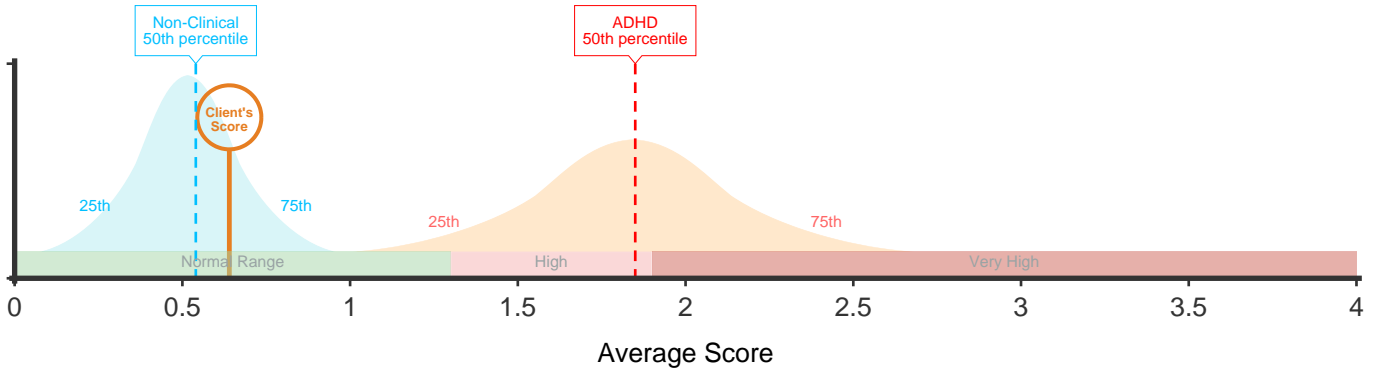
WURS-25 Total Score in Comparison to Non-Clinical and ADHD Distributions



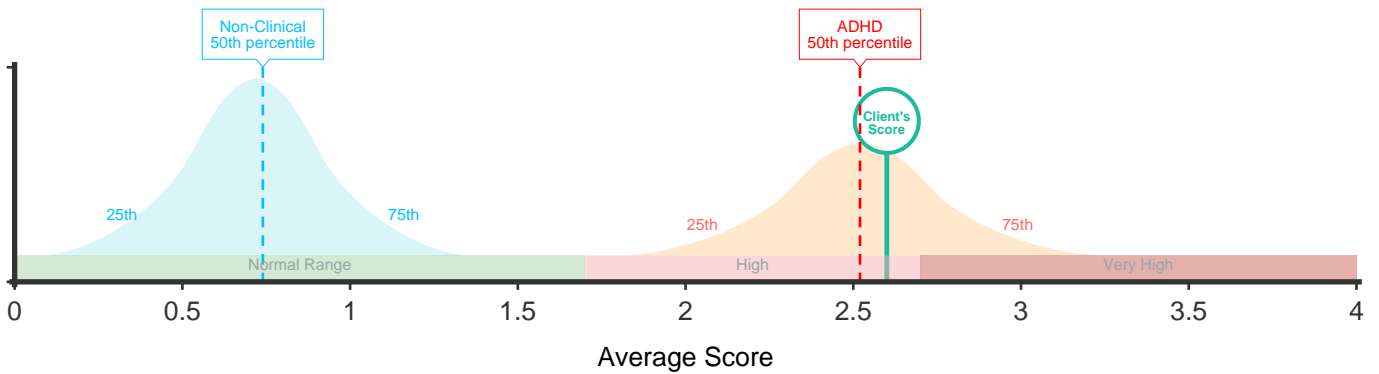


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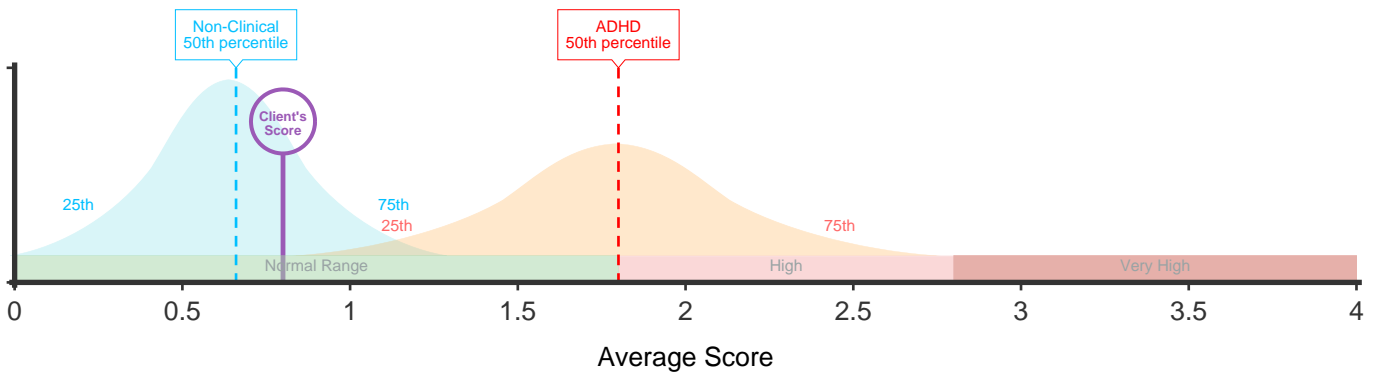
Disruptive Mood/Behavior Subscale in Comparison to Non-Clinical and ADHD Distributions



Inattentive/Hyperactive Subscale



Depression/Anxiety Subscale





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Differential Diagnosis

	ADHD vs Non-Clinical	ADHD vs Depression/Anxiety	Overall Descriptor
Likelihood	86%	89%	Likely ADHD

Interpretation

The client's results on the WURS-25, as assessed on 28 July 2025, indicate a total score of 36, which falls in the **High** range for childhood symptom severity. This elevated score suggests a pattern of childhood difficulties consistent with ADHD symptomatology. The symptom profile provides good evidence of childhood ADHD presentations. The subscale analysis reveals elevated scores in inattentive/hyperactive (High), indicating a broad spectrum of childhood difficulties.

Differential Diagnosis Summary

The client's pattern of responding indicates that childhood ADHD symptoms are '**Likely ADHD**'. This suggests good evidence that the reported childhood symptoms are consistent with ADHD, with the retrospective symptom pattern showing clear differentiation from comparison groups.

Scoring and Interpretation Information

For comprehensive information on the WURS-25, [see here](#).

The Wender Utah Rating Scale - 25 item version (WURS-25) provides a total score and subscale scores where a higher score indicates higher reported childhood symptom severity. The normative percentile and clinical percentile are based upon the total raw score and average score (for subscales) and derived from a comprehensive study involving 485 participants (137 adults with ADHD, 228 with depression/anxiety disorders, and 120 non-clinical controls) (Reimherr et al., 2021).

*** Cutoff Scores ***

There are two established total score cutoffs: (i) a score of 30 that best differentiates between ADHD and non-clinical controls, and (ii) a score of 46 that best differentiates between ADHD and depression/anxiety groups (Reimherr et al., 2022). Both cutoff scores are useful as clients with a valid ADHD diagnosis and primarily childhood inattentive ADHD symptoms are those most likely to be misclassified with scores below 46 (Reimherr et al., 2022), and so these cutoff scores should be used in conjunction with other information available (see the sophisticated logistic regression scoring approach outlined below).

*** Childhood Symptom Severity ***

These two cutoff scores correspond to the 94th and 99.9th normative percentiles respectively, providing an anchor for consistent percentile-based interpretation for childhood symptom severity across WURS-25 subscales:

- greater than or equal to 99.9th percentile: Very High childhood symptom severity
- greater than or equal to 94th percentile: High childhood symptom severity
- less than 94th percentile: Normal Range relative to population expectations

*** Subscales ***

The WURS-25 comprises three factors that reflect distinct but interrelated dimensions of



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Scoring and Interpretation Information (cont.)

childhood symptomatology:

1. Disruptive Mood/Behaviour (items 5, 6, 8, 10, 12, 13, 14, 18, 19, 21, 22): This subscale assesses childhood patterns of emotional dysregulation, oppositional behaviour, and conduct difficulties. This factor captures the emotional and behavioural dysregulation that often characterises childhood ADHD presentations, including difficulties with anger management, defiant behaviour, and problems with authority figures.
2. Inattentive/Hyperactive (items 1, 3, 4, 7, 15, 16, 23, 24, 25): This subscale measures core ADHD symptoms during childhood, focusing on attention difficulties, hyperactivity, and academic underachievement. This factor represents the classic ADHD symptom domains of inattention, hyperactivity, and academic difficulties that are central to diagnostic criteria.
3. Depression/Anxiety (items 2, 9, 11, 17): This subscale evaluates childhood emotional difficulties including worry, sadness, and negative self-perception that may co-occur with ADHD. This factor captures the internalising symptoms that frequently accompany childhood ADHD and are crucial for differential diagnosis.

*** Differential Diagnosis ***

The WURS-25 employs a sophisticated logistic regression scoring approach that extends beyond traditional total score interpretation to provide nuanced diagnostic information and aid in differential diagnosis. This approach generates fitted values that calculate the probability of ADHD membership relative to comparison groups. These are then converted to probabilities for presentation (although the raw fitted values are presented in a table at the end of the report for reference). This transformation yields percentage probabilities indicating the likelihood of ADHD group membership relative to the comparison population. Two distinct equations have been validated through extensive research:

1. ADHD vs Non-Clinical Comparison. This equation differentiates individuals with ADHD from non-clinical populations. A high probability indicates a higher likelihood that the client belongs to the ADHD group as opposed to the non-clinical group.
2. ADHD vs Depression/Anxiety Comparison. This equation differentiates ADHD from mood and anxiety disorders. A high probability indicates a higher likelihood that the client belongs to the ADHD group as opposed to the depression / anxiety group.

*** Overall Descriptor ***

The WURS-25 generates an Overall Descriptor through a sophisticated decision matrix that integrates total scores and probability estimates. This system moves beyond simple cutoff scores to provide clinically meaningful descriptors:

- Very Likely ADHD: High total scores (>46) combined with high probabilities (>80%) for both comparisons indicate very strong evidence of childhood ADHD with clear differentiation from both non-clinical individuals and mood/anxiety disorders.
- Likely ADHD: Various combinations of elevated scores and probabilities suggesting good evidence of childhood ADHD, including high total scores with moderate clinical probabilities or moderate total scores with high probabilities across comparisons.
- Clinically Undifferentiated from Mood/Anxiety Disorders: This descriptor indicates that whilst childhood symptoms differ significantly from non-clinical individuals, they cannot be reliably distinguished from individuals with depression or anxiety disorders. This pattern suggests elevated childhood symptomatology that requires additional clinical information for differential diagnosis.
- Unlikely ADHD: Patterns suggesting limited evidence for childhood ADHD, typically involving moderate total scores with low clinical probabilities or other combinations indicating minimal ADHD likelihood.
- Very Unlikely ADHD: Low total scores combined with weak probabilities across comparisons,



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Scoring and Interpretation Information (cont.)

indicating minimal evidence of childhood ADHD symptomatology.

- Inconsistent Results: Contradictory or unusual patterns that do not fit typical profiles, such as low total scores with high clinical probabilities, requiring careful clinical interpretation and possible reassessment.

***** Plots *****

Several visualisations display the client's scores relative to normative expectations. The Stacked Bar Chart presents the proportional contribution of each factor to the total percentile score, enabling identification of which symptom domains primarily drive elevated scores, using colour coding with elevated ranges in orange (High) and very elevated ranges in red (Very High). The Horizontal Distribution Chart overlays the client's total score on bell curve distributions representing different populations: non-clinical (blue curves) and ADHD (red curves). The separation between distributions illustrates the degree of differentiation possible, whilst the client's position relative to each curve provides intuitive understanding of their symptom pattern. Percentile markers (25th, 75th) and mean lines help contextualise the client's position within each distribution. Individual horizontal charts for each subscale follow the same format, enabling detailed analysis of specific symptom domains and helping identify whether elevations are broad-based or concentrated in particular areas. When multiple administrations are available, the WURS-25 generates a line graph displaying total scores across assessment points, enabling tracking of symptom reporting consistency over time.

Client Responses

		Not at all or very slightly	Mildly	Moderately	Quite a bit	Very much
1	concentration problems, easily distracted	0	1	2	3	4
2	anxious, worrying	0	1	2	3	4
3	nervous, fidgety	0	1	2	3	4
4	inattentive, daydreaming	0	1	2	3	4
5	hot- or short-tempered, low boiling point	0	1	2	3	4
6	temper outbursts, tantrums	0	1	2	3	4
7	trouble with stick-to-it-tiveness, not following through, failing to finish things started	0	1	2	3	4
8	stubborn, strong-willed	0	1	2	3	4
9	sad or blue, depressed, unhappy	0	1	2	3	4



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Client Responses (cont.)

		Not at all or very slightly	Mildly	Moderately	Quite a bit	Very much
10	disobedient with parents, rebellious, sassy	0	1	2	3	4
11	low opinion of myself	0	1	2	3	4
12	irritable	0	1	2	3	4
13	moody, ups and downs	0	1	2	3	4
14	angry	0	1	2	3	4
15	acting without thinking, impulsive	0	1	2	3	4
16	tendency to be immature	0	1	2	3	4
17	guilty feelings, regretful	0	1	2	3	4
18	losing control of myself	0	1	2	3	4
19	tendency to be or act irrational	0	1	2	3	4
20	unpopular with other children, didn't keep friends for long, didn't get along with other children	0	1	2	3	4
21	trouble seeing things from someone else's point of view	0	1	2	3	4
22	trouble with authorities, trouble with school, visits to principal's office	0	1	2	3	4
23	As a child in school I was overall a poor student, slow learner	0	1	2	3	4
24	As a child in school I had trouble with mathematics or numbers	0	1	2	3	4
25	As a child in school I was not achieving up to potential	0	1	2	3	4



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Other Results		
	Fitted Value (Non-Clinical)	Fitted Value (Clinical)
Results	1.8	2.1