

Wender Utah Rating Scale (WURS-25)

The WURS-25 is a self-report questionnaire that allows an adult to retrospectively assess the ADHD symptoms present during their childhood. It covers inattention, impulsivity, and emotion regulation, as well as academic and relationship difficulties. Often used alongside the ASRS, it helps establish that the symptoms began in childhood, a necessary condition for diagnosing ADHD in adults.

Number of questions	61 questions
Estimated duration	20 minutes
Language	English
Original name	Wender Utah Rating Scale
Target audience	Adults
Authors	Paul H. Wender, Daniel K. Reimherr, Joel R. Woodruff (1993)
Category	ADHD

Preview of the 61 questions

As a child, I had...

Trouble concentrating, easily distracted

Not at all or very slightly | Slightly | Moderately | Quite a bit | A lot

As a child, I was...

Anxious, prone to worry

Not at all or very slightly | Slightly | Moderately | Quite a bit | A lot

As a child, I was...

Nervous, unable to sit still

Not at all or very slightly | Slightly | Moderately | Quite a bit | A lot

As a child, I was...

Inattentive, dreamy

Not at all or very slightly | Slightly | Moderately | Quite a bit | A lot

As a child, I was...

Easily angered, "hot-headed"

Not at all or very slightly | Slightly | Moderately | Quite a bit | A lot

Administer your questionnaires online

Send your patient a link: they answer from their phone or computer, and you receive the scored results by email.

View the questionnaire on mentaal.org ›

Scoring & interpretation

Each item is scored from 0 to 4 according to how well the behavior described the person as a child: "Not at all or very slightly" = 0, "Mildly" = 1, "Moderately" = 2, "Quite a bit" = 3, "Very much" = 4. No item is reverse-scored. The total score is the sum of the 25 items, from 0 to 100.

Subscales (item numbers)

Each subscale is the mean of its items, from 0 to 4, which makes it possible to compare subscales of different lengths.

- **Disruptive mood and behavior**: 5, 6, 8, 10, 12, 13, 14, 18, 19, 21, 22
- **Inattention / hyperactivity**: 1, 3, 4, 7, 15, 16, 23, 24, 25
- **Depression / anxiety**: 2, 9, 11, 17

Item 20 (unpopularity with other children) does not belong to any subscale and counts only toward the total score.

Interpreting the total score

- Below 30: within normal limits
- 30 to 45: elevated; above the cutoff that distinguishes ADHD from the nonclinical population
- 46 and above: very elevated; above the cutoff that also distinguishes ADHD from anxiety or depressive disorders

The subscales are classified in the same way: elevated from the 94th percentile of the nonclinical sample, very elevated from the 99.9th. Each score is also expressed as a percentile relative to adults without a disorder and adults with ADHD.

Probability of childhood ADHD

Two logistic regressions, calculated from the three subscales, estimate the probability that the profile corresponds to ADHD rather than to the nonclinical population, and then rather than to an anxiety or depressive disorder. Combined with the total score, they yield an overall descriptor: ADHD very likely, ADHD likely, not differentiated from anxiety or depressive disorders, ADHD unlikely, ADHD very unlikely, or inconsistent results.

Limitations

This is a retrospective self-report: it depends on the person's memories and on how they see themselves today. Anxiety and depressive disorders raise the score (mean of 29.2 in the anxiety/depression sample, versus 14.5 without a disorder

and 51.5 with ADHD), and ADHD with a predominantly inattentive presentation may remain below 46. A high score documents symptoms in childhood, a necessary but not sufficient condition for diagnosing ADHD in adulthood: it should be supplemented by an assessment of current symptoms (the ASRS, for example) and a diagnostic interview.

Are you a psychologist?

With Mentaal, get meaningful insights to support your patients.

- Standardized tests
- Automatic scoring
- Results sent by email

Try it for free

See all questionnaires

★★★★★

“Skeptical at first, I now can't do without this tool in my practice.”

Elodie C. - CBT Psychologist