**Supplementary material**

**ACOS** Clinician’s Scale

Name: dob

date

medications

Rating of items for the last 2 weeks

0 = no problem

1 = minor problem but no need to be addressed clinically.

2 = mild problem present but maybe not need clinical action

3 = moderately severe problem clinical action is needed

4 = severe problem

5= very severe problem

|  |  |
| --- | --- |
| **Problems/ symptoms/ behaviours**  | **Score** |
| Hyperactivity /restlessness  |  |
| Attention difficulties  |  |
| Temper /anger outburst  |  |
| Problems with alcohol and drugs |  |
| Emotional fluctuation (dysregulation) |  |
| Disorganisation |  |
| Impulsivity  |  |
| Tension in relationships |  |
| Self-harm |  |
| Problems with procrastination  |  |
| Anxiety problems |  |
| Depression problems |  |
| Sleep problems |  |
| College / work difficulties |  |
| Difficulties in the everyday personal life |  |
| **Total score**  |  |

**ACOS** Patient’s scale (self-rating)

Name: dob

date

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **During the PAST 2 WEEKS, how troubled have you been by** | **Not at all** | **A little** | **Some****what** | **A lot** | **Very much** | **Extremely** |
| Hyperactivity /restlessness  | 0 | 1 | 2 | 3 | 4 | 5 |
| Pay attention when doing things | 0 | 1 | 2 | 3 | 4 | 5 |
| Temper /anger outburst  | 0 | 1 | 2 | 3 | 4 | 5 |
| Problems with alcohol and drugs | 0 | 1 | 2 | 3 | 4 | 5 |
| Ups and downs in your mood | 0 | 1 | 2 | 3 | 4 | 5 |
| Organising things | 0 | 1 | 2 | 3 | 4 | 5 |
| Impulsivity  | 0 | 1 | 2 | 3 | 4 | 5 |
| Tension in relationships | 0 | 1 | 2 | 3 | 4 | 5 |
| Self-harm | 0 | 1 | 2 | 3 | 4 | 5 |
| Postponing thigs | 0 | 1 | 2 | 3 | 4 | 5 |
| Anxiety problems | 0 | 1 | 2 | 3 | 4 | 5 |
| Depression problems | 0 | 1 | 2 | 3 | 4 | 5 |
| Sleep problems | 0 | 1 | 2 | 3 | 4 | 5 |
| College / work difficulties | 0 | 1 | 2 | 3 | 4 | 5 |
| Difficulties in the everyday personal life | 0 | 1 | 2 | 3 | 4 | 5 |