

**SYNTHETIC EXAMPLE**

Incomplete DIVA-5 current-symptom subset

DIVA-5 current-symptom excerpt - presentation preview

CLIENT**John Doe****ADMINISTERED****Example date****RESPONSE MODE****Clinician-led interview****INSTRUMENT****DIVA-5 current-symptom
excerpt****SOURCE****DIVA Foundation****CLINICAL ROLE****Interview support, not
a complete interview**

What this report lays out

- Named instrument, version, and provenance
- Item-level response pattern without source wording
- Methodology, references, and clinical boundary
- Responsible clinician review rather than automated conclusions

CLINICIAN REVIEW REQUIRED

This document demonstrates Lirena's report design using fictional data. It does not represent a scored DIVA-5 current-symptom subset result, cannot establish a diagnosis, and must not be placed in a clinical record.

An interview excerpt cannot diagnose ADHD, establish childhood onset, or replace the complete DIVA-5. Diagnostic formulation remains with a qualified clinician using a full assessment process.



A report designed for clinical review

Clear structure, visible provenance, and an explicit boundary help a clinician review recorded evidence without mistaking a questionnaire for a conclusion.

REVIEW

A complete DIVA-5 is administered as a clinician-led interview, not as a client-only questionnaire. This excerpt, if used at all, can only support discussion of current symptoms. The interviewer still has to cover onset, pervasiveness, impairment, and alternative explanations using official materials.

CONTEXT

Do not apply a total-score or cutoff claim from this page. Official DIVA materials define how criteria are explored and recorded. Lirena has not independently verified item text, scoring, or digital administration for production use of this excerpt.

SOURCE

This page is catalogue information only. The complete DIVA-5 is not assigned from here.

REPORT PRINCIPLE

Show the evidence, the version, and the boundary. Leave diagnosis and formulation with the clinician.



Item-level layout without source wording

This marketing sample uses invented item numbers and response labels only. It does not reproduce DIVA-5 current-symptom excerpt item wording, and the pattern below is not a real result.

ITEM	ILLUSTRATIVE SCALE POINT	FICTIONAL RESPONSE
1	3 of 5	Sometimes
2	3 of 5	Sometimes
3	3 of 5	Sometimes
4	2 of 5	A little
5	4 of 5	Often
6	3 of 5	Sometimes
7	2 of 5	A little
8	2 of 5	A little
9	5 of 5	Most days
10	3 of 5	Sometimes
11	5 of 5	Most days
12	5 of 5	Most days
13	3 of 5	Sometimes
14	1 of 5	Not at all

Item numbers, scale points, and responses on this page are invented for layout demonstration. They are not this instrument's item set, scoring structure, or thresholds.



Source-led by design

Lirena separates published methodology, product implementation, and clinical approval. A citation does not by itself authorize administration or prove a software scoring rule.

INSTRUMENT

DIVA-5 is a clinician-led structured interview for adult ADHD developed through the DIVA Foundation. Lirena's catalogue entry is limited to an incomplete current-symptom subset. It must not be treated as the full interview, the childhood module, or a diagnostic conclusion.

ADMINISTRATION

A complete DIVA-5 is administered as a clinician-led interview, not as a client-only questionnaire. This excerpt, if used at all, can only support discussion of current symptoms. The interviewer still has to cover onset, pervasiveness, impairment, and alternative explanations using official materials.

CLINICAL BOUNDARY

An interview excerpt cannot diagnose ADHD, establish childhood onset, or replace the complete DIVA-5. Diagnostic formulation remains with a qualified clinician using a full assessment process.

GOVERNANCE

This page is catalogue information only. The complete DIVA-5 is not assigned from here.

SELECTED REFERENCES

1. Official DIVA Foundation

DIVA Foundation. Diagnostic Interview for ADHD in Adults.

2. Adult ADHD interview context

Kooij JJS et al. Updated European Consensus Statement on diagnosis and treatment of adult ADHD. European Psychiatry. 2019.

SOURCE AND VERIFICATION Confirm the official form with the source before any live workflow.