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ADULT ADHD SELF-REPORT SCALE (ASRS-v1.1) SYMPTOM CHECKLIST

Name of Patient (Printed) _____

Date of Birth _____

Today's Date _____

Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months. Please give this completed checklist to your healthcare professional to discuss during today's appointment.

PART A

#	Over the past 6 months...	Never	Rarely	Some-times	Often	Very Often
1	How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?					
2	How often do you have difficulty getting things in order when you have to do a task that requires organization?					
3	How often do you have problems remembering appointments or obligations?					
4	When you have a task that requires a lot of thought, how often do you avoid or delay getting started?					
5	How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?					
6	How often do you feel overly active and compelled to do things, like you were driven by a motor?					

PART B

#	Over the past 6 months...	Never	Rarely	Some-times	Often	Very Often
7	How often do you make careless mistakes when you have to work on a boring or difficult project?					
8	How often do you have difficulty keeping your attention when you are doing boring or repetitive work?					
9	How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?					
10	How often do you misplace or have difficulty finding things at home or at work?					
11	How often are you distracted by activity or noise around you?					
12	How often do you leave your seat in meetings or other situations in which you are expected to remain seated?					
13	How often do you feel restless or fidgety?					

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#	Over the past 6 months…	Never	Rarely	Some-times	Often	Very Often
14	How often do you have difficulty unwinding and relaxing when you have time to yourself?					
15	How often do you find yourself talking too much when you are in social situations?					
16	When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish them themselves?					
17	How often do you have difficulty waiting your turn in situations when turn-taking is required?					
18	How often do you interrupt others when they are busy?					

SCORING AND INTERPRETATION

PART A IS THE SCREENER. Count the number of marks that fall inside the shaded boxes in Part A. Four or more marks in the shaded boxes indicate that the patient's symptoms are highly consistent with ADHD in adults and that further clinical evaluation is warranted.

PART B PROVIDES ADDITIONAL CUES. The twelve questions in Part B are not scored against a threshold. They give additional information about the frequency and range of symptoms and can serve as further probes during the clinical interview. Responses marked Often or Very Often are the most informative, and items the patient rates highly are worth exploring in detail.

THIS CHECKLIST IS A SCREENING TOOL, NOT A DIAGNOSIS. A screening result does not establish that a patient has ADHD, and a negative screen does not rule it out. A diagnosis of ADHD requires a clinical evaluation that includes a developmental and symptom history, evidence that symptoms were present in childhood, evidence of impairment in more than one setting, and consideration of other conditions that can produce similar symptoms — including anxiety, depression, bipolar disorder, sleep disorders, thyroid disease, substance use, and the effects of medication.

FOR OFFICE USE ONLY

Screening Result	Entry	Clinician Initials
Part A marks in shaded boxes	_____ of 6	_____
Screen positive (4 or more)	_____ Yes _____ No	_____
Reviewed with patient	_____ / _____ / _____	_____
Further evaluation scheduled	_____ Yes _____ No	_____

Clinical notes: _____

_____

_____

Reviewed by: _____ Date: _____ / _____ / _____

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