

Name:

Date of birth:

**Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist**

| 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. |                                                                                                                      | Never                    | Rarely                   | Sometimes                           | 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? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2.                                                                                                                                                                                                                                                                      | How often do you have difficulty getting things in order when you have to do a task that requires organization?      | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3.                                                                                                                                                                                                                                                                      | How often do you have problems remembering appointments or obligations?                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4.                                                                                                                                                                                                                                                                      | When you have a task that requires a lot of thought, how often do you avoid or delay getting started?                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5.                                                                                                                                                                                                                                                                      | How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6.                                                                                                                                                                                                                                                                      | How often do you feel overly active and compelled to do things, like you were driven by a motor?                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Part A

|     |                                                                                                                                                                 |                          |                          |                                     |                                     |                          |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 7.  | How often do you make careless mistakes when you have to work on a boring or difficult project?                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8.  | How often do you have difficulty keeping your attention when you are doing boring or repetitive work?                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9.  | How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 10. | How often do you misplace or have difficulty finding things at home or at work?                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. | How often are you distracted by activity or noise around you?                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. | How often do you leave your seat in meetings or other situations in which you are expected to remain seated?                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 13. | How often do you feel restless or fidgety?                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. | How often do you have difficulty unwinding and relaxing when you have time to yourself?                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. | How often do you find yourself talking too much when you are in social situations?                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 17. | How often do you have difficulty waiting your turn in situations when turn taking is required?                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 18. | How often do you interrupt others when they are busy?                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Part B

How old were you when these problems first began to occur?

## **Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist**

### Description:

The Symptom Checklist is an instrument consisting of the eighteen DSM-IV TR criteria. Six of the eighteen questions were found to be the most predictive of symptoms consistent with ADHD. These six questions are the basis for the ASRS v1.1 Screener and are also Part A of the Symptom Checklist. Part B of the Symptom Checklist contains the remaining twelve questions.

### Scoring and Interpretation:

If four or more marks appear in the darkly shaded boxes within Part A then the patient has symptoms highly consistent with ADHD in adults and further investigation is warranted. The frequency scores on Part B provide additional cues and can serve as further probes into the patient's symptoms. Pay particular attention to marks appearing in the dark shaded boxes. The frequency-based response is more sensitive with certain questions. No total score or diagnostic likelihood is utilized for the twelve questions. It has been found that the six questions in Part A are the most predictive of the disorder and are best for use as a screening instrument.

### References:

- Schweitzer JB, Cummins TK, Kant CA. Attention-deficit/hyperactivity disorder. *The Medical clinics of North America*. May 2001;85(3):757-777. PMID: 11349483
- Barkley RA. Attention Deficit Hyperactivity Disorder: A Handbook for Diagnosis and Treatment. 2nd ed. 1998.
- Biederman J, Faraone SV, Spencer T, et al. Patterns of psychiatric comorbidity, cognition, and psychosocial functioning in adults with attention deficit hyperactivity disorder. *The American journal of psychiatry*. Dec 1993;150(12):1792-1798. PMID: 8238632
- American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. Washington, DC, American Psychiatric Association. 2000: 85-93.
- Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist. Available at: <http://www.hcp.med.harvard.edu/ncs/ftpd/ahd/18%20Question%20ADHD-ASRS-v1-1.pdf> Accessed March 15, 2012.