

## **Instructions on how to complete the Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist**

1. Complete both Part A and Part B of the Symptom Checklist (on page 2) by marking an X in the box that most closely represents the frequency of occurrence of each of the symptoms.
2. Score Part A.

If four or more marks appear in the darkly shaded boxes within Part A then you have symptoms highly consistent with ADHD in adults and further investigation is warranted. It is recommended that you consult with a psychiatrist or clinical psychologist who has experience with adult ADHD. Take this checklist along with you to the clinician.

The checklist takes about 5 minutes to complete and can provide information that is critical to supplement the diagnostic process.

### **References**

The Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist was developed in conjunction with the World Health Organization (WHO), and the Workgroup on Adult ADHD that included the following team of psychiatrists and researchers:

- **Lenard Adler, MD**

Associate Professor of Psychiatry and Neurology  
New York University Medical School

- **Ronald C. Kessler, PhD**

Professor, Department of Health Care Policy  
Harvard Medical School

- **Thomas Spencer, MD**

Associate Professor of Psychiatry  
Harvard Medical School

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

Patient Name		Today's Date					
<p>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.</p>			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?							
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?							
<b>Part A</b>							
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?							
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?							
<b>Part B</b>							