

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

Instructions:

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. A full diagnostic evaluation is needed to determine if the diagnosis is present.

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.	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?					

Self-Report Adult Symptoms : Patient Completes

Instructions: This inventory can be used to measure ADHD symptoms. Think of a "typical," recent week, and complete the lines above. For each item there are questions about effort and consequences. Note on the right how often either of these occur. Use space at the bottom of each page to describe examples of how these symptoms keep you from functioning well in major life roles. If using this form for diagnosis, write down the earliest age each active symptom began to persist.

Inattentive Traits	Rarely	Sometimes	Often	Very Often	Age Started
Difficulty being accurate with details					
How often does it take effort to avoid errors? Or:	0	1	2	3	_____
How often do you make "careless" mistakes?					
Difficulty sustaining attention					
How often does it take effort to pay attention when in meetings, classes, or while reading? Or:	0	1	2	3	_____
How often does your mind wander in meetings, class, or while reading?					
Difficulty listening in conversation					
How often is it hard to listen in conversation? Or:	0	1	2	3	_____
How often do you miss what people say to you?					
Difficulty sticking to and finishing actions					
How often does it take effort to stick with a task? Or:	0	1	2	3	_____
How often do you leave things unfinished?					
Difficulty organizing					
How often is it a struggle to stay organized? Or:	0	1	2	3	_____
How often is there a problem because of poor organization?					
Putting off tasks requiring mental effort					
How often is it hard to get around to tasks? Or:	0	1	2	3	_____
How often do you miss a deadline?					
Often losing important items					
How often do you take care not to misplace things? Or:	0	1	2	3	_____
How often are you looking for things you misplaced?					
Forgetfulness					
How often do you <u>depend on</u> lists or reminders? Or:	0	1	2	3	_____
How often are you upset that you forgot something?					
Often distracted by things in environment					
How often do you avoid or tune out. Distractions? Or:	0	1	2	3	_____
How often are you distracted from tasks?					

Total inattentive symptom score: _____

Note here examples of how these, or similar difficulties, impact your life roles:

Your own daily activities: _____

Work or school activities: _____

Relationships with others: _____

Self-Report Adult Symptoms : Patient Completes

Hyperactive/Impulsive Traits	Rarely	Sometimes	Often	Very Often	Age Started
Fidgeting					
How often does it take effort to be still? Or:	0	1	2	3	_____
How often is your fidgeting upsetting to you or others?					
Restless					
How often do you stop yourself from standing up in the middle of an activity? Or:	0	1	2	3	_____
How often do you get up in the middle of an activity?					
Excessively in motion					
How often do you stop yourself from walking or running too much? Or:	0	1	2	3	_____
How often are you walking or running when others are not?					
Excessively loud					
How often do you keep yourself from being too loud? Or:	0	1	2	3	_____
How often do you wish you had kept yourself from being too loud?					
Excessive internal drive					
How often do you stop yourself from moving on to another activity? Or:	0	1	2	3	_____
How often is it hard to stick with or enjoy quiet activities?					
Talking excessively					
How often do you stop yourself from talking too much? Or:	0	1	2	3	_____
How often do you wish you had stopped talking sooner?					
Speaking at the wrong time in conversation					
How often do you stop yourself from interrupting in a conversation? Or:	0	1	2	3	_____
How often do wish you had waited to speak in turn?					
Difficulty waiting					
How often do you struggle to wait in a line? Or:	0	1	2	3	_____
How often do you avoid lines or leave them?					
Intruding on others					
How often is it hard to stop yourself from interrupting others when they are busy? Or:	0	1	2	3	_____
How often do you intrude on other people?					
Note here examples of how these, or similar difficulties, impact your life roles:					
Your own daily activities: _____					
Work or school activities: _____					
Relationships with others: _____					



Patient Name _____

Date _____

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Have a Family Member Fill This Form

Instructions: This inventory can be completed by a third party (e.g., significant other, family, friend) to help track ADHD symptoms. Ask them to think of a "typical," recent week. For each item note on the right how often they occur, and the earliest age they began to persist. Note impact on major life roles at bottom.

<i>Inattentive Traits</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>Very Often</i>	<i>Age Started</i>
Difficulty being accurate with details <i>How often do they make "careless" mistakes?</i>	0	1	2	3	_____
Difficulty sustaining attention <i>How often does their mind wander in meetings, class, or while reading?</i>	0	1	2	3	_____
Difficulty listening in conversation <i>How often do they miss what people say to them?</i>	0	1	2	3	_____
Difficulty sticking to and finishing actions <i>How often do they leave tasks before it is finished?</i>	0	1	2	3	_____
Difficulty organizing <i>How often do they have problems because of poor organization?</i>	0	1	2	3	_____
Putting off tasks requiring mental effort <i>How often do they do things at the last minute?</i>	0	1	2	3	_____
Often losing important items <i>How often do they have to look for misplaced things?</i>	0	1	2	3	_____
Forgetfulness <i>How often do they forget things that matter?</i>	0	1	2	3	_____
Often distracted by things in environment <i>How often do they seem distracted by things around them?</i>	0	1	2	3	_____

Do these symptoms impair function in daily activities, at work or school, or relationships with others? Please note some examples here:

Have Family Member Fill Out

<i>Hyperactive/Impulsive Traits</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>Very Often</i>	<i>Age Started</i>
<i>Fidgeting</i> <i>How often do they fidget?</i>	0	1	2	3	_____
<i>Restless</i> <i>How often do they get up in the middle of an activity?</i>	0	1	2	3	_____
<i>Excessively in motion</i> <i>How often are they walking or running when others are not?</i>	0	1	2	3	_____
<i>Excessively loud</i> <i>How often are they louder than other people around them?</i>	0	1	2	3	_____
<i>Excessive internal drive</i> <i>How often do they leave quiet activities before others do?</i>	0	1	2	3	_____
<i>Talking excessively</i> <i>How often do they talk longer than necessary?</i>	0	1	2	3	_____
<i>Speaking at the wrong time in conversation</i> <i>How often do they interrupt other people in a conversation?</i>	0	1	2	3	_____
<i>Difficulty waiting</i> <i>How often are they upset when waiting?</i>	0	1	2	3	_____
<i>Intruding on others</i> <i>How often do they intrude on people who are busy?</i>	0	1	2	3	_____

***Do these symptoms impair function in daily activities, at work or school, or relationships with others?
 Please note some examples here:***
