

## 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>										
<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 2px;">Never</td> <td style="padding: 2px;">Rarely</td> <td style="padding: 2px;">Sometimes</td> <td style="padding: 2px;">Often</td> <td style="padding: 2px;">Very Often</td> </tr> </table>						Never	Rarely	Sometimes	Often	Very Often
Never	Rarely	Sometimes	Often	Very Often						
<p>1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?</p>										
<p>2. How often do you have difficulty getting things in order when you have to do a task that requires organization?</p>										
<p>3. How often do you have problems remembering appointments or obligations?</p>										
<p>4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?</p>										
<p>5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?</p>										
<p>6. How often do you feel overly active and compelled to do things, like you were driven by a motor?</p>										
<b>Part A</b>										
<p>7. How often do you make careless mistakes when you have to work on a boring or difficult project?</p>										
<p>8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?</p>										
<p>9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?</p>										
<p>10. How often do you misplace or have difficulty finding things at home or at work?</p>										
<p>11. How often are you distracted by activity or noise around you?</p>										
<p>12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?</p>										
<p>13. How often do you feel restless or fidgety?</p>										
<p>14. How often do you have difficulty unwinding and relaxing when you have time to yourself?</p>										
<p>15. How often do you find yourself talking too much when you are in social situations?</p>										
<p>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?</p>										
<p>17. How often do you have difficulty waiting your turn in situations when turn taking is required?</p>										
<p>18. How often do you interrupt others when they are busy?</p>										
<b>Part B</b>										