

Adult ADHD self-report scale symptom checklist (ASRS-v1.1)

This questionnaire is designed to help identify symptoms of attention-deficit/hyperactivity disorder (ADHD). Please read the questions carefully and place a tick in the box that best describes how you have felt and conducted yourself in the past six months.

Please give the completed checklist to your GP to discuss during your appointment.

Information for GPs

Please review the entire checklist with the patient and evaluate the level of impairment associated with each symptom, considering Consider work/school, social and family settings.

Symptom frequency is often associated with symptom severity, and the checklist may also aid in the assessment of impairments. If your patient has frequent symptoms, you may want to ask them to describe how these problems have affected their ability to work, take care of things at home, or get along with other people, such as their spouse/significant other.

Many adults with ADHD didn't receive a formal diagnosis as a child. During the appointment, discuss whether the patient experienced these or similar symptoms growing up. Ask about their experiences socialising and at school. When evaluating their history, look for evidence of early-appearing and longstanding problems with attention or self-control. Some significant symptoms should have been present in childhood, but full symptomology isn't needed.

Part A

	Four or more marks in the shaded boxes indicate symptoms highly consistent with ADHD, and further investigation is warranted.	Never	Rarely	Sometimes	Often	Very Often
1	How often do you have trouble completing the final tasks of a project after overcoming the more challenging aspects?	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 organisation?	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 type="checkbox"/>	<input type="checkbox"/>

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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 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 type="checkbox"/>	<input type="checkbox"/>

Part B

The previous questions in Part A are the most predictive of ADHD and are best for use as a screening instrument. However, the frequency scores in Part B provide additional cues and can serve as further indications of symptoms.		Never	Rarely	Sometimes	Often	Very Often
1	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 type="checkbox"/>	<input type="checkbox"/>
2	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 type="checkbox"/>	<input type="checkbox"/>
3	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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	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 type="checkbox"/>	<input type="checkbox"/>
5	How often are you distracted by activity or noise around you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	How often do you feel restless or fidgety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	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 type="checkbox"/>	<input type="checkbox"/>
9	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 type="checkbox"/>	<input type="checkbox"/>
10	When you're in a conversation, how often do you find yourself finishing the sentences of the people before they can finish them themselves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	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 type="checkbox"/>	<input type="checkbox"/>
12	How often do you interrupt others when they are busy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>