

# ADULT ADHD SELF-REPORT SCALE (ASRS-V1.1) SYMPTOM CHECKLIST

Patient: \_\_\_\_\_ Date Completed: \_\_\_\_\_

| 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 your appointment. |  |  |  |  | Never | Rarely | Sometimes | Often | Very often |
|--|--|--|--|--|-------|--------|-----------|-------|------------|
| <b>PART A</b>  |  |  |  |  |       |        |           |       |            |
| How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?   |  |  |  |  |       |        |           |       |            |
| How often do you have difficulty getting things in order when you have to do a task that requires organization?  |  |  |  |  |       |        |           |       |            |
| How often do you have problems remembering appointments or obligations?  |  |  |  |  |       |        |           |       |            |
| When you have a task that requires a lot of thought, how often do you avoid or delay getting started?  |  |  |  |  |       |        |           |       |            |
| How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?   |  |  |  |  |       |        |           |       |            |
| How often do you feel overly active and compelled to do things, like you were driven by a motor?   |  |  |  |  |       |        |           |       |            |
| <b>PART B</b>  |  |  |  |  |       |        |           |       |            |
| How often do you make careless mistakes when you have to work on a boring or difficult project?  |  |  |  |  |       |        |           |       |            |
| How often do you have difficulty keeping your attention when you are doing boring or repetitive work?  |  |  |  |  |       |        |           |       |            |
| How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?   |  |  |  |  |       |        |           |       |            |
| How often do you misplace or have difficulty finding things at home or at work?  |  |  |  |  |       |        |           |       |            |
| How often are you distracted by activity or noise around you?  |  |  |  |  |       |        |           |       |            |
| How often do you leave your seat in meetings or in other situations in which you are expected to stay seated?  |  |  |  |  |       |        |           |       |            |
| How often do you feel restless or fidgety?   |  |  |  |  |       |        |           |       |            |
| How often do you have difficulty unwinding and relaxing when you have time to yourself?  |  |  |  |  |       |        |           |       |            |
| How often do you find yourself talking too much when you are in social situations?   |  |  |  |  |       |        |           |       |            |
| 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 it themselves?  |  |  |  |  |       |        |           |       |            |
| How often do you have difficulty waiting your turn in situations when turn taking is required?   |  |  |  |  |       |        |           |       |            |
| How often do you interrupt others when they are busy?  |  |  |  |  |       |        |           |       |            |

