

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

Patient Name	Today's Date				
Instructions <i>Please answer the questions below, rating yourself on each of the criteria as shown using the scale on the right of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself in the past 6 months. Please give this completed checklist to your healthcare professional to discuss during your appointment.</i>	0	1	2	3	4
	Never	Rarely	Sometime	Often	Always
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?					
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 to much when you are in social situations?					
16. When you are 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?					
INN					
HYP					
TOTAL					

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; and Thomas Spencer, MD, Associate Professor of Psychiatry, Harvard Medical School.

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Overview and Scoring Instructions

The Adult ADHD Self-Report Scale (ASRS-v1.1) may be used as a tool to help screen for attention-deficit/hyperactivity disorder (ADHD) in adult patients. The checklist takes about 5 minutes to complete and allows a rating of symptoms that are consistent with the DSM-IV-TR criteria. For the current use as an outcome assessment, a score is derived for the two subscales (inattentive, referred to as INN and Hyperactive, referred to as HYP).

Administration Instructions

Ask the patient to complete the symptom checklist by placing an X in the box that best describes how the patient has felt and conducted themselves over the past 6 months. The instructions are printed in a box at the top of the checklist page.

For example, for question 11. "How often are you distracted by activity or noise around you?", the patient puts an X in the box that they believe best describes how they felt and conducted themselves over the past 6 months - Never, Rarely, Sometimes, Often or Always. Please make sure that there is an X in one of the boxes for all 18 questions.

Scoring

The ASRS-v1.1 has two subscales: Inattentive (referred to as INN) and Hyperactive (referred to as HYP). Questions related to INN (1-4 and 7-11) are tinted with a yellow background, while questions related to HYP (5-6 and 12-18) are tinted in a blue background. At the top of the checklist page, there are numbers that correspond to the scoring for each rating: Never = 0; Rarely = 1; Sometimes = 2; Often = 3; and Always = 4.

Tally each subscale and total score by adding the score number (0-4) that corresponds to the X in the boxes. For example, if a patient puts an X in the "Never" box for Question 1., the score for the question is 0. If the X is placed in the "Always" box the score for the question is 4. Place the summed scores in the boxes labeled INN, HYP and TOTAL at the bottom of the page. If a patient placed an X in the "Always" box for each question the INN score would be 36, the HYP score would be 36, and the total score would be 72. Record the scores in your record keeping system.

Clinical Use

The results of the ASRS-v.1.1 can also be used as part of a comprehensive assessment. The original format of the ASRS-v.1.1 (Adler, Kessler, & Spencer) provides further information on clinical uses of the tool. Please note that the 18 questions are identical to the questions that are used for this metric.