

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

| Patient Name                                                                                                                                                                                                                                                                                                                                                                        |  | Today's Date |       |        |           |       |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------|-------|--------|-----------|-------|------------|
| 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?                                                                                                                                                                                                                                                                                 |  |              |       |        |           |       |            |
| <b>Part A</b>                                                                                                                                                                                                                                                                                                                                                                       |  |              |       |        |           |       |            |
| 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 too much when you are in social situations?                                                                                                                                                                                                                                                                                              |  |              |       |        |           |       |            |
| 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?                                                                                                                                                                                                                 |  |              |       |        |           |       |            |
| 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?                                                                                                                                                                                                                                                                                                                           |  |              |       |        |           |       |            |
| <b>Part B</b>                                                                                                                                                                                                                                                                                                                                                                       |  |              |       |        |           |       |            |