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

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| **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? | | |  |  |  |  | |  | |
| 1. How often do you have difficulty getting things in order when you have to do a task that requires organization? | | |  |  |  |  | |  | |
| 1. How often do you have problems remembering appointments or obligations? | | |  |  |  |  | |  | |
| 1. When you have a task that requires a lot of thought, how often do you avoid or delay getting started? | | |  |  |  |  | |  | |
| 1. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time? | | |  |  |  |  | |  | |
| 1. How often do you feel overly active and compelled to do things, like you were driven by a motor? | | |  |  |  |  | |  | |
| **Part A** | | | | | | | | | |
| 1. How often do you make careless mistakes when you have to work on a boring or difficult project? | | |  |  |  | |  | |  |
| 1. How often do you have difficulty keeping your attention when you are doing boring or repetitive work? | | |  |  |  | |  | |  |
| 1. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly? | | |  |  |  | |  | |  |
| 1. How often do you misplace or have difficulty finding things at home or at work? | | |  |  |  | |  | |  |
| 1. How often are you distracted by activity or noise around you? | | |  |  |  | |  | |  |
| 1. How often do you leave your seat in meetings or other situations in which you are expected to remain seated? | | |  |  |  | |  | |  |
| 1. How often do you feel restless or fidgety? | | |  |  |  | |  | |  |
| 1. How often do you have difficulty unwinding and relaxing when you have time to yourself? | | |  |  |  | |  | |  |
| 1. How often do you find yourself talking too much when you are in social situations? | | |  |  |  | |  | |  |
| 1. 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? | | |  |  |  | |  | |  |
| 1. How often do you have difficulty waiting your turn in situations when turn taking is required? | | |  |  |  | |  | |  |
| 1. How often do you interrupt others when they are busy? | | |  |  |  | |  | |  |
| **Part B** | | | | | | | | | |