

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

Patient Name	Today's Date					
<p>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.</p>		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?				X	X	X
2. How often do you have difficulty getting things in order when you have to do a task that requires organization?				X	X	X
3. How often do you have problems remembering appointments or obligations?				X	X	X
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?					X	X
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?					X	X
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?					X	X
Part A						
7. How often do you make careless mistakes when you have to work on a boring or difficult project?					X	X
8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?					X	X
9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?				X	X	X
10. How often do you misplace or have difficulty finding things at home or at work?					X	X
11. How often are you distracted by activity or noise around you?					X	X
12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?				X	X	X
13. How often do you feel restless or fidgety?					X	X
14. How often do you have difficulty unwinding and relaxing when you have time to yourself?					X	X
15. How often do you find yourself talking too much when you are in social situations?					X	X
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?				X	X	X
17. How often do you have difficulty waiting your turn in situations when turn taking is required?					X	X
18. How often do you interrupt others when they are busy?				X	X	X
Part B						