

**Do you think you might have adult ADHD?**

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**Do the following self-report scale to see if you have adult ADHD:**

**Adult ADHD Self - Report Scale - V1.1 (ASRS - V1.1)**

**Symptoms Checklist**

**from WHO Composite International Diagnostic Interview**

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

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| --- | --- | --- | --- | --- | --- | --- |
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| --- |
| 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 health care professional to discuss during today’s appointment.  |

 | Never | Rarely | Sometimes | Often | Very often |
| **Part A** |  |  |  |  |  |
| 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 with your hands or feet when you have sit down for a long time?
 |  |  |  |  |  |
| 1. How often do you feel overly active and compelled to things, like you were driven by a motor?
 |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 health care professional to discuss during today’s appointment. | Never | Rarely | Sometimes | Often | Very often |
| **Part B** |  |  |  |  |  |
| 1. How often do you make careless mistakes when working on a boring 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 directly to you?
 |  |  |  |  |  |
| 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 at meetings or other situations in which you are expected to remain seated?
 |  |  |  |  |  |