GLOBAL ADHD
CLINICIANS NETWORK

Adult ADHD Self-Report Scale (ASRS-v I.I) Symptom Checklist

Patient Name		Today's Date					
Please asnwer the questionsbelow, 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 appintment.			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?							
							Part A
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?							
							Part B

– **Part A** (items 1–6. Scores range from 0 to 6)
If the respondent scores 4 or more in Part A, then the symptom profile of the individual is considered to be highly consistent with an ADHD diagnosis in adults (Adler et al., 2006; Kessler et al., 2007).

– **Part B** (items 7–18. Scores range from 0 to 12)
The frequency scores on Part B provide additional cues and can serve as further probes into the patient' s symptom severity and the impact that inattention or hyperactivity has on their life.

– **Total Score** (and percentile) (scores range from 0 to 18)
Over and above the key interpretation metrics from Part A and Part B, the total score (sum of Part A and B) is converted into a percentile to contextualise responses in comparison to normative data (22,397 adults; Adler et al., 2018). For example, a percentile of 90 represents that the respondent scored higher than 90 percent of other typical adults in their age range in the community.