

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

Name: _____

Date (DDMMYYYY): / /

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. There is space to make a brief comment for each item if necessary. Please return this to Dr Perera with your other documents prior to your appointment.

Never	Rarely	Sometimes	Often	Very Often
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1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?					
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Comment:					
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2. How often do you have difficulty getting things in order when you have to do a task that requires organization?					
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Comment:					
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3. How often do you have problems remembering appointments or obligations?					
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Comment:					
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4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?					
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Comment:					
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5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?					
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Comment:					
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6. How often do you feel overly active and compelled to do things, like you were driven by a motor?					
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Comment:					
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	Never	Rarely	Sometimes	Often	Very Often
7. How often do you make careless mistakes when you have to work on a boring or difficult project?					
Comment (optional):					
8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?					
Comment (optional):					
9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?					
Comment (optional):					
10. How often do you misplace or have difficulty finding things at home or at work:					
Comment (optional):					
11. How often are you distracted by activity or noise around you?					
Comment (optional):					
12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?					
Comment (optional):					
13. How often do you feel restless or fidgety?					
Comment (optional):					

	Never	Rarely	Sometimes	Often	Very Often
14. How often do you have difficulty unwinding and relaxing when you have time to yourself?					
Comment (optional):					
15. How often do you find yourself talking too much when you are in social situations?					
Comment (optional):					
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?					
Comment (optional):					
17. How often do you have difficulty waiting your turn in situations when turn taking is required?					
Comment (optional):					
18. How often do you interrupt others when they are busy?					
Comment (optional):					
Part B					

Please provide any additional comments: