



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

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.

Part A	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?	☐	☐	☐	☐	☐

If four or more marks appear in the darkly shaded boxes within Part A then the patient has symptoms highly consistent with ADHD in adults and further investigation is warranted.

Screening is not diagnosis. 4 or more marks in shaded boxes is a positive screen; fewer is below the screening threshold. Either result has limits. Discuss your concerns with a qualified healthcare professional. Bring this to your appointment.

The 6-question Adult Self-Report Scale-Version1.1 (ASRS-V1.1) Screener is a subset of the 18-question Adult ADHD Self-Report Scale-Version1.1 (Adult ASRSV1.1) Symptom Checklist. © New York University and the President and Fellows of Harvard College.

The ASRS v1.1 Screener was created by Dr. Lenard Adler of NYU and Dr. Ronald Kessler of Harvard.