

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

| How often do you... | Never | Rarely | Some- times | Often | Very Often |
|---|-------|--------|----------------|-------|---------------|
| Have trouble wrapping up the final details of a project, once the challenging parts have been done? | 0 | 1 | 2 | 3 | 4 |
| Have difficulty getting things in order when you have to do a task that requires organization? | 0 | 1 | 2 | 3 | 4 |
| Have problems remembering appointments or obligations? | 0 | 1 | 2 | 3 | 4 |
| Avoid or delay getting started when you have a task that requires a lot of thought? | 0 | 1 | 2 | 3 | 4 |
| Fidget or squirm with your hands and feet when you have to sit down for a long time? | 0 | 1 | 2 | 3 | 4 |
| Feel overly active and compelled to do things, like you were driven by a motor? | 0 | 1 | 2 | 3 | 4 |

Total: _____ + _____ + _____ + _____
= _____

Number of shaded gray boxes checked: _____

**If 4 or more gray boxes checked,
continue to page 2 →**

| How often do you... | Never | Rarely | Some-times | Often | Very Often |
|--|-------|--------|------------|-------|------------|
| Make careless mistakes when you have to work on a boring or difficult project? | 0 | 1 | 2 | 3 | 4 |
| Have difficulty keeping your attention when you are doing boring or repetitive work? | 0 | 1 | 2 | 3 | 4 |
| Have difficulty concentrating on what people say to you, even when they are speaking to you directly? | 0 | 1 | 2 | 3 | 4 |
| Misplace or have difficulty finding things at home or at work? | 0 | 1 | 2 | 3 | 4 |
| Get distracted by activity or noise around you? | 0 | 1 | 2 | 3 | 4 |
| Leave your seat in meetings or other situations in which you are expected to remain seated? | 0 | 1 | 2 | 3 | 4 |
| Feel restless or fidgety? | 0 | 1 | 2 | 3 | 4 |
| Have difficulty unwinding and relaxing when you have time to yourself? | 0 | 1 | 2 | 3 | 4 |
| Find yourself talking too much when you are in social situations? | 0 | 1 | 2 | 3 | 4 |
| Find yourself finishing the sentences of the people you are talking to, before they can finish them themselves, when you're in a conversation? | 0 | 1 | 2 | 3 | 4 |
| Have difficulty waiting your turn in situations when turn taking is required? | 0 | 1 | 2 | 3 | 4 |
| Interrupt others when they are busy? | 0 | 1 | 2 | 3 | 4 |

Total: _____ + _____ + _____ + _____
= _____

Overall score (page 1+2) = _____

For score interpretation, clinical decision support tools, and patient education materials, please go to:
<https://voices.uchicago.edu/behavioralhealthintegrationprogram/>