

# ADULT ADHD SELF-REPORT SCALE (ASRS) SYMPTOM CHECKLIST

The ASRS symptom checklist<sup>18,19</sup> was developed by the World Health Organization to correspond with the 18 symptoms included in the DSM-IV<sup>20</sup> before it was replaced by the DSM-5<sup>TM</sup> criteria in 2013.<sup>16</sup> The grey and pink letters on the left side correspond with the DSM-5<sup>TM</sup> criteria. Healthcare professionals can use the ASRS as a tool to help screen for ADHD in adult patients. The questionnaire takes about five minutes for patients to complete.

The patient answers the questions below, rating each of the criteria shown using the scale on the right side of the page. As they answer each question, they should place an X in the box that best describes how they have felt and conducted themselves over the past 6 months.

Never  
Rarely  
Sometimes  
Often  
Very often

## PART A

- |   |   |   |
|---|---|---|
| D | 1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done? | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| E | 2. How often do you have difficulty getting things in order when you have to do a task that requires organisation?      | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| I | 3. How often do you have problems remembering appointments or obligations?  | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| F | 4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?                | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |
| A | 5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?                 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |
| E | 6. How often do you feel overly active and compelled to do things, like you were driven by a motor?                     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |

## PART B

- |   |   |   |
|---|---|---|
| A | 7. How often do you make careless mistakes when you have to work on a boring or difficult project?  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |
| B | 8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |
| C | 9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?   | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| G | 10. How often do you misplace or have difficulty finding things at home or at work?   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |
| H | 11. How often are you distracted by activity or noise around you?   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |
| B | 12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?  | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| C | 13. How often do you feel restless or fidgety?  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |
| D | 14. How often do you have difficulty unwinding and relaxing when you have time to yourself?   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |
| F | 15. How often do you find yourself talking too much when you are in social situations?  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |
| G | 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? | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| H | 17. How often do you have difficulty waiting your turn in situations when turn taking is required?  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |
| I | 18. How often do you interrupt others when they are busy?   | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

PART A: If 4 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. Part A has been validated as follows:<sup>20, 21</sup>

- Threshold for likely to have ADHD: 4 significant items
- Sensitivity: 69%
- Positive predictive value (PPV) using 3% element of prevalence: 80%
- Specificity: 99%

PART B: The frequency scores on Part B provide additional cues and can serve as further probes into the patient's symptoms.