

Adult ADHD Self-Report Scale (ASRS)

Symptom Checklist Instructions

The questions on the tear pad below are designed to stimulate dialogue between you and your patients and to help confirm if they may be suffering from the symptoms of attention-deficit/hyperactivity disorder (ADHD). Physicians should consider using Symptom Checklist for patients whom they have reason to believe might have ADHD. This could be based on results of a screening instrument or if the patient presents with symptoms that may be consistent with ADHD.

1. Provide the symptom checklist to patient.

Tear one sheet from the pad, and ask the patient to complete it prior to the exam.

2. Assess the patient's symptoms, impairments, and history.

Assess symptoms

- Add the patient's score for Part A (Inattentive)
- Add the patient's score for Part B (Hyperactive/Impulsive)
- If the score is in the likely or highly likely category for **either Part A or Part B**, the patient has symptoms consistent with ADHD and a more thorough clinical evaluation to understand impairments and history is warranted.
- If the score is in the unlikely category for **either Part A or Part B**, but you still suspect ADHD, consider evaluating them for impairments based on the symptoms present. Sometimes adults with ADHD suffer significant impairment due to only a few symptoms.
- An adult with ADHD may have symptoms that manifest quite differently when compared with a child. The ASRS checklist reflects the adult manifestation of ADHD symptoms.

| Score* | Evaluation |
|---------------|----------------------------|
| 0-16 | Unlikely to have ADHD |
| 17-23 | Likely to have ADHD |
| 24 or greater | Highly likely to have ADHD |

*either Part A or Part B

Assess impairments

Review the checklist with your patients and evaluate any impairments in the work/school, social, and family settings.

Symptom frequency is often associated with symptom severity, and, therefore, the ASRS checklist may also aid in the assessment of impairments. If your patients have frequent symptoms, you may want to ask them to describe how this problem has affected the ability to work, take care of things at home, or get along with other people such as their spouse/significant other. This discussion will provide details about the extent of the impairments.

Assess history

Consider assessing the presence of these symptoms or similar symptoms in childhood. Adults who have ADHD need not have been formally diagnosed in childhood. In evaluating a patient's history, look for evidence of early-appearing and long-standing problems with attention or self-control. Some significant symptoms should have been present in childhood, but full symptomology is not necessary.

Request to see school report cards. But remember, many adults attended school at a time when ADHD and its symptoms were not commonly identified. Consider more than grades alone; often, written comments on the report card are of the most value. If report cards are not available, you might ask questions such as, "If I were a teacher, how would I describe you in class?" and "If I looked at your grade school report card, what would I read?"

3. Keep the symptom checklist in the patient's file for future reference.

Adult Self-Report Scale (ASRS) Symptom Checklist

| Patient Name | | Today's Date | | | | | |
|--|--|--------------|--------|-----------|-------|------------|-------|
| <p>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, circle the correct number 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.</p> | | Never | Rarely | Sometimes | Often | Very Often | Score |
| 1. How often do you make careless mistakes when you have to work on a boring or difficult project? | | 0 | 1 | 2 | 3 | 4 | |
| 2. How often do you have difficulty keeping your attention when you are doing boring or repetitive work? | | 0 | 1 | 2 | 3 | 4 | |
| 3. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly? | | 0 | 1 | 2 | 3 | 4 | |
| 4. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done? | | 0 | 1 | 2 | 3 | 4 | |
| 5. How often do you have difficulty getting things in order when you have to do a task that requires organization? | | 0 | 1 | 2 | 3 | 4 | |
| 6. When you have a task that requires a lot of thought, how often do you avoid or delay getting started? | | 0 | 1 | 2 | 3 | 4 | |
| 7. How often do you misplace or have difficulty finding things at home or at work? | | 0 | 1 | 2 | 3 | 4 | |
| 8. How often are you distracted by activity or noise around you? | | 0 | 1 | 2 | 3 | 4 | |
| 9. How often do you have problems remembering appointments or obligations? | | 0 | 1 | 2 | 3 | 4 | |
| Part A – Total | | | | | | | |
| 10. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time? | | 0 | 1 | 2 | 3 | 4 | |
| 11. How often do you leave your seat in meetings or other situations in which you are expected to remain seated? | | 0 | 1 | 2 | 3 | 4 | |
| 12. How often do you feel restless or fidgety? | | 0 | 1 | 2 | 3 | 4 | |
| 13. How often do you have difficulty unwinding and relaxing when you have time to yourself? | | 0 | 1 | 2 | 3 | 4 | |
| 14. How often do you feel overly active and compelled to do things, like you were driven by a motor? | | 0 | 1 | 2 | 3 | 4 | |
| 15. How often do you find yourself talking too much when you are in social situations? | | 0 | 1 | 2 | 3 | 4 | |
| 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? | | 0 | 1 | 2 | 3 | 4 | |
| 17. How often do you have difficulty waiting your turn in situations when turn taking is required? | | 0 | 1 | 2 | 3 | 4 | |
| 18. How often do you interrupt others when they are busy? | | 0 | 1 | 2 | 3 | 4 | |
| Part B – Total | | | | | | | |

The Value of Screening for Adults With ADHD

Research suggests that the symptoms of ADHD can persist into adulthood, having a significant impact on the relationships, careers, and even the personal safety of your patients who may suffer from it.¹⁻⁴ Because this disorder is often misunderstood, many people who have it do not receive appropriate treatment and, as a result, may never reach their full potential. Part of the problem is that it can be difficult to diagnose, particularly in adults.

The Adult ADHD Self-Report Scale (ASRS) Symptom Checklist and scoring system were developed in conjunction with the World Health Organization (WHO), and the Workgroup on Adult ADHD that included the following team of psychiatrists and researchers:

- **Lenard Adler, MD**

Associate Professor of Psychiatry and Neurology
New York University Medical School

- **Ronald C. Kessler, PhD**

Professor, Department of Health Care Policy
Harvard Medical School

- **Thomas Spencer, MD**

Associate Professor of Psychiatry
Harvard Medical School

As a healthcare professional, you can use the ASRS as a tool to help screen for ADHD in adult patients. Insights gained through this screening may suggest the need for a more in-depth clinician interview. The questions in the ASRS are consistent with DSM-IV criteria and address the manifestations of ADHD symptoms in adults. Content of the questionnaire also reflects the importance that DSM-IV places on symptoms, impairments, and history for a correct diagnosis.⁴

The checklist takes about 5 minutes to complete and can provide information that is critical to supplement the diagnostic process.

References:

1. Schweitzer JB, et al. *Med Clin North Am.* 2001;85(3):10-11, 757-777.
2. Barkley RA. *Attention Deficit Hyperactivity Disorder: A Handbook for Diagnosis and Treatment.* 2nd ed. 1998.
3. Biederman J, et al. *Am J Psychiatry.* 1993;150:1792-1798.
4. American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision. Washington, DC, American Psychiatric Association. 2000: 85-93.