*Please answer* ***ALL*** *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 return this completed checklist to your GP along with this form, to discuss during your next appointment regarding your referral.***

***.***

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



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Patient name:** **Completed by:** **Date:**  | **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?
 |  |  |  |  |  |
| 1. How often do you have difficulty getting things in order when you have to do a task that requires organisation?
 |  |  |  |  |  |
| 1. How often do you have problems remembering appointments or obligations?
 |  |  |  |  |  |
| 1. When you have a task that requires a lot of thought, how often do you avoid or delay getting started
 |  |  |  |  |  |
| 1. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?
 |  |  |  |  |  |
| 1. How often do you feel overly active and compelled to do things, like you were driven by a motor?
 |  |  |  |  |  |
| 1. How often do you make careless mistakes when you have to work on a boring or difficult project?
 |  |  |  |  |  |
| 1. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?
 |  |  |  |  |  |
| 1. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?
 |  |  |  |  |  |
| 1. How often do you misplace or have difficulty finding things at home or at work?
 |  |  |  |  |  |
| 1. How often are you distracted by activity or noise around you?
 |  |  |  |  |  |
| 1. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?
 |  |  |  |  |  |
| 1. How often do you feel restless or fidgety?
 |  |  |  |  |  |
| 1. How often do you have difficulty unwinding and relaxing when you have time to yourself?
 |  |  |  |  |  |
| 1. How often do you find yourself talking too much when you are in social situations?
 |  |  |  |  |  |
| 1. 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?
 |  |  |  |  |  |
| 1. How often do you have difficulty waiting your turn in situations when turn taking is required?
 |  |  |  |  |  |
| 1. How often do you interrupt others when they are busy?
 |  |  |  |  |  |