

Name:

Date of Birth:

Adult ADD/ADHD Self-Assessment Form

Please complete the checklist (ASRS-v1.1) and then answer the questions

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

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.

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 organisation?					
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?					

Please answer the questions below, rating yourself on each of the questions asked, 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.

Part B

	Never	Rarely	Sometimes	Often	Very often
7. How often do you make careless mistakes when you have to work on a boring or difficult project?					
8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?					
9. How often do you have difficulty concentrating on what people say, even when they are speaking to you directly?					
10. How often do you misplace or have difficulty finding things at home or at work?					
11. How often are you distracted by activity or noise around you?					
12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?					

Please answer the questions below, rating yourself on each of the questions asked, 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.	Never	Rarely	Sometimes	Often	Very often
Part B					
13. How often do you feel restless or fidgety?					
14. How often do you have difficulty unwinding and relaxing when you have time to yourself?					
15. How often do you find yourself talking too much when you are in social situations?					
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?					
17. How often do you have difficulty waiting your turn in situations when turn-taking is required?					
18. How often do you interrupt others when they are busy?					

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Please answer the following questions in your own words:

Please describe your symptoms and at what age they first started:

What impact have they had on you? Have you found difficulty in everyday activities? – for instance at work/school or with social relationships

Have other people commented on your behaviours? Particularly parents, partners, teachers or employers. If yes what do they say?

Do you consider yourself to have any mental health issues? If yes please describe.

Please email the completed form to newccg.abbeyroadpatientdocument@nhs.net and let reception know when you have sent it, either by phone or through the practice website.