**Patients Name**

**Patients DOB**

**NHS number**

**Address**

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

**Instructions**

Please complete both Part A and Part B of the Symptom Checklist by marking an X

in the box that most closely represents the frequency of occurrence of each of the symptoms.

Please consider work/school, social and family settings.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 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. Please give this completed checklist to your healthcare professional. | Never | Rarely | Sometimes | Often | Very often |  |
|  | **Part A** |  |  |  |  |  |  |
|  | 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? |  |  |  |  |  |  |
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|  | 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. Please give this completed checklist to your healthcare professional. | Never | Rarely | Sometimes | Often | Very often |  |
|  | **Part B** |  |  |  |  |  |  |
|  | 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 to you, 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? |  |  |  |  |  |  |
| **Email:** epunft.midessex.adultadhd@nhs.net |

**Weiss Functional Impairment Rating Scale Self-Report (WFIRS-S)**

*Used by permission from the authors by CADDRA for unlimited use by its members.*

*Patient Name: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date of Birth: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Sex: ☐ Male ☐ Female*

*Work: ☐ Full-time ☐ Part-time☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*School/Education:☐ Full-time☐ Part-time*

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| A Family |
|  | ***Never or not at all*** | **Sometimes****or****Somewhat** | **Often or Much** | **Very Often or****Very Much** | **Not Applicable** |
|  | **0** | **1** | **2** | **3** | **X** |
| 1. having problems with family |  |  |  |  |  |
| 2. having problems with spouse/partner |  |  |  |  |  |
| 3. relying on others to do things for you |  |  |  |  |  |
| 4. causing fighting in the family |  |  |  |  |  |
| 5. makes it hard for the family to havefun together |  |  |  |  |  |
| 6. problems taking care of the family |  |  |  |  |  |
| 7. problems balancing your needs against those of your family |  |  |  |  |  |
| 8. problems losing control with family |  |  |  |  |  |
|  |  |  |  |  |  |

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| *B. Work* |
|  | ***Never or not at all*** | **Sometimes****or****Somewhat** | **Often or Much** | **Very Often or****Very Much** | **Not Applicable** |
|  | **0** | **1** | **2** | **3** | **X** |
| 1. problems performing required duties  |  |  |  |  |  |
| 2. problems with getting your work done efficiently |  |  |  |  |  |
| 3. problems with your supervisor  |  |  |  |  |  |
| 4. problems keeping a job  |  |  |  |  |  |
| 5. getting fired from work  |  |  |  |  |  |
| 6. problems working in a team  |  |  |  |  |  |
| 7. problems with your attendance  |  |  |  |  |  |
| 8. problems with being late  |  |  |  |  |  |
| 9. problems taking on new tasks  |  |  |  |  |  |
| 10. problems working to your potential  |  |  |  |  |  |
| 11. poor performance evaluations |  |  |  |  |  |
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| *C. School* |
|  | ***Never or not at all*** | **Sometimes****or****Somewhat** | **Often or Much** | **Very Often or****Very Much** | **Not Applicable** |
|  | **0** | **1** | **2** | **3** | **X** |
| 1. problems taking notes  |  |  |  |  |  |
| 2. problems completing assignments  |  |  |  |  |  |
| 3. problems getting your work done efficiently |  |  |  |  |  |
| 4. problems with teachers  |  |  |  |  |  |
| 5. problems with school administrators  |  |  |  |  |  |
| 6. problems meeting minimum |  |  |  |  |  |
| requirements to stay in school  |  |  |  |  |  |
| 7. problems with attendance  |  |  |  |  |  |
| 8. problems with being late  |  |  |  |  |  |
| 9. problems taking on new tasks  |  |  |  |  |  |
| 10. problems working to your potential  |  |  |  |  |  |
| 11. problems with inconsistent grades  |  |  |  |  |  |

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| *D. Life skills* |
|  | ***Never or not at all*** | **Sometimes****or****Somewhat** | **Often or Much** | **Very Often or****Very Much** | **Not Applicable** |
|  | **0** | **1** | **2** | **3** | **X** |
| 1. excessive or inappropriate use ofinternet, video games or TV |  |  |  |  |  |
| 2. problems keeping an acceptableappearance |  |  |  |  |  |
| 3. problems getting ready to leave thehouse |  |  |  |  |  |
| 4. problems getting to bed |  |  |  |  |  |
| 5. problems with nutrition |  |  |  |  |  |
| 6. problems with sex |  |  |  |  |  |
| 7. problems with sleeping |  |  |  |  |  |
| 8. getting hurt or injured |  |  |  |  |  |
| 9. avoiding exercise |  |  |  |  |  |
| 10. problems keeping regularappointments with doctor/dentist |  |  |  |  |  |
| 11. problems keeping up withhousehold chores |  |  |  |  |  |
| 12. problems managing money |  |  |  |  |  |

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| *E. Self-Concept* |
|  | ***Never or not at all*** | **Sometimes****or****Somewhat** | **Often or Much** | **Very Often or****Very Much** | **Not Applicable** |
|  | **0** | **1** | **2** | **3** | **X** |
| 1. feeling bad about yourself  |  |  |  |  |  |
| 2. feeling frustrated with yourself  |  |  |  |  |  |
| 3. feeling discouraged  |  |  |  |  |  |
| 4. not feeling happy with your life  |  |  |  |  |  |
| 5. feeling incompetent |  |  |  |  |  |
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| *F. Social* |
|  | ***Never or not at all*** | **Sometimes****or****Somewhat** | **Often or Much** | **Very Often or****Very Much** | **Not Applicable** |
|  | **0** | **1** | **2** | **3** | **X** |
| 1. getting into arguments  |  |  |  |  |  |
| 2. trouble cooperating  |  |  |  |  |  |
| 3. trouble getting along with people  |  |  |  |  |  |
| 4. problems having fun with other people  |  |  |  |  |  |
| 5. problems participating in hobbies  |  |  |  |  |  |
| 6. problems making friends  |  |  |  |  |  |
| 7. problems keeping friends  |  |  |  |  |  |
| 8. saying inappropriate things  |  |  |  |  |  |
| 9. complaints from neighbours |  |  |  |  |  |

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| *G. Risk* |
|  | ***Never or not at all*** | **Sometimes****or****Somewhat** | **Often or Much** | **Very Often or****Very Much** | **Not Applicable** |
|  | **0** | **1** | **2** | **3** | **X** |
| 1. aggressive driving  |  |  |  |  |  |
| 2. doing other things while driving  |  |  |  |  |  |
| 3. road rage  |  |  |  |  |  |
| 4. breaking or damaging things  |  |  |  |  |  |
| 5. doing things that are illegal  |  |  |  |  |  |
| 6. being involved with the police  |  |  |  |  |  |
| 7. smoking cigarettes  |  |  |  |  |  |
| 8. smoking marijuana  |  |  |  |  |  |
| 9. drinking alcohol  |  |  |  |  |  |
| 10. taking “street” drugs  |  |  |  |  |  |
| 11. sex without protection |  |  |  |  |  |
| (birth control, condom)  |  |  |  |  |  |
| 12. sexually inappropriate behaviour  |  |  |  |  |  |
| 13 Being physical aggressive |  |  |  |  |  |
| 14 being verbally aggressive |  |  |  |  |  |

*Thank you for taking the time to complete this form.*

**Email: epunft.midessex.adultadhd@nhs.net**

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|  | 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. Please give this completed checklist to your healthcare . | 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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