Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***This Adult Self-Report Scale-V1.1 (ASRS-V1.1) Screener is intended for people aged 18 years or older.***

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| **Adult Self Report Scale** |

**Check the box that best describes how you have felt and conducted yourself over the past 6 months**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Never** | **Rarely** | **Sometimes** | **Often** | **Very Often** |
| 1. How often do you have trouble wrapping up the final detail of a project, once the challenging parts have been done? |  |  |  |  |  |
| 2. How often do you have difficulty getting things done in order when you have to do a task that requires organization? |  |  |  |  |  |
| 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? |  |  |  |  |  |