

# ADULT ADHD SELF-REPORT SCALE (ASRS-V1.1) SYMPTOM CHECKLIST

<b>For Office Use</b>	Patient ID: _____
	Return to: _____

Date: \_\_\_\_\_ Completed by:      Patient      Other

If other, please specify relationship to patient: \_\_\_\_\_

<b>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, check the box that best describes how you have felt and conducted yourself over the past 6 months.</b>	Never	Rarely	Sometimes	Often	Very often
<b>PART A</b>					
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 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?					
<b>PART B</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 in other situations in which you are expected to stay seated?					
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. During conversations, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish it 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?					

## ADULT ADHD SELF-REPORT SCALE (ASRS-V1.1) SYMPTOM CHECKLIST

	<b>Total Count</b>
<b>Screening Score</b>	
<b>IA Count</b>	
<b>HI Count</b>	

# WEISS SYMPTOM RECORD II

For Office Use Patient ID: \_\_\_\_\_

Return to: \_\_\_\_\_

Date: \_\_\_\_\_ Completed by: \_\_\_\_\_ Patient \_\_\_\_\_ Other \_\_\_\_\_

If other, please specify relationship to patient: \_\_\_\_\_

This is a problem checklist. Not all the items will be appropriate for you. Please indicate the level of difficulty associated with each item:

- None:** This is not a problem or concern. Any challenges are age-appropriate
- Mild:** Some difficulty (somewhat)
- Moderate:** This is a problem (pretty much)
- Severe:** This is a serious problem (very much)
- NA:** Not applicable. Check this column if the item is not a problem or not relevant to you.

<b>Difficulty with:</b>	<b>None (0)</b>	<b>Mild (1)</b>	<b>Moderate (2)</b>	<b>Severe (3)</b>	<b>N/A</b>
<b>ATTENTION: MeanScore _____</b>					
Attention to details or makes careless mistakes					
Holding attention or remaining focused					
Listening or mind seems elsewhere					
Instructions or finishing work					
Organizing (e.g. time, messy, deadlines)					
Avoids or dislikes activities requiring effort					
Loses or misplaces things					
Easily distracted					
Forgetful (e.g. chores, bills, appointments)					
<b>HYPERACTIVITY AND IMPULSIVITY: Mean Score _____</b>					
Fidgets or squirms					
Trouble staying seated					
Runs about or feels restless inside					
Loud or difficulty being quiet					
Often on the go					
Talks too much					
Blurts out comments					
Dislikes waiting (e.g. taking turns or in line)					
Interrupts or intrudes on others (e.g. butting in)					
<b>OPPOSITIONAL: MeanScore _____</b>					
Loses temper					
Easily annoyed					
Angry and resentful					
Argues					
Defiant					
Deliberately annoys other people					
Blames other people rather than themselves					
Spiteful					

## WEISS SYMPTOM RECORD II

<i>Difficulty with:</i>	<i>None (0)</i>	<i>Mild (1)</i>	<i>Moderate (2)</i>	<i>Severe (3)</i>	<i>N/A</i>
<b>DEVELOPMENT AND LEARNING: Mean Score _____</b>					
Wetting, (after age 5)					
Soiling (after age 4)					
Reading					
Spelling					
Math					
Writing					
<b>AUTISM SPECTRUM: Mean Score _____</b>					
Difficulty with talking back and forth					
Unusual eye contact or body language					
Speech is odd (monotone, unusual words)					
Restricted, fixed, intense interests					
Odd, repetitive movements (e.g. flapping)					
Does not easily "chit chat"					
<b>MOTOR DISORDERS: Mean Score _____</b>					
Repetitive noises (e.g. sniffing, throat clearing)					
Repetitive movements (blinking, shrugging)					
Clumsy					
<b>PSYCHOSIS: Mean Score _____</b>					
Hearing voices that are not there					
Seeing things that are not there					
Scrambled thinking					
Paranoia (feeling people are against you)					
<b>DEPRESSION: Mean Score _____</b>					
Sad or depressed most of the day					
Lack of interest or pleasure most of the day					
Weight loss, weight gain or change in appetite					
Difficulty sleeping or sleeping too much					
Agitated					
Slowed down					
Feels worthless					
Tired, no energy					
Hopeless, pessimistic					
Withdrawal from usual interests/people					
Decrease in concentration					

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<i>Difficulty with:</i>	<i>None (0)</i>	<i>Mild (1)</i>	<i>Moderate (2)</i>	<i>Severe (3)</i>	<i>N/A</i>
<b>MOOD REGULATION: Mean Score _____</b>					
Distinct period(s) of intense excitement					
Distinct period(s) of inflated self-esteem, grandiose					
Distinct period(s) of increased energy					
Distinct period(s) of decreased need for sleep					
Distinct Period(s) of racing thoughts or speech					
Irritable behaviour that is out of character					
Rage attacks, anger outbursts, hostility					
<b>SUICIDE: Mean Score _____</b>					
Suicidal thoughts					
Suicide attempt(s) or a plan					
<b>ANXIETY: Mean Score _____</b>					
Intense fears (e.g. heights, crowds, spiders)					
Fear of social situations or performing					
Panic attacks					
Fear of leaving e.g. the house, public transportation.					
Worrying and/or anxious most days					
Nervous, can't relax					
Obsessive thoughts (e.g. germs, perfectionism)					
Compulsive rituals (e.g. checking, hand washing)					
Hair pulling, nail biting or skin picking					
Preoccupation with physical complaints					
Chronic pain					
<b>STRESS RELATED DISORDERS: Mean Score _____</b>					
Physical abuse					
Sexual abuse					
Neglect					
Other severe trauma					
<b>PTSD: Mean Score _____</b>					
Flashbacks or nightmares					
Avoidance					
Intrusive thoughts of traumatic events					
<b>SLEEP: Mean Score _____</b>					
Trouble falling asleep or staying asleep					
Excessive daytime sleepiness					
Snoring or stops breathing during sleep					

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<i>Difficulty with:</i>	<i>None (0)</i>	<i>Mild (1)</i>	<i>Moderate (2)</i>	<i>Severe (3)</i>	<i>N/A</i>
<b>EATING: Mean Score _____</b>					
Distorted body image					
Underweight					
Binge eating					
Overweight					
Eating too little or refusing to eat					
<b>CONDUCT: Mean Score _____</b>					
Verbal aggression					
Physical aggression					
Used a weapon against people (stones, sticks etc.)					
Cruel to animals					
Physically cruel to people					
Stealing or shoplifting					
Deliberately sets fires					
Deliberately destroys property					
Frequent lying					
Lack of remorse or guilt					
Lack of empathy or concern for others					
<b>SUBSTANCE USE: Mean Score _____</b>					
Misuse of prescription drugs					
Alcohol > 14 drinks/week or 4 drinks at once					
Smoking or tobacco use					
Marijuana					
Other street drugs					
Excessive over the counter medications					
Excessive caffeine (colas, coffee, tea, pills)					
<b>ADDICTIONS: Mean Score _____</b>					
Gambling					
Excessive internet, gaming or screen time					
Other addiction _____					

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<i>Difficulty with:</i>	<i>None (0)</i>	<i>Mild (1)</i>	<i>Moderate (2)</i>	<i>Severe (3)</i>	<i>N/A</i>
<b>PERSONALITY: Mean Score _____</b>					
Self-destructive					
Stormy, conflicted relationships					
Self-injurious behaviour (e.g. cutting)					
Low self-esteem					
Manipulative					
Self-centered					
Arrogant					
Suspicious					
Deceitful with no remorse					
Breaking the law or antisocial behaviour					
Tends to be a loner					
<b>OTHER (Please indicate any other difficulties): Mean Score _____</b>					

## MEAN SCORE

(N/A items not included in calculation)

ATTENTION	
HYPERACTIVITY AND IMPULSIVITY	
OPPOSITIONAL	
DEVELOPMENT AND LEARNING	
AUTISM SPECTRUM	
MOTOR DISORDERS	
PSYCHOSIS	
DEPRESSION	
MOOD REGULATION	
SUICIDE	

ANXIETY	
STRESS RELATED DISORDERS	
PTSD	
SLEEP	
EATING	
CONDUCT	
SUBSTANCE USE	
ADDICTIONS	
PERSONALITY	
OTHER	

\*Calculated from \_\_\_\_\_ answered questions

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