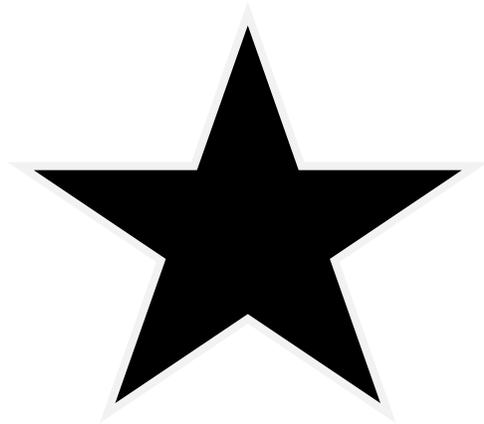


These are the  
forms that  
you are  
to complete  
YOURSELF

\*\*\*\*\* Please complete all forms in dark blue or black ink \*\*\*\*\*





## Adult ADHD Self-Report Scale (ASRS-V1.1) Symptom Scale

<b>Your Name</b>	<b>Today's Date</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, 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 to discuss during today's appointment. ***** please complete all forms in blue or black ink *****	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 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?					
Part A					
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?					
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?					
Part B					



## Wender ADHD Symptom Scale Self-Report

<b>AS A CHILD (AGES 5-12) I WAS (OR HAD):</b>	Not at all or very slightly	Mildly	Moderately	Quite a bit	Very Much
1. Active, restless, always on the go	0	1	2	3	4
2. Afraid of things	0	1	2	3	4
3. Concentration problems, easily distracted	0	1	2	3	4
4. Anxious, worrying	0	1	2	3	4
5. Nervous, fidgety	0	1	2	3	4
6. Inattentive, daydreaming	0	1	2	3	4
7. Hot or short tempered, low boiling point	0	1	2	3	4
8. Shy, sensitive	0	1	2	3	4
9. Temper outbursts, tantrums	0	1	2	3	4
10. Trouble following through, failing to finish things	0	1	2	3	4
11. Stubborn, strong willed	0	1	2	3	4
12. Sad or blue, depressed, unhappy	0	1	2	3	4
13. Uncautious, dare-devilish, involved in pranks	0	1	2	3	4
14. Not getting a kick out of things, dissatisfied with life	0	1	2	3	4
15. Disobedient with parents, rebellious, sassy	0	1	2	3	4
16. Low opinion of myself	0	1	2	3	4
17. Irritable	0	1	2	3	4
18. Outgoing, friendly, enjoy company of people	0	1	2	3	4
19. Sloppy, disorganized	0	1	2	3	4
20. Moody, have ups and downs	0	1	2	3	4
21. Feel angry	0	1	2	3	4
22. Have friends, popular	0	1	2	3	4
23. Well organized, tidy, neat	0	1	2	3	4
24. Acting without thinking, impulsive	0	1	2	3	4
25. Tend to be immature	0	1	2	3	4
26. Feel guilty, regretful	0	1	2	3	4
27. Lose control of myself	0	1	2	3	4
28. Tend to be or act irrational	0	1	2	3	4
29. Unpopular with other children, didn't keep friends for long, didn't get along with other children	0	1	2	3	4
30. Poorly coordinated, did not participate in sports	0	1	2	3	4
31. Afraid of losing control of self	0	1	2	3	4
32. Well-coordinated, picked first in games	0	1	2	3	4
33. (for women only) Tomboyish	0	1	2	3	4
34. Ran away from home	0	1	2	3	4



## Wender ADHD Symptom Scale Self-Report, cont.

<b>AS A CHILD I WAS (OR HAD):</b>	Not at all or very slightly	Mildly	Moderately	Quite a bit	Very Much
35. Get in fights	0	1	2	3	4
36. Teased other children	0	1	2	3	4
37. Leader, bossy	0	1	2	3	4
38. Difficulty getting awake	0	1	2	3	4
39. Follower, lead around too much	0	1	2	3	4
40. Trouble seeing things from someone else's point of view	0	1	2	3	4
41. Trouble with authorities, trouble with school, visits to principal's office	0	1	2	3	4
42. Trouble with the police, booked, convicted	0	1	2	3	4

<b>MEDICAL PROBLEMS AS A CHILD:</b>	Not at all or very slightly	Mildly	Moderately	Quite a bit	Very Much
43. Headaches	0	1	2	3	4
44. Stomachaches	0	1	2	3	4
45. Constipation	0	1	2	3	4
46. Diarrhea	0	1	2	3	4
47. Food allergies	0	1	2	3	4
48. Other allergies	0	1	2	3	4
49. Bedwetting	0	1	2	3	4

<b>AS A CHILD IN SCHOOL:</b>	Not at all or very slightly	Mildly	Moderately	Quite a bit	Very Much
50. Overall a good student, fast	0	1	2	3	4
51. Overall a poor student, slow learner	0	1	2	3	4
52. Slow reader	0	1	2	3	4
53. Slow in learning to read	0	1	2	3	4
54. Trouble reversing letters	0	1	2	3	4
55. Problems with spelling	0	1	2	3	4
56. Trouble with mathematics or numbers	0	1	2	3	4
57. Bad handwriting	0	1	2	3	4
58. Though I could read pretty well, I never really enjoyed reading	0	1	2	3	4
59. Did not achieve up to potential	0	1	2	3	4
60. Repeated grades (which grades?)	0	1	2	3	4
61. Suspended or expelled (which grades?)	0	1	2	3	4



## CURRENT ADHD Symptom Scale Self-Report

Your Name				
Please circle the number next to each item that best describes your behavior DURING THE PAST 6 MONTHS.	Never or Rarely	Sometimes	Often	Very Often
1. Failed to give close attention to details or make careless mistakes in my work	0	1	2	3
2. Fidgeted with hands or feet or squirm in seat	0	1	2	3
3. Difficulty sustaining my attention in tasks or fun activities	0	1	2	3
4. Left my seat in in other situations in which seating was expected (movies, dinner, etc.)	0	1	2	3
5. Didn't listen when spoken to directly	0	1	2	3
6. Felt restless	0	1	2	3
7. Didn't follow through on instructions and failed to finish work	0	1	2	3
8. Had difficulty engaging in leisure activities or doing fun things quietly	0	1	2	3
9. Had difficulty organizing tasks and activities	0	1	2	3
10. Felt "on the go" or "driven by a motor"	0	1	2	3
11. Avoided, disliked, or reluctant to engage in work requiring sustained mental effort	0	1	2	3
12. Talked excessively	0	1	2	3
13. Lost things necessary for tasks or activities	0	1	2	3
14. Blurted out answers before questions had been completed	0	1	2	3
15. Easily distracted	0	1	2	3
16. Had difficulty awaiting turn	0	1	2	3
17. Forgetful in daily activities	0	1	2	3
18. Interrupted or intruded on others	0	1	2	3