



ADHD/ADD RATING SCALE

PATIENT NAME: _____ DATE: _____

Please answer questions 1-18 using values below:

- 0 - Most of the time 2 - Occasionally
 1 - Often 3 - Rarely

QUESTIONS	PATIENT RESPONSE	RATING
	INATTENTION	
1. How often do you have trouble wrapping up the final details of a project once the challenging part have been done?		
2. How often do you have difficulty getting things done in order when you must 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 you avoid or delay getting started?		
5. How often do you fidget or squirm with your hands or feet when you must sit down for a long time?		
6. How often do you feel overly active or compelled to do things like you were driven by a motor?		
7. How often do you make careless mistakes when you have to work on boring or difficult projects?		
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 on what people say to you, even when they are speaking directly to you?		
	HYPERACTIVITY	
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 have to 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 talking too much when you are in social situations?		
	IMPULSIVITY	
16. When you are in conversation, how often do you find yourself finishing the sentences of the people you are talking to before they can finish themselves?		
17. How often do you have difficulty waiting in turn in situations when turn taking is required?		
18. How often do you interrupt others when they are busy?		
RATING CALCULATION		
ASRS RESULT		

PATIENT SIGNATURE: _____

DATE: _____