

INSTRUCTIONS

Please answer the questions below, rating yourself on each of the criteria shown. As you answer each question, select the button that best describes how you have felt and conducted yourself **over the past 6 months**.

1.	How often do you have trouble wrap- ping up the final details of a project, once the challenging parts have been done?	4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?	
	○ Never		O Never
	O Rarely		O Rarely
	O Sometimes		O Sometimes
	O Often		Often
	O Very Often		O Very Often
2.	How often do you have difficulty get- ting things in order when you have to do a task that requires organization?	5.	How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?
			O Never
	O Never		○ Rarely
	O Rarely		O Sometimes
	O Sometimes		O Often
	O Often		O Very Often
	O Very Often		
3.	How often do you have problems remembering appointments or obligations?	6.	How often do you feel overly active and compelled to do things, like you were driven by a motor?
			○ Never
	O Never		○ Rarely
	O Rarely		O Sometimes
	Sometimes		Often
	O Often		O Very Often
	O Very Often		



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7.	How often do you make careless mistakes when you have to work on a boring or difficult project?	10. How often do you misplace or have difficulty finding things at home or at work?
	O Never	O Never
	○ Rarely	O Rarely
	○ Sometimes	Sometimes
	Often	Often
	O Very Often	O Very Often
8.	How often do you have difficulty keeping your attention when you are doing boring or repetitive work?	11. How often are you distracted by activity or noise around you?
		○ Never
	O Never	O Rarely
	○ Rarely	O Sometimes
	Sometimes	O Often
	Often	O Very Often
	O Very Often	
9.	How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?	12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?O Never
	O Never	O Rarely
	○ Rarely	O Sometimes
	O Sometimes	O Often
	Often	O Very Often
	O Very Often	



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 How often do you feel restless or fidgety? Never Rarely 	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?
 Sometimes Often Very Often 4. How often do you have difficulty unwinding and relaxing when you have time to yourself?	NeverRarelySometimesOftenVery Often
 Never Rarely Sometimes Often Very Often 15. How often do you find yourself talking too much when you are in social situations?	 17. How often do you have difficulty waiting your turn in situations when turn taking is required? ○ Never ○ Rarely ○ Sometimes ○ Often ○ Very Often
NeverRarelySometimesOftenVery Often	18. How often do you interrupt others when they are busy? O Never O Rarely O Sometimes Often O Very Often



HOW TO SCORE YOUR ANSWERS

Score Part A. For questions 1–3, total the number of responses that are "sometimes" or more. For questions 4–6, total the number of responses that are "often" or more. If the total is 4 or more within Part A, then you have symptoms highly consistent with ADHD in adults, and further investigation is warranted.

The frequency scores on **Part B** provide additional cues and can serve as further probes into your symptoms. For questions 9, 12, 16, and 18, note how many responses were "sometimes" or more. For questions 7, 8, 10, 11, 13, 14, 15, and 17, note how many responses were "often" or more. No total score or diagnostic likelihood is used for these 12 questions, but they can give insight into the severity of your symptoms.

SOURCE

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

Kessler et al. (2005). The World Health Organization Adult ADHD Self-Report Scale (ASRS): a short screening scale for use in the general population. Psychological medicine, 35(2), 245–256. https://doi.org/10.1017/s0033291704002892

The ASRS v1.1 has been validated for adults as well as adolescents ages 13 and up.

Disclaimer: Online screening tools are not diagnostic instruments. Please share your results with a physician or healthcare provider. Tava Health is not responsible for any liability, loss, or risk incurred as a consequence, directly or indirectly, from the use and application of this screening tool.