

ADULT ADHD SELF-REPORT SCALE

Check the box that best describes how you have felt or acted in the past 6 months.

	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?					

Score Part A. If four or more marks appear in the darkly shaded boxes within Part A then your symptoms are highly consistent with ADHD in adults and further investigation is warranted.

Contact us if you would like to talk, we can provide additional scoring for Part B.