

ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist

| Patient Name | | Today's Date | | | | | |
|--|--|--------------|-------|--------|-----------|-------|------------|
| <p>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.</p> | | | 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 | | | | | | | |

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?

(use "✓" to indicate your answer)

| | Not at all | Several days | More than half the days | Nearly every day |
|---|------------|--------------|-------------------------|------------------|
| 1. Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| 2. Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |
| 3. Trouble falling or staying asleep, or sleeping too much | 0 | 1 | 2 | 3 |
| 4. Feeling tired or having little energy | 0 | 1 | 2 | 3 |
| 5. Poor appetite or overeating | 0 | 1 | 2 | 3 |
| 6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down | 0 | 1 | 2 | 3 |
| 7. Trouble concentrating on things, such as reading the newspaper or watching television | 0 | 1 | 2 | 3 |
| 8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual | 0 | 1 | 2 | 3 |
| 9. Thoughts that you would be better off dead, or of hurting yourself | 0 | 1 | 2 | 3 |

add columns + +

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card). TOTAL:

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____
 Somewhat difficult _____
 Very difficult _____
 Extremely difficult _____

Generalized Anxiety Disorder 7-item (GAD-7) scale

| Over the last 2 weeks, how often have you been bothered by the following problems? | Not at all sure | Several days | Over half the days | Nearly every day |
|--|-----------------|--------------|--------------------|------------------|
| 1. Feeling nervous, anxious, or on edge | 0 | 1 | 2 | 3 |
| 2. Not being able to stop or control worrying | 0 | 1 | 2 | 3 |
| 3. Worrying too much about different things | 0 | 1 | 2 | 3 |
| 4. Trouble relaxing | 0 | 1 | 2 | 3 |
| 5. Being so restless that it's hard to sit still | 0 | 1 | 2 | 3 |
| 6. Becoming easily annoyed or irritable | 0 | 1 | 2 | 3 |
| 7. Feeling afraid as if something awful might happen | 0 | 1 | 2 | 3 |
| <i>Add the score for each column</i> | + | + | + | |
| Total Score (<i>add your column scores</i>) = | | | | |

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____

Somewhat difficult _____

Very difficult _____

Extremely difficult _____

VANDERBILT ADHD DIAGNOSTIC PARENT RATING SCALE

Child's Name: _____ Today's Date: _____

Date of Birth: _____ Age: _____

Grade: _____

Each rating should be considered in the context of what is appropriate for the age of your child.

Frequency Code: 0 = Never 1 = Occasionally 2 = Often 3 = Very Often

1. Does not pay attention to details or makes careless mistakes, for example homework 0 1 2 3
2. Has difficulty sustaining attention to tasks or activities 0 1 2 3
3. Does not seem to listen when spoken to directly 0 1 2 3
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand) 0 1 2 3
5. Has difficulty organizing tasks and activities 0 1 2 3
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort 0 1 2 3
7. Loses things necessary for tasks or activities (school assignments, pencils or books) 0 1 2 3
8. Is easily distracted by extraneous stimuli 0 1 2 3
9. Is forgetful in daily activities 0 1 2 3
10. Fidgets with hands or feet or squirms in seat 0 1 2 3
11. Leaves seat when remaining seated is expected 0 1 2 3
12. Runs about or climbs excessively in situations when remaining seated is expected 0 1 2 3
13. Has difficulty playing or engaging in leisure/play activities quietly 0 1 2 3
14. Is "on the go" or often acts as if "drive by a motor" 0 1 2 3
15. Talks too much 0 1 2 3
16. Blurts out answers before questions have been completed 0 1 2 3
17. Has difficulty waiting his/her turn 0 1 2 3
18. Interrupts or intrudes on others (e.g., butts into conversations or games) 0 1 2 3
19. Argues with adults 0 1 2 3
20. Loses temper 0 1 2 3
21. Actively defies or refuses to comply with adults' requests or rules 0 1 2 3
22. Deliberately annoys people 0 1 2 3
23. Blames others for his or her mistakes or misbehaviors 0 1 2 3
24. Is touchy or easily annoyed by others 0 1 2 3

