

Appendix 5: Tools

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

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 appointments.

Part A		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 required 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 B		Never	Rarely	Sometimes	Often	Very often
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 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 work?					
11	How often are you distracted by activity or noise around you?					
12	How often do you leave your seat in meetings or in other situations in which you are expected to stay 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 are in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish it themselves?					
17	How often do you have difficulty waiting your turn in situations where turn taking is required?					
18	How often do you interrupt others when they are busy?					

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Childhood Behaviour Scale – self-report

Please circle the number next to each item that best describes your behaviour when you were a child. **PLEASE RATE YOUR BEHAVIOUR BETWEEN 7 and 12 YEARS OF AGE**

Items	Never or rarely	Sometimes	Often	Very often
1 Failed to give close attention to details or made careless mistakes in my work	0	1	2	3
2 Fidgeted with hands or feet or squirmed in seat	0	1	2	3
3 Had difficulty sustaining my attention in tasks or fun activities	0	1	2	3
4 Left my seat in classroom or other situations in which sitting was expected	0	1	2	3
5 Didn't listen when spoken to directly	0	1	2	3
6 Restless in the 'squirmy' sense	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 organising tasks and activities	0	1	2	3
10 Felt 'on the go' or acted as if 'driven by a motor'	0	1	2	3
11 Avoided, disliked or was reluctant to engage in work that required 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

To what extent did the problems you may have circled on the previous page interfere with your ability to function in each of these areas of life activities **when you were a child between 7 and 12 years of age?**

Areas:	Never or rarely	Sometimes	Often	Very often
In your home life with your immediate family	0	1	2	3
In your social interactions with other children	0	1	2	3
In your activities or dealings in the community	0	1	2	3
In school	0	1	2	3
In sports, clubs or other organisations	0	1	2	3
In learning to take care of yourself	0	1	2	3
In your play, leisure or recreational activities	0	1	2	3
In your handling of your daily chores or other responsibilities	0	1	2	3

The scale ranges from 0 = never exhibiting the behaviour to 3 = occurs up to several times an hour/day. The higher the score the more likely that there are symptoms of ADHD and therefore likely to benefit from a proper diagnostic assessment. These scales are not diagnostic but merely to help with screening assessments.

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Current Behaviour Scale – self-report

Instructions

Please circle the number next to each item that best describes your behaviour
DURING THE PAST 6 MONTHS

Items	Never or rarely	Sometimes	Often	Very Often
1 Fail to give close attention to details or make careless mistakes in my work	0	1	2	3
2 Fidget with hands or feet or squirm in seat	0	1	2	3
3 Have difficulty sustaining my attention in tasks or fun activities	0	1	2	3
4 Leave my seat in situations in which sitting is expected	0	1	2	3
5 Don't listen when spoken to directly	0	1	2	3
6 Feel restless	0	1	2	3
7 Don't follow through on instructions and fail to finish work	0	1	2	3
8 Have difficulty engaging in leisure activities or doing fun things quietly	0	1	2	3
9 Have difficulty organising tasks and activities	0	1	2	3
10 Feel 'on the go' or 'driven by a motor'	0	1	2	3
11 Avoid, dislike or am reluctant to engage in work that requires sustained mental effort	0	1	2	3
12 Talk excessively	0	1	2	3
13 Lose things necessary for tasks or activities	0	1	2	3
14 Blur out answers before questions have been completed	0	1	2	3
15 Easily distracted	0	1	2	3
16 Have difficulty awaiting turn	0	1	2	3
17 Forgetful in daily activities	0	1	2	3
18 Interrupt or intrude on others	0	1	2	3

If you indicated that you experienced any of the problems with attention, concentration, impulsiveness or hyperactivity on the first page, please fill in the blank below indicating as precisely as you can recall at what age these problems began to occur for you:

I was approximately _____ years old.

To what extent do the problems you may have circled on the previous page interfere with your ability to function in each of these areas of life activities?

Areas	Never or rarely	Sometimes	Often	Very often
In your home life with your immediate family	0	1	2	3
In your work or occupation	0	1	2	3
In your social interactions with others	0	1	2	3
In your activities or dealings in the community	0	1	2	3
In any educational activities	0	1	2	3
In your dating or marital relationship	0	1	2	3
In your management of money	0	1	2	3
In your driving of a motor vehicle	0	1	2	3
In your leisure or recreational activities	0	1	2	3
In your management of your daily responsibilities	0	1	2	3

The scale refers to 0 = never exhibiting the behaviour to 3 = occurs up to several times an hour/day. The higher the score the more likely that there are symptoms of ADHD and therefore likely to benefit from a proper diagnostic assessment. These scales are not diagnostic but merely to help with screening assessments.

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