

Name: _____

Adult ADHD Self-Report Scale (ASRS) Symptom Checklist

Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. A; 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.					
	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?	0	1	2	3	4
2. How often do you have difficulty getting things in order when you have to do a task that requires organization?	0	1	2	3	4
3. How often do you have problems remembering appointments or obligations?	0	1	2	3	4
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?	0	1	2	3	4
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?	0	1	2	3	4
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?	0	1	2	3	4

PART A

7. How often do you make careless mistakes when you have to work on a boring or difficult project?	0	1	2	3	4
8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?	0	1	2	3	4
9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?	0	1	2	3	4
10. How often do you misplace or have difficulty finding things at home or at work?	0	1	2	3	4
11. How often are you distracted by activity or noise around you?	0	1	2	3	4
12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?	0	1	2	3	4
13. How often do you feel restless or fidgety?	0	1	2	3	4
14. How often do you have difficulty unwinding and relaxing when you have time to yourself?	0	1	2	3	4
15. How often do you find yourself talking too much when you are in social situations?	0	1	2	3	4
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?	0	1	2	3	4
17. How often do you have difficulty waiting your turn in situations when turn taking is required?	0	1	2	3	4
18. How often do you interrupt others when they are busy?	0	1	2	3	4

PART B

How old were you when these problems first began to occur? _____

Please edit and fill out the following evaluation:

- I. What is the main reason for you needing to see me? How long have you been experiencing this problem?

- II. **What stressors are in your life?** For example: How are your relationships with a significant other, kids, family, friends, job, and finances
List below:

- III. **Do you drink alcohol, drink caffeine, use illicit drugs, use tobacco, or use cannabis? If so, how much and for how long?** For example, drink 2 cups of coffee and three 20 ounce cokes daily for 10 years. Or I smoked 2 blunts a day for 6 months.
List below:

If you have used substances, have you ever been in rehab? If so, when? Also, are you in a support group? For example, I was in rehab for alcohol in 2011 and i have a sponsor and have been in AA for 5 years.

List below:

VI. Surgical history: for example, Gallbladder removed in 92 or when i was in my 30s
List below:

VII. Medical History:
List below:

Also, please answer yes or no

1. **Ever experienced any head trauma such as being “knocked out”, being involved in a motor vehicle wreck, fallen and hit your head, or played contact sports such as basketball, soccer, lacrosse, rugby, boxing, football, etc. If yes, list below what it was and when.**

0. Ever been bitten by a tick? If so, ever been diagnosed with Lyme disease or Rocky Mountain Spotted Fever? Answer below:

VIII. List med allergies and reaction: for example, buspar caused hives
List below:

- e. Did she work or was she a stay-at-home mom? If she worked, where and doing what?

- f. Where there any complications during her pregnancy?

- g. Were you born via C-Section or vaginally?

- h. Did she go full term? If not, what trimester were you born?

- i. What kind of baby were you? Easy going, cried a lot, would go to anyone, was afraid of everyone except mom or dad, etc.

XI: Developmental history:

1. Who raised you? If not your mother and father, why?

2. Were you breastfed?

3. Did you meet your milestones on time? Cooing, moving head, moving eyes, crawling, walking, talking, etc. If not, which ones did you not meet and was there a reason?

From 0-5, what was your home life like.

- a. How many siblings did you have and what was your number? For example, I was 1 (oldest) of 3.

- b. What was the home environment like with your parents or caregivers? Was there a lot of love and affection or distance, arguments, fighting, etc.

- c. Did you move a lot?

- d. Were you raised by your caregiver, someone else while they worker, or were you in a daycare?

- e. Were you sick a lot as a child?

- f. Were you reading and writing before you started school?

- g. Did you experience any traumas during this period? Physical, mental, or sexual. Yes or no to each below but do not go into detail. The point of this is to get an overall picture not to induce a panic attack or PTSD.

5. From K- middle school, how was your life

a.How did you do in school academically?

b.Did you have friends? If so, how would they have described you?

c.Did you play sports?

d. Did you move? If so, when and why?

e. How was your relationship with your siblings, parents, and grandparents?

f. What was your home environment like during this period?

g. Were you healthy? Physically and mentally?

h. Did you experience any traumas during this period? Physical, mental, or sexual. Yes or no to each below but do not go into detail. The point of this is to get an overall picture not to induce a panic attack or PTSD.

6. High school: how was your life

. How did you do in school academically

- i. Did you graduate high school? If not, why? If you didn't graduate, what did you do?

7. Young adulthood: (20 -25)

. If you went to college, where, what major, and did you graduate? If you did not graduate, why and what did you do?

a. Did you have friends? If so, how would they have described you?

c. Did you move? If so, when and why?

d. How was your relationship with your siblings, parents, and grandparents?

e. What was your home environment like during this period?

f. Were you healthy? Physically and mentally?

- g. Did you experience any traumas during this period? Physical, mental, or sexual. Yes or no to each below but do not go into detail. The point of this is to get an overall picture not to induce a panic attack or PTSD.

XII. Relationships

. **Intimate:** Describe each person you have been involved with as it relates to their personality? Was there any abuse (physical, mental, or sexual)? Again, do not go into details of the abuse as mentioned before. Also, how did it end. Are you at peace with it? Are you currently in a relationship and if so, describe it. For example, my first girlfriend was in college and she was my childhood sweetheart. Looking back, she was very demanding and needy. It ended because she cheated on my multiple times and eventually I got tired of the cycle. There was no abuse. I have since spoken to her and am at complete peace. There was no desire to rekindle any past but just an appreciation for the lessons I learned from that experience. I harbor no ill towards her.

***If you are in a current relationship, how long have you been in that relationship?

a. **Father or father-figure in your life:** As much as possible describe him as it relates to his role as a caregiver and provider. I also want to know how he was perceived by your mother, your other siblings, and the outside world such as those in the community, his family, his friends, and his co-workers. How is your relationship with him now. If none existed, just note none existed.

c. Mother or mother-figure in your life: As much as possible describe her as it relates to her role as a caregiver and provider. I also want to know how she was perceived by your father, your other siblings, and the outside world such as those in the community, her family, her friends, and her co-workers..

d. **Grandparents:** As much as possible describe each (grandmothers and grandfathers) as it relates to their individual role as a caregiver. I also want to know how each was perceived by your parents/direct caregivers, your other siblings, and the outside world such as those in the community and their friends. How is your relationship with each now if they are still alive. If none existed, just note none existed.

e. **Siblings:** How was your relationship with them when you were young? Now as adults?

f. **Kids:** How many kids do you have? What are their ages? Do they share the same father? Is that father the person you are currently in relationship with at this time? If not, what kind of relationship do you have with each father? If they are over 18, did they graduate high school? If not, why? If they are over 18, did they go to college, get a trade, start working, or go to the military? How is your relationship with them now? Do you have grandkids? Do you see them and if so, what's your relationship with them?

XIII. Employment history: List the type of jobs you have worked, for how long, and why you left? Are you working now, if not why?

For example:

1. I worked at Hardee's from 11th grade until my junior year in college. I worked myself up to management but had to quit because the general manager made me decide between going to hamburger school and remaining in management or college and i chose college.

2. Worked at a gas station from my junior year in college until I graduated college. Needed the income and quit after I graduated.
3. Medical school and while in medical school I delivered new papers for 2 years to get income until I graduated

List below:

XIV. Are you a religious/spiritual person? If so, what does that mean to you? Spiritual

XV. Physical activity

Several studies show that a minimum of 20 minutes of exercise 5 days a week has been beneficial in the improvement of symptoms of depression, mania, anxiety, ADD, and dementia. What physical activities do you do on a daily basis? If so, how long?

XVI. Meditation

Several studies show the benefits of meditation in the treatment of depression, mania, anxiety, ADD, dementia, chronic pain, hypertension, and several other chronic inflammatory conditions.

1. What is meditation to you?

0. Do you meditate? If so, for how long, how often, and what type?

XVII. Sleep

Several studies show that sleep can greatly impact the following conditions: depression, mania, anxiety, ADD, psychosis, dementia, pain, chronic inflammatory conditions, heart disease, diabetes, hypertension, etc.

1. How much sleep do you get each night?

0. What time do you go to bed each night and wake up each night?

a)Monday-

b)Tuesday-

c)Wednesday-

d)Thursday-

e)Friday-

f)Saturday-

g)Sunday-

XVIII. The foods and drinks we take in greatly impact our health. There are countless studies that note their impact. I have observed this in my own life so I consider this vital in overall mental and physical health. As such, for the next 3 days, keep a log of everything you eat and drink. List them below: I'll include an example from my life

1/22/20

.Morning (food/drinks)

- 1. Drank 4 ounces of Kombucha**
- 2. Scrambled eggs with spinach, green peppers, red peppers, and garlic in coconut oil**
- 3. Drank a Newk's cup of water**

II. Morning snack of a few almonds and dried cranberries along with a cup of Jasmine Green Tea and a water mixed with Emergen C

III. Lunch

- 1. Newk's favorite salad with no croutons and an unsweetened tea**

IV. Dinner (between 5-6pm)

- 1. Salmon with a mango salsa along with asparagus and a glass of water and later 4 ounces of kombucha**

List your daily intake of food and drinks below for the next 5 days.