Adult Self-Report Scale Symptom Checklist

Patient lame _____ **Today's Date** _____

Please ansv the questions below, rating yourself on each of the criteria shown using the scale on the righ ide of the page. As you answer each question, circle the correct number that best describes h you have felt and conducted yourself over the past 6 months. Please give this completed ecklist to your healthcare professional to discuss during today's appointment.

	Never	Rarely	Sometimes	Often	Very Often	Score
1. How o en do you make careless mistakes when you have to work on a boring or difficult roject?	0	1	2	3	4	
2. How o en do you have difficulty keeping your attention when you are doing boring or rep tive work?	0	1	2	3	4	
3. How c en do you have difficulty concentrating on what people say to you, even v en they are speaking to you directly?	0	1	2	3	4	
4. How c en do you have trouble wrapping up the final details of a project, once t challenging parts have been done?	0	1	2	3	4	
5. How en do you have difficulty getting things in order when you have to do a task at requires organization?	0	1	2	3	4	
6. Wher ou have a task that requires a lot of thought, how often do you avoid or del getting started?	0	1	2	3	4	
7. How ten do you misplace or have difficulty finding things at home or at work?	0	1	2	3	4	
8. How ten are you distracted by activity or noise around you?	0	1	2	3	4	
9. How ten do you have problems remembering appointments or obligations?	0	1	2	3	4	
				Part A – Total		
10. How ften do you fidget or squirm with your hands or feet when you have to sit own for a long time?	0	1	2	3	4	
11. How ften do you leave your seat in meetings or other situations in which you e expected to remain seated?	0	1	2	3	4	
12. How ften do you feel restless or fidgety?	0	1	2	3	4	
13. How ften do you have difficulty unwinding and relaxing when you have time to y rself?	0	1	2	3	4	
14. Hov ften do you feel overly active and compelled to do things, like you wer driven by a motor?	0	1	2	3	4	
15. Hov ften do you find yourself talking too much when you are in social situations?	0	1	2	3	4	
16. Wh you're in a conversation, how often do you find yourself finishing the ntences of the people you are talking to, before they can finish ther themselves?	0	1	2	3	4	
17. Ho often do you have difficulty waiting your turn in situations when turn aking is required?	0	1	2	3	4	
18. Ho often do you interrupt others when they are busy?	0	1	2	3	4	
				Part B – Total		

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