Augmentive

Right to Choose - ADHD Adult Self-Report Scale

Queries:
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Adult Self-Report Scale (ASRS)

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, select the correct number that best describes how you have felt and conducted yourself over the past 6 months.

Field	Patient Details
Full Name	
Date of Completion	

Part 1	0 Never	1 Rarely	2 Sometimes	3 Often	4 Very Often
How often do you have **trouble wrapping up the final details** of a project, once the challenging parts have been done?	○	○	○	○	○
How often do you have **difficulty getting things in order** when you have to do a task that requires organization?	○	○	○	○	○
How often do you have **problems remembering appointments or obligations**?	○	○	○	○	○
When you have a task that requires a lot of thought, how often do you **avoid or delay getting started**?	○	○	○	○	○
How often do you **fidget or squirm with your hands or feet** when you have to sit down for a long time?	○	○	○	○	○
How often do you feel **overly active and compelled to do things**, like you were driven by a motor?	○	○	○	○	○
			For admin use only	**Part 1 score:** _____	

Part 2	0 Never	1 Rarely	2 Sometimes	3 Often	4 Very Often
How often do you make **careless mistakes** when you have to work on a boring or difficult project?	○	○	○	○	○
How often do you have **difficulty keeping your attention** when you are doing boring or repetitive work?	○	○	○	○	○
How often do you have **difficulty concentrating on what people say to you**, even when they are speaking to you directly?	○	○	○	○	○
How often do you **misplace or have difficulty finding things** at home or at work?	○	○	○	○	○
How often are you **distracted by activity or noise** around you?	○	○	○	○	○
How often do you **leave your seat in meetings** or other situations in which you are expected to remain seated?	○	○	○	○	○
How often do you feel **restless or fidgety**?	○	○	○	○	○
How often do you have **difficulty unwinding and relaxing** when you have time to yourself?	○	○	○	○	○
How often do you find yourself **talking too much** when you are in social situations?	○	○	○	○	○
When you're in a conversation, how often do you find yourself **finishing the sentences of the people** before they can finish them themselves?	○	○	○	○	○
How often do you have **difficulty waiting your turn** in situations when turn-taking is required?	○	○	○	○	○
How often do you **interrupt others** when they are busy?	○	○	○	○	○
			For admin use only	**Part 2 score:** _____	

Thanks for completing the questionnaire — you're one step closer to getting the support you need.

To move forward, please **print the completed form** and bring it with you to your GP appointment. Alternatively, you can save it and send it to your GP practice via email ahead of your appointment. This document supports your case for a Right-to-Choose referral to Augmentive.