

Village Internal Medicine Group

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Adult ADHD Self – Report Scale

Name: _____ Date: _____

Instructions: Circle the number that best describes your behavior over the past 6 months in each category.

NEVER	SOME TIMES	OFTEN	VERY OFTEN
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1. Fails to give close attention to details or make careless mistakes at work / school.	0	1	2	3
2. Has difficulty sustaining attention in tasks or Activities that requires focus	0	1	2	3
3. Does not seem to listen when spoke to directly	0	1	2	3
4. Does not follow through on instructions and fails to finish work.	0	1	2	3
5. Have difficulty organizing tasks and activities.	0	1	2	3
6. Avoids tasks that require extra mental effort.	0	1	2	3
7. Loses things necessary for tasks or activities.	0	1	2	3
8. Easily distracted	0	1	2	3
9. Forgetful in daily activities.	0	1	2	3
10. Fidgets with hands or feet or frequently shifts positions in seat.	0	1	2	3
11. Leaves seat at work / school or in church / synagogue Or other situations in which remaining seated is expected.	0	1	2	3
12. Moves excessively in situations in which it is inappropriate.	0	1	2	3
13. Has difficulty engaging in leisure activities quietly.	0	1	2	3
14. "On the go" or acts as if "driven by a motor"	0	1	2	3
15. Talks excessively.	0	1	2	3
16. Blurts out answers before questions have been completed.	0	1	2	3
17. Has difficulty waiting turn, standing in lines.	0	1	2	3
18. Interrupts or intrudes on others	0	1	2	3

Total _____

Total Score: _____