

**ASRS 18 item score**

<b>Name</b>		<b>Date of Birth</b>	
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**Instructions :**

The following questions are about how you have left and the thing you have done over the past 6 months. It is a screen tool for traits of attention deficit hyperactivity disorder (ADHD)

<b>A</b>	<b>Inattention</b>	<b>Tick ONE answer only</b>	
	1. How often do you have trouble wrapping up the final details of a project once the challenging parts have been done?	Very Often	<input type="checkbox"/>
		Often	<input type="checkbox"/>
		Sometimes	<input type="checkbox"/>
		Rarely	<input type="checkbox"/>
		Never	<input type="checkbox"/>
	2. How often do you have difficulty getting things in order when you have to do a task that requires organisation?	Very Often	<input type="checkbox"/>
		Often	<input type="checkbox"/>
		Sometimes	<input type="checkbox"/>
		Rarely	<input type="checkbox"/>
		Never	<input type="checkbox"/>
	3. How often do you have problems remembering appointments or obligations?	Very Often	<input type="checkbox"/>
		Often	<input type="checkbox"/>
		Sometimes	<input type="checkbox"/>
		Rarely	<input type="checkbox"/>
		Never	<input type="checkbox"/>
	4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?	Very Often	<input type="checkbox"/>
		Often	<input type="checkbox"/>
		Sometimes	<input type="checkbox"/>
		Rarely	<input type="checkbox"/>
		Never	<input type="checkbox"/>
	5. How often do you make careless mistakes when you have to work on a boring or difficult project?	Very Often	<input type="checkbox"/>
		Often	<input type="checkbox"/>
		Sometimes	<input type="checkbox"/>
		Rarely	<input type="checkbox"/>
		Never	<input type="checkbox"/>
	6. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?	Very Often	<input type="checkbox"/>
		Often	<input type="checkbox"/>
		Sometimes	<input type="checkbox"/>
		Rarely	<input type="checkbox"/>
		Never	<input type="checkbox"/>
	7. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?	Very Often	<input type="checkbox"/>
		Often	<input type="checkbox"/>
		Sometimes	<input type="checkbox"/>
		Rarely	<input type="checkbox"/>
		Never	<input type="checkbox"/>

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8. How often do you misplace or have difficulty finding things at home or at work?	Very Often Often Sometimes Rarely Never	
9. How often are you distracted by activity or noise around you?	Very Often Often Sometimes Rarely Never	
<b>B</b> <b>Hyperactivity-impulsivity</b>		
10. How often do you fidget or squirm with your hands or your feet when you have to sit down for a long time?	Very Often Often Sometimes Rarely Never	
11. How often do you feel overly active and compelled to do things, like you were driven by a motor?	Very Often Often Sometimes Rarely Never	
12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?	Very Often Often Sometimes Rarely Never	
13. How often do you feel restless or fidgety?	Very Often Often Sometimes Rarely Never	
14. How often do you have difficulty unwinding and relaxing when you have time to yourself?	Very Often Often Sometimes Rarely Never	
15. How often do you find yourself talking too much when you are in social situations?	Very Often Often Sometimes Rarely Never	
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?	Very Often Often Sometimes Rarely	

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	Never	
17. How often do you have difficulty waiting your turn in situations when turn taking is required?	Very Often	
	Often	
	Sometimes	
	Rarely	
	Never	
18. How often do you interrupt others when they are busy?	Very Often	
	Often	
	Sometimes	
	Rarely	
	Never	