

BOONSLICK PEDIATRICS, L.L.C.
 ROBERT J. LOBONC, M.D.
 4704 Mexico Road, Saint Peters, MO 63376
 636-441-4144

Name: _____

Date: _____

Date of birth: _____

Adult ADHD Self-Report Scale (ASRS-V1.1) 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. As you answer each question, place an "X" in the box that best describes how you have felt and conducted yourself over the past 6 (six) months. Please give this completed checklist to your healthcare professional to discuss during today's appointment. PLEASE COMPLETE ONLY USING INK.

	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?					
2. How often do you have difficulty getting things in order when you have a task that requires organization?					
3. How often do you have problems remembering appointments or obligations?					
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?					
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?					
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?					
7. How often do you make careless mistakes when you have to work on a boring or difficult project?					
8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?					
9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?					
10. How often do you misplace or have difficulty finding things at home or at work?					
11. How often are you distracted by activity or noise around you?					
12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?					
13. How often do you feel restless or fidgety?					
14. How often do you have difficulty unwinding and relaxing when you have time to yourself?					
15. How often do you find yourself talking too much when you are in social situations?					
16. When you are in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish themselves?					
17. How often do you have difficulty waiting your turn in situations when talking is required?					
18. How often do you interrupt others when they are busy?					

NAME: _____ COMPLETED BY(PARENT): _____
 DATE OF BIRTH: _____ SCHOOL: _____ GRADE: _____
 DATE COMPLETED: _____

Each rating should be considered in the context of what is appropriate for the age of the child you are rating and reflect his/her behavior. Please indicate the number of weeks or months you have been able to observe the behaviors _____.

Frequency Code: 0 = Never 1 = Occasionally 2 = Often 3 = Very Often

- | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|
| 1. Fails to give attention to details or makes careless mistakes in schoolwork | 0 | 1 | 2 | 3 |
| 2. Has difficulty sustaining attention in tasks or activities | 0 | 1 | 2 | 3 |
| 3. Does not listen when spoken to directly | 0 | 1 | 2 | 3 |
| 4. Does not follow through on instruction and fails to finish schoolwork (not due to oppositional behavior or failure to understand) | 0 | 1 | 2 | 3 |
| 5. Has difficulty organizing tasks or activities | 0 | 1 | 2 | 3 |
| 6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort | 0 | 1 | 2 | 3 |
| 7. Loses things necessary for tasks or activities (school assignments pencils, or books) | 0 | 1 | 2 | 3 |
| 8. Is easily distracted by extraneous stimuli | 0 | 1 | 2 | 3 |
| 9. Is forgetful in daily activities | 0 | 1 | 2 | 3 |
| 10. Fidgets with hands or feet or squirms in seat | 0 | 1 | 2 | 3 |
| 11. Leaves seat in classroom or in other situations in which remaining seated is expected | 0 | 1 | 2 | 3 |
| 12. Runs about or climbs excessively in situations in which remaining seated is expected | 0 | 1 | 2 | 3 |
| 13. Has difficulty playing or engaging in leisure activities quietly | 0 | 1 | 2 | 3 |
| 14. Is "on the go" or often 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 in line | 0 | 1 | 2 | 3 |
| 18. Interrupts or intrudes on others (ie: Butts into conversations or games) | 0 | 1 | 2 | 3 |
| 19. Loses temper | 0 | 1 | 2 | 3 |
| 20. Actively defies or refuses to comply with adults' requests or rules | 0 | 1 | 2 | 3 |

- 21. Is angry or resentful 0 1 2 3
- 22. Is spiteful and vindictive 0 1 2 3
- 23. Bullies, threatens, or intimidates others 0 1 2 3
- 24. Initiates physical fights 0 1 2 3
- 25. Lies to obtain goods for favors or to avoid obligations (ie: cons others) 0 1 2 3
- 26. Is physically cruel to people 0 1 2 3
- 27. Has stolen items of nontrivial value 0 1 2 3
- 28. Deliberately destroys others' property 0 1 2 3
- 29. Is fearful, anxious, or worried 0 1 2 3
- 30. Is self-conscious or easily embarrassed 0 1 2 3
- 31. Is afraid to try new things for fear of making mistakes 0 1 2 3
- 32. Feels worthless or inferior 0 1 2 3
- 33. Blames self for problems, feels guilty 0 1 2 3
- 34. Feels lonely, unwanted or unloved, complains that "no ones loves him/her" 0 1 2 3
- 35. Is sad, unhappy or depressed 0 1 2 3

ACADEMIC PERFORMANCE

	Problematic	Average	Above Average	
	1	2	3	4 5
Reading	1	2	3	4 5
Mathematics	1	2	3	4 5
Written Expression	1	2	3	4 5
Homework completion	1	2	3	4 5

CLASSROOM BEHAVIOR

Relationship with peers	1	2	3	4 5
Following directions/rules	1	2	3	4 5
Disrupting class	1	2	3	4 5
Assignment completion	1	2	3	4 5
Organizational skills	1	2	3	4 5

Please include any observations you feel are pertinent _____

VANDERBILT TEACHER BEHAVIOR EVALUATION SCALE CONTINUED

21. Is angry or resentful	0	1	2	3
22. Is spiteful and vindictive	0	1	2	3
23. Bullies, threatens, or intimidates others	0	1	2	3
24. Initiates physical fights	0	1	2	3
25. Lies to obtain goods for favors or to avoid obligations (ie, "cons" others)	0	1	2	3
26. Is physically cruel to people	0	1	2	3
27. Has stolen items of nontrivial value	0	1	2	3
28. Deliberately destroys others' property	0	1	2	3
29. Is fearful, anxious, or worried	0	1	2	3
30. Is self-conscious or easily embarrassed	0	1	2	3
31. Is afraid to try new things for fear of making mistakes	0	1	2	3
32. Feels worthless or inferior	0	1	2	3
33. Blames self for problems, feels guilty	0	1	2	3
34. Feels lonely, unwanted, or unloved; complains that "no one loves him/her"	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3

ACADEMIC PERFORMANCE

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CLASSROOM BEHAVIOR

Relationship with peers	1 2	3	4 5
Following directions/rules	1 2	3	4 5
Disrupting class	1 2	3	4 5
Assignment completion	1 2	3	4 5
Organizational skills	1 2	3	4 5

Please include any observations you feel are pertinent: _____

VANDERBILT TEACHER BEHAVIOR EVALUATION SCALE

Name: _____ Grade: _____

Date of Birth: _____ Teacher: _____ School: _____

Date filled out: _____

Each rating should be considered in the context of what is appropriate for the age of the child you are rating and reflect his/her behavior. Please indicate the number of weeks or months you have been able to observe the behaviors _____

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