



ADULT ADHD SELF-REPORT SCALE SYMPTOM CHECKLIST

Patient Name: Today's Date:

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 a checkmark in the box that best describes how you have felt and conducted yourself over the past 6 months. Please print this form and bring with you to your next appointment.

Table with 5 columns: Question, Never, Rarely, Sometimes, Often, Very Often. Contains 18 numbered questions about ADHD symptoms.