



Adult ADHD Self-Report Scale v1.1 (ASRS)

Client Name Generic Client
Date of birth (age) 14 Dec 2010 (13)
Assessor Dr David Hegarty

Date administered 8 Nov 2024
Time taken 3 min 35s

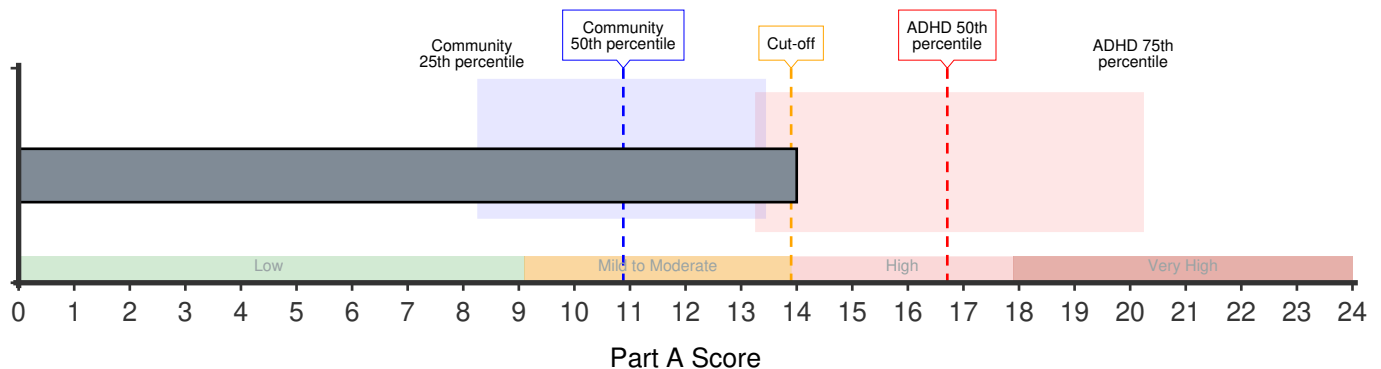
Results

	Raw Score	Community Percentile	Descriptor
Criterion (Part A) (0-24)	14	80	High
Additional Symptoms (Part B) (0-48)	27	79	High
Total Score (0-72)	41	82	High

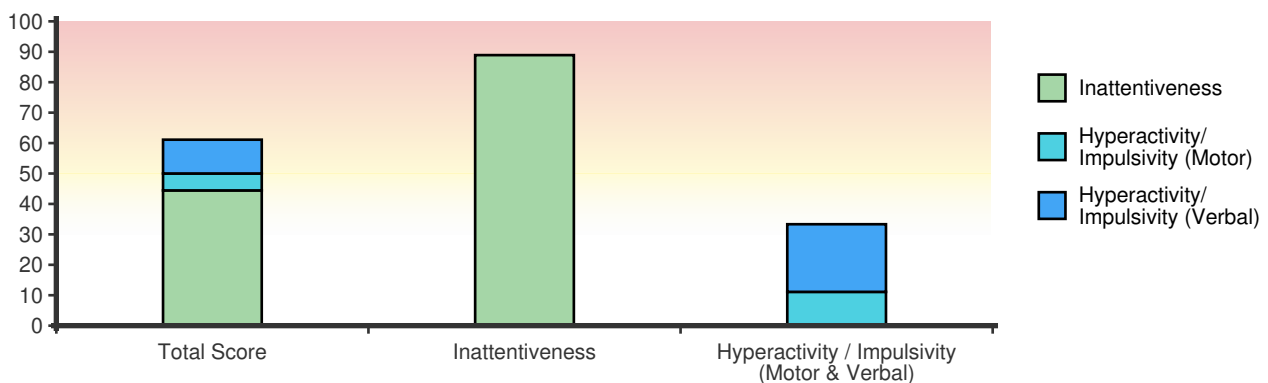
ADHD Subscales

	Raw Score	Items Endorsed (%)
Inattentiveness (0-9)	8	89 %
Hyperactivity / Impulsivity (Motor & Verbal) (0-9)	3	33 %

Criterion (Part A) Score in Comparison to Community and ADHD Distributions



ADHD Subscale Scores (as percent of items endorsed)





Client Name	Generic Client
--------------------	----------------

Interpretation

PART A:

The client's ASRS Part A responses indicate symptom levels that fall in the high range, exceeding the clinical cutoff for ADHD (score of 14 or more) indicating scores that are typical of someone with ADHD. This pattern suggests clinically significant ADHD symptoms that likely impact multiple areas of functioning. In comparison to other adults, the client scored on the 80th percentile, indicating significantly more inattentiveness and hyperactivity than typical. The following items contributed to the client's high score on Part A:

- 3. *How often do you have problems remembering appointments or obligations? (Very Often)*
- 2. *How often do you have difficulty getting things in order when you have to do a task that requires organisation? (Often)*
- 4. *When you have a task that requires a lot of thought, how often do you avoid or delay getting started? (Often)*
- 1. *How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done? (Sometimes)*
- 5. *How often do you fidget or squirm with your hands or feet when you have to sit down for a long time? (Rarely)*
- 6. *How often do you feel overly active and compelled to do things, like you were driven by a motor? (Rarely)*

PART B:

The client's ASRS Part B responses indicate frequent occurrence of ADHD symptoms. This pattern suggests notable difficulties with attention and related executive functions that likely impact multiple areas of daily functioning. In particular, the following items contributed to the client's high score on Part B:

- 10. *How often do you misplace or have difficulty finding things at home or at work? (Very Often)*
- 11. *How often are you distracted by activity or noise around you? (Very Often)*
- 8. *How often do you have difficulty keeping your attention when you are doing boring or repetitive work? (Often)*
- 13. *How often do you feel restless or fidgety? (Often)*

Scoring and Interpretation Information

For comprehensive information on the ASRS, [see here](#).

ASRS results are presented as Part A, Part B, Total Score and the subscale scores. The primary scoring method is a 5 point Likert scale, from 0 to 4. Older variations of the ASRS use a dichotomous scoring method (0 or 1) which continues to be utilised when calculating the percentage of items endorsed for each sub-type.

Part A scores are most predictive of an ADHD diagnosis (Kessler et al., 2007) and therefore have the most screening and diagnostic utility. However, other aspects of the ASRS can aid in the considerations around applying an ADHD diagnosis based upon overall consistency or differences observed between parts or subscales.

- Criterion Part A (items 1-6. Scores range from 0 to 24)

If the respondent scores 14 or more in Part-A, then the symptom profile of the individual is consistent with a DSM-5-TR ADHD diagnosis in adults (Adler et al., 2006; Kessler et al., 2007). The Part A descriptor provides an indication of whether the respondent meets the DSM criteria,



Client Name	Generic Client
--------------------	----------------

Scoring and Interpretation Information (cont.)

with scores in the high or very high range being considered clinically significant:

- Low: 9 or less
- Mild to Moderate: 10-13
- High: 14-17
- Very High: 18 or more

- Additional Symptoms Part B (items 7-18. Scores range from 0 to 48)

The scores on Part B provide additional information about a broader set of ADHD symptom severity and the impact that inattention or hyperactivity has on their life. A descriptor in the high or very high range (27 or above) is clinically significant:

- Low: 19 or less
- Mild to Moderate: 20-26
- High: 27-32
- Very High: 33 or more

- Total Score (scores range from 0 to 72)

Over and above the key interpretation metrics from Part A and Part B, the total score (sum of part A and B) is converted into a percentile to contextualise responses in comparison to normative data of adults (Adler et al., 2018). For example, a percentile of 90 represents that the respondent scored higher than 90 percent of typical adults in their age range in the community. In most cases, someone with ADHD will score higher than the 79th percentile (raw score of 40). The total score is described as:

- Low: 30 or less
- Mild to Moderate: 31-39
- High: 40-49
- Very High: 50 or more

While Part A contains the items that have been found to be most predictive of ADHD (Kessler et al., 2007), looking at both the Part B score and description (and percentile) can also be informative about diagnosis in cases where the Part A score doesn't reach the threshold. This scale should always be used in conjunction with a clinical interview to provide additional clinical information important for diagnosis. A WURS-25 could also be useful to retrospectively evaluate the presence and severity of childhood symptoms of ADHD.

ADHD Subscales

Three ADHD subscales are presented according to factors identified by Stanton et al. (2018). Raw scores (as determined by the original ASRS dichotomous scoring method where each score is assigned as either 0 or 1) as well as the percentage of items endorsed are presented, providing more specific information about the focus of difficulties:

1. Inattentiveness subscale (Items 1, 2, 3, 4, 7, 8, 9, 10, 11, range 0 to 9): measuring an adult's difficulty in focussing on details, being organised, remembering appointments, making careless mistakes, and concentrating.
2. Hyperactivity/Impulsivity subscale. There are two aspects to this subscale, a motor and a verbal component. Motor (Items 5, 6, 12, 13, 14, range 0 to 5) measures an adult's difficulty in sitting still, staying seated, and ability to relax. Verbal (Items 15, 16, 17, 18, range 0 to 4) measures an adult's difficulty in controlling how much they are talking, interrupting others, and waiting their turn.

Considering the percentage of items endorsed (as determined by the original ASRS



Client Name | Generic Client

Scoring and Interpretation Information (cont.)

dichotomous scoring method) for each of the subscales can be helpful in determining the ADHD subtype defined in DSM-V-TR: Combined, Hyperactivity-Impulsivity or Inattentive. Note that the DSM-V-TR does not make a distinction between verbal and motor hyperactivity subtypes.

A plot is displayed that shows the client's Part A score in relation to non-ADHD and ADHD samples (Adler et al., 2018). This plot shows the middle two quartiles (25th to 75th percentiles) as they related to a group of individuals who had been independently assessed as having ADHD, and typical adults without an ADHD diagnosis (the community sample). The cutoff for ADHD is marked at 14, indicating that individuals who score 14 or above show symptoms that are consistent with an ADHD diagnosis.

Client Responses

		Never	Rarely	Sometimes	Often	Very Often
PART A -						
1	How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?	0	0	1	1	1
2	How often do you have difficulty getting things in order when you have to do a task that requires organisation?	0	0	1	1	1
3	How often do you have problems remembering appointments or obligations?	0	0	1	1	1
4	When you have a task that requires a lot of thought, how often do you avoid or delay getting started?	0	0	0	1	1
5	How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?	0	0	0	1	1
6	How often do you feel overly active and compelled to do things, like you were driven by a motor?	0	0	0	1	1
PART B -						
7	How often do you make careless mistakes when you have to work on a boring or difficult project?	0	0	0	1	1
8	How often do you have difficulty keeping your attention when you are doing boring or repetitive work?	0	0	0	1	1
9	How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?	0	0	1	1	1
10	How often do you misplace or have difficulty finding things at home or at work?	0	0	0	1	1
11	How often are you distracted by activity or noise around you?	0	0	0	1	1
12	How often do you leave your seat in meetings or other situations in which you are expected to remain seated?	0	0	1	1	1
13	How often do you feel restless or fidgety?	0	0	0	1	1
14	How often do you have difficulty unwinding and relaxing when you have time to yourself?	0	0	0	1	1



Client Name	Generic Client
--------------------	----------------

Client Responses (cont.)

		Never	Rarely	Sometimes	Often	Very Often
15	How often do you find yourself talking too much when you are in social situations?	0	0	0	1	1
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?	0	0	1	1	1
17	How often do you have difficulty waiting your turn in situations when turn taking is required?	0	0	0	1	1
18	How often do you interrupt others when they are busy?	0	0	1	1	1