Are you living with Adult ADHD?

The questions below can help you find out.

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Adult Self-Report Scale-V1.1 (ASRS-V1.1) Screener

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Date

Check the box that best describes how you have felt and conducted yourself over the past 6 months. Please give the completed questionnaire to your healthcare professional during your next appointment to discuss the results.	Never	Rarely	Sometimes	Often	Very Often
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Add the number of checkmarks that appear in the darkly shaded area. Four (4) or more checkmarks indicate that your symptoms may be consistent with Adult ADHD. It may be beneficial for you to talk with your healthcare provider about an evaluation.

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