

Adult ADHD Self-Report Screening Scale for DSM-5 (ASRS-5)

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from Composite International Diagnostic Interview for DSM-5 (CIDI-5.0)

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Please cite the article below, when using this scale:

Ustun, B., Adler, L.A., Rudin, C., Faraone, S.V., Spencer, T.J., Berglund, P., Gruber, M.J., Kessler, R.C. (2017). The World Health Organization Adult Attention-Deficit/Hyperactivity Disorder Self-Report Screening Scale for DSM-5. *JAMA Psychiatry*, 74(5), 520-526.

ADHD-ASRS v1.1

The Adult ADHD Self-Report Scale (ASRS v1.1) and scoring system were developed in conjunction with the World Health Organization (WHO) and the Workgroup on Adult ADHD to help healthcare professionals to screen their patients for adult ADHD. Insights gained through this screening may suggest the need for a more in-depth clinician interview. The questions in the ASRS v1.1 are consistent with DSM-IV criteria and address the manifestations of ADHD symptoms in adults. The content of the questionnaire also reflects the importance that DSM-IV places on symptoms, impairments, and history for a correct diagnosis. For additional details on the ADHD-ASRS v1.1, please visit: <http://www.hcp.med.harvard.edu/ncs/asrs.php>

Updates based on the DSM-5 version of the screening scale

The above updates were made based on the Ustun et al. 2017 work to develop a DSM-5 version of the ASRS screening scale:

Ustun, B., Adler, L.A., Rudin, C., Faraone, S.V., Spencer, T.J., Berglund, P., Gruber, M.J., Kessler, R.C. (2017). The World Health Organization Adult Attention-Deficit/Hyperactivity Disorder Self-Report Screening Scale for DSM-5. *JAMA Psychiatry*, 74(5), 520-526. (<https://www.ncbi.nlm.nih.gov/pubmed/28384801>).

There are 2 options for scoring. First, you can use simple scoring (i.e., score each item in the range 0-4 and give everyone a summary score of 0-24) and use the resulting 0-24 continuous score as a predictor without having a clinical threshold. Anyone can do this without asking permission. This is the sort of approach that is used in the vast majority of other screening scales. You can combine this, if you wish, with the ASRS v1.1 Symptom Checklist (https://med.nyu.edu/psych/sites/default/files/psych/psych_adhd_checklist_0.pdf) to obtain an 18 item DSM symptom inventory.

Second, you can contact Lenard Adler at NYU (Lenard.Adler@nyumc.org) to get permission to use the proprietary scoring rules for the DSM-5 version. If the intended use is for academic purposes and not part of an industry sponsored trial, there will be no charge for use of the scale but your institution will need to sign a use agreement prior to our sending the scoring instructions. This inter-institutional agreement is fairly standard. Requests for commercial uses of the screener will require a license, which can also be arranged by contacting Dr. Adler.