# Adult Self-Report Scale (ASRS) 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, circle the correct number that best describes how you have felt and conducted yourself over the past 6 months. Please give this completed checklist to your healthcare professional to discuss during today's appointment.*

| | Never | Rarely | Sometimes | Often | Very Often | Score |
|---|---|---|---|---|---|---|
| 1. How often do you make careless mistakes when you have to work on a boring or difficult project? | 0 | 1 | 2 | 3 | 4 | |
| 2. How often do you have difficulty keeping your attention when you are doing boring or repetitive work? | 0 | 1 | 2 | 3 | 4 | |
| 3. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly? | 0 | 1 | 2 | 3 | 4 | |
| 4. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done? | 0 | 1 | 2 | 3 | 4 | |
| 5. How often do you have difficulty getting things in order when you have to do a task that requires organization? | 0 | 1 | 2 | 3 | 4 | |
| 6. When you have a task that requires a lot of thought, how often do you avoid or delay getting started? | 0 | 1 | 2 | 3 | 4 | |
| 7. How often do you misplace or have difficulty finding things at home or at work? | 0 | 1 | 2 | 3 | 4 | |
| 8. How often are you distracted by activity or noise around you? | 0 | 1 | 2 | 3 | 4 | |
| 9. How often do you have problems remembering appointments or obligations? | 0 | 1 | 2 | 3 | 4 | |
| | | | | | Part A – Total | |
| 10. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time? | 0 | 1 | 2 | 3 | 4 | |
| 11. How often do you leave your seat in meetings or other situations in which you are expected to remain seated? | 0 | 1 | 2 | 3 | 4 | |
| 12. How often do you feel restless or fidgety? | 0 | 1 | 2 | 3 | 4 | |
| 13. How often do you have difficulty unwinding and relaxing when you have time to yourself? | 0 | 1 | 2 | 3 | 4 | |
| 14. How often do you feel overly active and compelled to do things, like you were driven by a motor? | 0 | 1 | 2 | 3 | 4 | |
| 15. How often do you find yourself talking too much when you are in social situations? | 0 | 1 | 2 | 3 | 4 | |
| 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 | 1 | 2 | 3 | 4 | |
| 17. How often do you have difficulty waiting your turn in situations when turn taking is required? | 0 | 1 | 2 | 3 | 4 | |
| 18. How often do you interrupt others when they are busy? | 0 | 1 | 2 | 3 | 4 | |
| | | | | | Part B – Total | |

# THE MOOD DISORDER QUESTIONNAIRE

**Instructions:** Please answer each question to the best of your ability.

| | YES | NO |
|---|---|---|
| 1. Has there ever been a period of time when you were not your usual self and... | | |
| ...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble? | ❍ | ❍ |
| ...you were so irritable that you shouted at people or started fights or arguments? | ❍ | ❍ |
| ...you felt much more self-confident than usual? | ❍ | ❍ |
| ...you got much less sleep than usual and found you didn't really miss it? | ❍ | ❍ |
| ...you were much more talkative or spoke much faster than usual? | ❍ | ❍ |
| ...thoughts raced through your head or you couldn't slow your mind down? | ❍ | ❍ |
| ...you were so easily distracted by things around you that you had trouble concentrating or staying on track? | ❍ | ❍ |
| ...you had much more energy than usual? | ❍ | ❍ |
| ...you were much more active or did many more things than usual? | ❍ | ❍ |
| ...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night? | ❍ | ❍ |
| ...you were much more interested in sex than usual? | ❍ | ❍ |
| ...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky? | ❍ | ❍ |
| ...spending money got you or your family into trouble? | ❍ | ❍ |
| 2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time? | ❍ | ❍ |
| 3. How much of a problem did any of these cause you – like being unable to work; having family, money or legal troubles; getting into arguments or fights? *Please circle one response only.* No Problem  Minor Problem  Moderate Problem  Serious Problem | | |
| 4. Have any of your blood relatives (i.e. children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder? | ❍ | ❍ |
| 5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder? | ❍ | ❍ |

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CHILD – ADOLESCENT – ADULT
PSYCHIATRY

NAME: _____

DATE: _____

## Beck Depression Inventory

This questionnaire contains groups of statements. Please read each group of statements carefully. Then pick out the one statement in each group which best describes the way you have been feeling the past week, including today. Circle the number beside the statement you picked. If several statements in the group seem to apply equally, circle the highest number. Be sure to read all the statements in each group before making your choice.

1.
0 I do not feel sad
1 I feel sad
2 I am sad all the time and cannot snap out of it
3 I am so sad or unhappy that I can not stand it

2.
0 I am not particularly discouraged about the future
1 I feel discouraged about the future
2 I feel I have nothing to look forward to
3 I feel the future is hopeless and that things cannot improve

3.
0 I do not feel like a failure
1 I feel I have failed more than the average person
2 As I look back on my life, all I can see is a lot of failure
3 I feel I am a complete failure as a person

4.
0 I get as much satisfaction out of things as I used to
1 I do not enjoy things the way I used to
2 I do not get real satisfaction out of anything anymore
3 I am dissatisfied or bored with everything

5.
0 I do not feel particularly guilty
1 I feel guilty a good part of the time
2 I feel guilty most of the time
3 I feel guilty all of the time

6.
0 I do not feel I am being punished
1 I feel I may be punished
2 I expect to be punished
3 I feel I am being punished

7.
0 I do not feel disappointed in myself
1 I am disappointed in myself
2 I am disgusted with myself
3 I hate myself

8.
0 I do not feel I am any worse than anybody else
1 I am critical of myself for my weaknesses or mistakes
2 I blame myself all the time for my faults
3 I blame myself for everything bad that happens

9.
0 I do not have any thoughts of killing myself
1 I have thoughts of killing myself, but would not carry them out
2 I would like to kill myself
3 I would kill myself if I had the chance

10.
0 I do not cry anymore than usual
1 I cry more now than I used to
2 I cry all the time now
3 I used to be able to cry, but now I cannot cry even though I want to

11.
0 I am no more irritated in other people
1 I get annoyed or irritated more easily than I used to
2 I feel irritated all the time now
3 I do not get irritated at all by the things that used to irritate me

12.
0 I have not lost interest in other people
1 I am less interested in other people than I used to be
2 I have lost most of my interest in other people
3 I have lost all my interest in other people

13.
0 I make decisions as well as I ever could
1 I put off making decisions more than I used to
2 I have greater difficulty in making decisions than before
3 I cannot make decisions at all anymore

14.
0 I do not feel I look any worse than I used to
1 I am worried that I am looking old and unattractive
2 I feel there are permanent changes in my appearance that make me look unattractive
3 I believe that I look ugly

15.
0 I can work about as well as before
1 It takes an extra effort to get started at doing something
2 I have to push myself very hard to do anything
3 I cannot do any work at all

16.
0 I can sleep as well as usual
1 I do not sleep as well as I used to
2 I wake up 2 to 3 hours earlier than usual and find it hard to get back to sleep
3 I wake up several hours earlier than I used to and cannot get back to sleep

17.
0 I do not get more tired that usual
1 I get tired more easily than I used to
2 I get tired from doing almost anything
3 I am too tired to do anything

18.
0 My appetite is no worse than usual
1 My appetite is not as good as it used to be
2 My appetite is much worse now
3 I have no appetite at all anymore

19.
0 I am no more worried about my health than usual
1 I am worried about my physical problems such as aches and pains; or upset stomach; constipation
2 I am very worried about physical problems and it is hard to think about anything else
3 I am so worried about my physical problems that I cannot think about anything else

20.
0 I have not lost much weight, if any, lately
1 I have lost more than 5 pounds
2 I have lost more than 10 pounds
3 I have lost more than 15 pounds
I am purposely trying to lose weight by eating less YES NO

21.
0 I have not noticed any recent change in my interest in sex
1 I am less interested in sex than I used to be
2 I am much less interested in sex now
3 I have lost interest in sex completely