HARVARD MEDICAL SCHOOL DEPARTMENT OF HEALTH CARE POLICY



Adult ADHD Self-Report Scale (ASRS) Version 1.1 Background Information

The screening version of the Adult ADHD Self-Report Scale (ASRS) Version 1.1 is a 6-question scale designed to screen for adult ADHD in community samples. As detailed elsewhere (Kessler et al., 2005), the ASRS was developed by a World Health Organization (WHO) work group in conjunction with the creation of the World Mental Health (WMH) Survey Initiative version of the Composite International Diagnostic Interview (WMH-CIDI). For more details on the WMH-CIDI, see Kessler & Ustun (2005) or refer to the WMH-CIDI materials posted at www.hcp.med.harvard.edu/ncs and www.hcp.med.harvard.edu/wmh.

The ASRS can be used to estimate the prevalence and correlates of adult ADHD in population surveys. Data from a nationally representative sample of the U.S. can be used for this purpose to assign predicted probabilities of clinician-diagnoses adult ADHD to each value on the ASRS Screener v1.1 in order to calibrate ASRS Screener v1.1 scores to DSM-IV diagnoses. These calibration rules are discussed in Kessler et al. (2005). It is important to note, though, that these rules may not hold in countries other than the United States or for segments of the U.S. population other than the general population. As a result, it would be wise to carry out a clinical calibration study in conjunction with administration of the ASRS Screener v1.1 in samples of other populations. See the <u>ADHD section</u> in the WMH-CIDI, for the scripting of the ASRS Screener v1.1 in the WMH-CIDI. See Kessler et al. (2005) for scoring rules.

The ASRS Screener v1.1 can also be used to screen for adult ADHD at the individual level. This can be done, for example, as part of an ADHD screening day or in primary care waiting room screening. However, as the ASRS Screener v1.1 is only a screening scale, not a diagnostic test, diagnostic assessment by a trained clinician is needed to follow up on patients who screen positive. A positive screen for this purpose is defined in the accompanying clinical screening materials. The latter have been translated into a number of languages using the standard WHO translation and back-translation protocol through an unrestricted educational grant from the Eli Lilly Company. No cultural validations of these translations have been conducted to date.

Scientific papers making use of the ASRS Screener v1.1 should cite Kessler et al (2005), the key methodological paper on the development of the ASRS Screener v1.1.

REFERENCES

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