SYNTHETIC EXAMPLE

Adult ADHD Self-Report Scale

ASRS v1.1 - presentation preview

CLIENT	ADMINISTERED	TIME TAKEN
John Doe	Example date	3 min 18 sec

PART A SCREEN

Positive: 4 of 6 items in the shaded range

PART A TOTAL

14 of 24

PART B

12 responses recorded without a total

What this report lays out

- Part A screen and Part A total
- Part B responses recorded without a total
- Item-level response pattern
- Methodology, references, provenance, and clinical boundary

CLINICIAN REVIEW REQUIRED

This document demonstrates Lirena's report design using fictional data. It does not represent a scored clinical output, cannot establish an ADHD diagnosis, and must not be placed in a clinical record.

Production ASRS administration, scoring, norms, descriptors, and interpretation remain disabled until independent clinical and technical verification is complete.

A report designed for clinical review

Clear score architecture, visible uncertainty, and source provenance help a clinician review the pattern without mistaking a screen for a conclusion.

PART A SCREEN

Positive when 4 or more of items 1 to 6 are in the darkly shaded range: Sometimes or more for items 1 to 3, Often or more for items 4 to 6. In this fictional pattern items 1 to 4 are shaded, so the screen is positive.

PART A TOTAL

14/24



The six Part A responses scored 0 to 4 and summed, as described by Kessler et al. (2007).

PART B RESPONSES

Items 7 to 18 are shown item by item for clinician review. The WHO form uses no total score for Part B.

REPORT PRINCIPLE

Show the evidence, the version, and the boundary. Leave diagnosis and formulation with the clinician.

Item-level review without reproducing source wording

This marketing sample uses item numbers, domains, and fictional response labels only. Official 18-item wording is not included because the sample demonstrates report layout rather than an administered assessment.

ITEM	PART	DOMAIN	FICTIONAL RESPONSE
1	A	Inattention	Sometimes
2	A	Inattention	Often
3	A	Inattention	Very Often
4	A	Inattention	Often
5	A	Hyperactivity / impulsivity	Rarely
6	A	Hyperactivity / impulsivity	Rarely
7	B	Inattention	Sometimes
8	B	Inattention	Often
9	B	Inattention	Sometimes
10	B	Inattention	Very Often
11	B	Inattention	Very Often
12	B	Hyperactivity / impulsivity	Sometimes
13	B	Hyperactivity / impulsivity	Often
14	B	Hyperactivity / impulsivity	Often
15	B	Hyperactivity / impulsivity	Sometimes
16	B	Hyperactivity / impulsivity	Sometimes
17	B	Hyperactivity / impulsivity	Often
18	B	Hyperactivity / impulsivity	Sometimes

Source-led by design

Lirena separates published methodology, product implementation, and clinical approval. A citation does not by itself authorize administration or prove a software scoring rule.

INSTRUMENT

The Adult ADHD Self-Report Scale v1.1 was developed with the World Health Organization and the Harvard Medical School National Comorbidity Survey team. The full checklist contains 18 self-report items, with a six-item Part A screener selected for its performance against clinician assessment.

ADMINISTRATION

Respondents rate how often each experience occurred over the past six months using five frequency options. Results are intended to support a structured clinical conversation about current symptoms, functional impact, developmental history, collateral evidence, and differential diagnosis.

CLINICAL BOUNDARY

The ASRS is a screening instrument, not a standalone diagnostic test. A score cannot establish ADHD, presentation, impairment, onset, pervasiveness, or differential diagnosis without clinician-led assessment and supporting evidence.

METHODOLOGY

Lirena presents the complete 18-item ASRS-v1.1 Symptom Checklist. Part A, items 1 to 6, is the screener: the screen is positive when 4 or more Part A responses fall in the darkly shaded range, which is Sometimes or more for items 1 to 3 and Often or more for items 4 to 6. Lirena also reports the Part A total, the six responses scored 0 to 4 and summed to a range of 0 to 24 (Kessler et al., 2007). Part B, items 7 to 18, is shown for clinician review without a total, as the WHO form directs.

SELECTED REFERENCES

1. Original development and calibration
Kessler RC et al. Psychological Medicine. 2005;35(2):245-256.

2. Six-item screener validity
Kessler RC et al. International Journal of Methods in Psychiatric Research. 2007;16(2):52-65.

3. Adult symptom checklist validity
Adler LA et al. Annals of Clinical Psychiatry. 2006;18(3):145-148.

4. US normative study
Adler LA et al. International Journal of Clinical Practice. 2019;73(1):e13260.

5. Official ASRS resource
Harvard Medical School National Comorbidity Survey. Adult ADHD Self-Report Scales.