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	PART B	TOTAL
14 / 24	27 / 48	41 / 72
DEMO HIGH	DEMO HIGH	DEMO HIGH
14/24	27/48	41/72

Illustrative symptom pattern



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 permission and independent clinical and technical verification are 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 SCREENING SUBSET

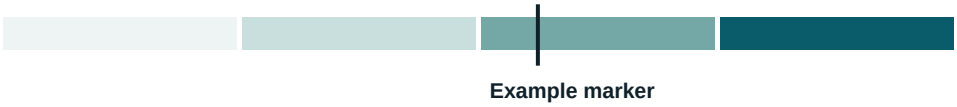
14/24



The primary screening subset is presented separately from the additional items so its role is visible at a glance.

PART B ADDITIONAL SYMPTOMS

27/48



Additional symptom frequency is shown as supporting evidence. It does not create a diagnosis or replace review of impairment and history.

TOTAL SYMPTOM FREQUENCY

41/72



The total is a transparent sum in this synthetic display. Normative and descriptor claims are not enabled in Lirena until verified.

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 permission is required before product use.

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.

GOVERNANCE

The Harvard ASRS resource now directs users to request permission for the 18-question symptom checklist. Lirena therefore does not expose or administer the full item set in production until rights-holder permission and clinical and technical verification are recorded.

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 access and permissions
Harvard Medical School National Comorbidity Survey. Adult ADHD Self-Report Scales.

PERMISSION STATUS Official 18-question use remains gated pending recorded permission and review.