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| **Study**  | **Objectives** | **Sample** | **Methods** | **Results** | **Limitations** |
| Kessler, R. C., et al. (2005).The World HealthOrganization Adult ADHDSelf-Report Scale (ASRS): ashort screening scale for usein the general population.*Psychological medicine*,*35*(2), 245–56.  | To evaluate a new adult self report measure for WMH surveys.  | *N* = 154 *Age* = 18-44*Sex* = nationally representative *Sample* = Community:US national comorbidity survey replication + oversample of those who reported ADHD symptoms as a child and continuing to adulthood. | In person interviews 1) ASRS v1.1Diagnostic efficiency statistics: Sensitivity, Specificity: Total classification accuracy, Odds ratio, Cohen’s K, AUC2) ASRS six-item screener: developed using step-wise logistic regression3) Clinical interview: ADHD Rating Scale, Assessment of childhood ADHD, clinical interview DSM-IV, Self-report battery | 1) ‘Each ASRS symptom measure was significantly related to the comparable clinical symptom rating, but varied substantially in concordance (Cohen's K in the range 0.16-0.81).’2) The unweighted six-question ASRS screener was superior to the unweighted 18-question ASRS in sensitivity, specificity, total classification accuracy, and k (0.76 v.0.58).3) Six item ASRS: one-third of clinical cases would be missed with this screener, two-thirds in the highest stratum would be classified as having a very high probability of being cases.4) 18 item ASRS: ‘refines prediction of the clinical classification among those who are positive on the six-question screener, correlates significantly with clinician-rated overall symptom severity.’  | -No informant data -No identification of stimulant medication taken in sample- Self reports filled out after clinician interview (possible sensitization to symptoms) |
| Kessler, R. C., et al. (2007).Validity of the World HealthOrganization Adult ADHDSelf-Report Scale (ASRS)Screener in a representativesample of health planmembers. *International**Journal of Methods in**Psychiatric Research*, *16*(2),52–65. | Cross-validation of the ASRS Screener | *N* = 668*Age* = 18+*Sex* = nationally representative*Sample* =Community:US managed care plan subscribers  | T1: ASRS screener administered by phone T2: convenience sample = 496 screened positive + 172 screened negative T3: 155 screened positives + 63 screened negative given semi-structured clinical interviews. | 1) 6-item screener: ‘Principal axisfactor analysis found only the firstfactor in each sample to have aneigenvalue greater than 1.0 (1.42.0), with Cronbach’s α for thefactor-based scales in the range.63–.72’2) ‘Pearson correlations forstability of scale scores over timeare consistently somewhat lowerfor the 6 item screener than for the0–24 scoring approach.’3) ‘SEM analysis suggests that almost all of the inter-temporal instability in the ASRS Screener is due to measurement unreliability rather than to change in the true score.’ | -No reporting of medication (however excluded a subset who were ‘in treatment’ for ADHD)- Clinical assessment: excluded ‘in remission’ adults not reaching 6/9 symptoms.-No informant reports |
| Adler et al. (2006). Validity of Pilot Adult ADHD Self-Report Scale (ASRS) to Rate Adult ADHD Symptoms. *Annals of Clinical Psychiatry, 18(3),* 145-148.  | To validate pilot ASRS against clinician ratings on the ADHD rating scale (ADHD RS). \*not able to access to full article | *N* = 60*Age* = Adult | Cronbach's alphaAgreement of raters: established by intra-class correlation coefficients (ICCs) between scales.  | 1) ‘High internal consistency for both patient and rater-administered versions (Cronbach's alpha 0.88, 0.89)’2) ICC between scales: .843) ‘ICCs for subset symptom scores were also high (both 0.83), acceptable agreement for individual items (% agreement: 43%-72%) and significant kappa coefficients for all items (p < 0.001)’ | \*not able to access to full article |
| Yeh, C., Gau, S. S., Kessler, R.C., & Wu, Y. (2008).Psychometric properties of theChinese version of the adultADHD Self-report Scale.*International Journal of**Methods in Psychiatric**Research*, *17*(1), 45–54.   | To establish the normative data, reliability, and validity of the Chinese versions of the ASRS.  | Sample 1:*N* = 1031*Age* = 22*Sex* = Male *Sample =* Chinese Army Base participantsSample 2:*N =* 3298 *Age* = 18*Sex* = 62% male first year College students  | Measures: ASRSWURSImpulsiveness Scale ICC for 2 subscales (IN/HY) on ASRS, and Cronbach’s Alpha.Concurrent Validity: correlation with WURS | 1) ASRS separated into inattention/hyperactivity: Good concordance (intraclass correlations = 0.80 ∼ 0.85) and internal consistency (Cronbach's alpha = college sample: 0.83∼0.89 and army sample: 0.85∼0.91)2) ‘Moderate to high correlations between these subscales and the WURS (Pearson's correlations = 0.37 ∼ 0.66).’  | - Male only sample for validity analysis- No informant report- Diagnosis based on subject report, no clinical assessment |
| Hines, J. L., King, T. S., &Curry, W. J. (2012). The adultADHD self-report scale forscreening for adult attentiondeficit-hyperactivity disorder(ADHD). *Journal of the**American Board of Family**Medicine,* *25*(6),847–53.  | To analyze the ASRS for evaluating patients in a primary care setting.  | *N* = 217 (ASRS), 55 (ASRS + CAARS)*Age* = 18-65*Sex* = 65% female *Sample* = general primary care clinic, no ADHD diagnosis | Measures: 6-item ASRSCAARS-S:SMeasured: sensitivity, specificity using contingency table analysis.  | 1) Participation rate = 92%2) Average time to complete = 54.3 seconds3) Prevalence: 6%4) High Sensitivity: 1.0Moderately high specificity: 0.71 | - Prevalence based on positive ASRS + CAARS- No examination of comorbidity - No informant ratings |
| Zohar, A. H., & Konfortes, H.(2010). *The Israel journal of**psychiatry and related**sciences*, *47*, 308–315. | To examine the properties of the ASRS v1.1 in Hebrew and test validity in college students.  | *N* = 192*Sex* = not reported*Age* = 24*Sample* = Israeli college volunteers and LD center students. 43 had ADHD diagnosis | ASRS v1.1 HebrewComputer version (items only appear after last item was answered) + paper version | 1) High test-retest reliability (.60-.90)2) Cronbergs Alpha: ‘All reliability estimates are between 0.79 and 0.89’3) Full scale outperforms the 6-item scale for sensitivity 4) Paper mode slightly better in reliability 5) ‘Participants with ADHD rated themselves higher on the ASRS\_C than on the ASRS\_P’ | - Test-retest was done only between modes, not over time- Limited generalization from sample of college students  |
| Hesse, M. (2013). The ASRS6 has two latent factors:attention deficit andhyperactivity. *Journal of**attention disorders*, *17*(3),203–7.  | ‘To test two different factor structures for the ASRS-6’ | *N* = 234 (students), 157 (outpatient)*Sex* = 40% male*Age* = 25*Sample* 1= Danish college students (BA, MA)Sample 2 = outpatients treated for drug dependence | Measures: ASRS 6 DIP-QBSSS-4Kessler-6 Confirmatory factor analysis | 1) ‘Across both samples, the two-factor model produced acceptable goodness-of-fit statistics, whereas the one-factor model failed to fit the data.’2) The two factors are correlated and test re test, in the college sample is adequate.  | - Limited generalization from sample of college students and outpatients treated for drug dependence- No standard with which to compare to determine discriminant validity |
| Van de Glind, et al. (2013).Validity of the Adult ADHD SelfReport Scale (ASRS) as ascreener for adult ADHD intreatment seeking substance usedisorder patients. *Drug and**alcohol dependence*, *132*(3), 58796. | To test the utility and performance of the ASRS for adult ADHD in a sample seeking treatment for substance use disorders. | *N = t1: 3558, t2 = 1138**Age =* 18-65Sex = t2 26.0% femaleSample = seeking treatment for substance use disorder  | ASRS 6 item CAADID for external criterion (sensitivity, specificity, LR+, LR-, PPV, NPV) | 1) The overall positive predictive value was 0.26, negative predictive value was 0.972) The sensitivity was good and specificity moderate for indentifying possible ADHD cases in this population.3) The ASRS was not a good screener for externalizing disorders other than ADHD. | - Large drop out rate between t1, t2- No informant ratings |
| Ramos-Quiroga et al., 2009.Validation of the Spanish versionof the attention deficithyperactivity disorder adultscreening scale (ASRS v. 1.1): anovel scoring strategy. *Revista de**neurologia*, *48*(9), 449–52.  | To examine a Spanish version of the 6-item ASRS\*not able to access to full article | *N =* 90 Control, 90 ADHD Sample = Outpatient treatment program  | Clinical diagnosis: Connors Adult ADHD diagnostic Interview  | 1) Using a cut off of 12 points (0-24 point system, scaling from 0-4), they found high sensitivity, specificity, Kappa index of .88, Area under the curve = 0.94 | \*not able to access to full article |