The ADHD Treatment Effect

I do not want my own experience to be mistaken for a promise. Treatment must always be individual, properly assessed and carefully monitored. But I do believe that ADHD medication is something that most people with a clear ADHD diagnosis deserve the opportunity to consider. It is not right for every person, and it is not the whole answer, but too many people are left struggling unsupported for years when an effective treatment may be available. For some, the change can be genuinely life-changing.

These are my own ASRS self-report scores before treatment and when established on treatment. Before treatment, my overall score was in the **very high** range, at the **96th percentile** compared with adults in the community. On treatment, it moved into the **low** range, at the **13th percentile**.

Put plainly: on this questionnaire, my treated scores now sit in the range described as **“not consistent with ADHD”**. That does **not** mean I no longer have ADHD. ADHD does not disappear. It means that, at the time I completed the scale, treatment had reduced my current symptoms to a level that no longer crossed the screening threshold. That is an extraordinary change.

ADHD is not simply about being “a bit distracted” or needing to try harder. It can mean spending years applying extraordinary effort to ordinary tasks, while looking outwardly capable enough that very few people recognise the cost.

Assessment powered by NovoPsych

Adult ADHD Self-Report Scale v1.1 (ASRS)

Client Name	Dummy Client	*Date administered*	27 Jun 2026
Date of birth (age)	1 Jan 2000 (26)	*Time taken*	1 min 22s
Assessor	Alan Cross		

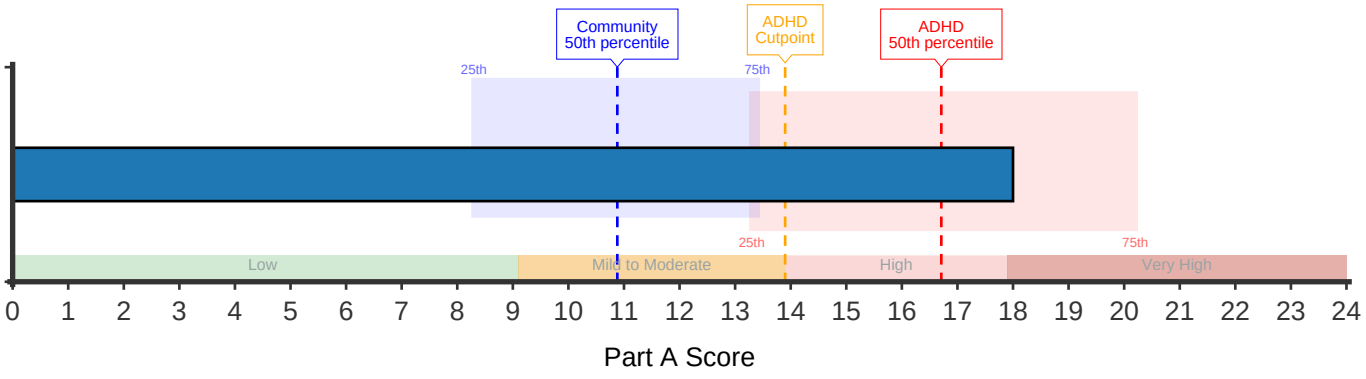
Results

	Raw Score	Community Percentile	Descriptor
Criterion (Part A) (0-24)	18	97	Very High
Additional Symptoms (Part B) (0-48)	32	94	High
Total Score (0-72)	50	96	Very High

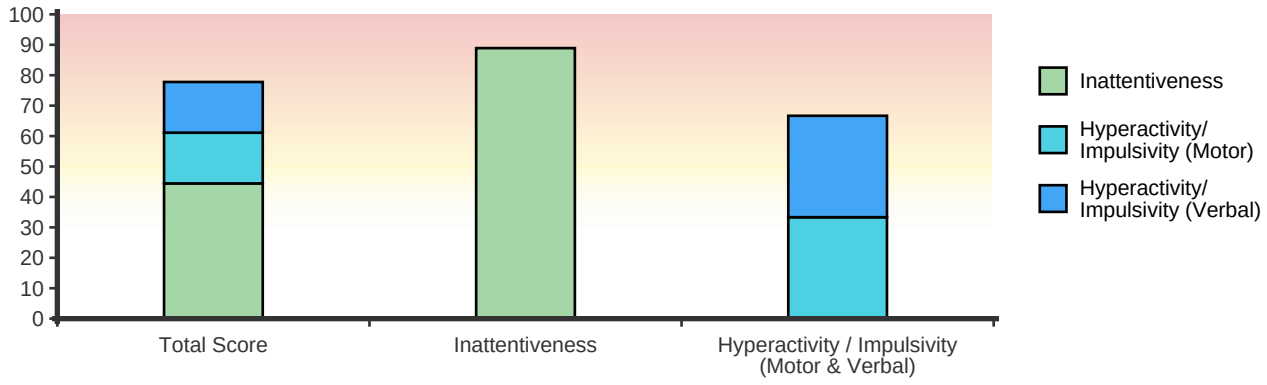
ADHD Subscales

	Raw Score	Items Endorsed (%)
Inattentiveness (0-9)	8	89 %
Hyperactivity / Impulsivity (Motor & Verbal) (0-9)	6	67 %

ASRS Criterion (Part A) Score in Comparison to Community and ADHD Distributions



ADHD Subscale Scores (as percent of items endorsed)



Client Name	Dummy Client

Interpretation

PART A:
The client's ASRS Part A responses indicate symptom levels that fall in the very high range, substantially exceeding the clinical cutoff for ADHD (score of 14 or more), indicating scores that are typical of someone with severe ADHD. This pattern suggests pronounced ADHD symptoms that significantly impact multiple areas of functioning. In comparison to other adults, the client scored on the 97th percentile, indicating significantly more inattentiveness and hyperactivity than typical and result in substantial disruption to functional capacity. The following items contributed to the client's very high score on Part A:
- 6. How often do you feel overly active and compelled to do things, like you were driven by a motor? (Very Often)
- 1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done? (Often)
- 3. How often do you have problems remembering appointments or obligations? (Often)
- 4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started? (Often)
- 5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time? (Often)
- 2. How often do you have difficulty getting things in order when you have to do a task that requires organisation? (Sometimes)

PART B:
The client's ASRS Part B responses indicate frequent occurrence of ADHD symptoms. This pattern suggests notable difficulties with attention and related executive functions that likely impact multiple areas of daily functioning. In particular, the following items contributed to the client's high score on Part B:
- 9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly? (Very Often)
- 10. How often do you misplace or have difficulty finding things at home or at work? (Very Often)
- 8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work? (Often)
- 11. How often are you distracted by activity or noise around you? (Often)

Scoring and Interpretation Information

For comprehensive information on the ASRS, see here.

ASRS results are presented as Part A, Part B, Total Score and the subscale scores. The primary scoring method is a 5 point Likert scale, from 0 to 4. Older variations of the ASRS use a dichotomous scoring method (0 or 1) which continues to be utilised when calculating the percentage of items endorsed for each sub-type.

Part A scores are most predictive of an ADHD diagnosis (Kessler et al., 2007) and therefore have the most screening and diagnostic utility. However, other aspects of the ASRS can aid in the considerations around applying an ADHD diagnosis based upon overall consistency or differences observed between parts or subscales.

- Criterion Part A (items 1-6. Scores range from 0 to 24)

Client Name	Dummy Client

If the respondent scores 14 or more in Part-A, then the symptom profile of the individual is consistent with a DSM-5-TR ADHD diagnosis in adults (Adler et al., 2006; Kessler et al., 2007). The Part A descriptor provides an indication of whether the respondent meets the DSM criteria, with scores in the high or very high range being considered clinically significant:
- Low: 9 or less
- Mild to Moderate: 10-13
- High: 14-17
- Very High: 18 or more

- Additional Symptoms Part B (items 7-18. Scores range from 0 to 48)
The scores on Part B provide additional information about a broader set of ADHD symptom severity and the impact that inattention or hyperactivity has on their life. A descriptor in the high or very high range (27 or above) is clinically significant:
- Low: 19 or less
- Mild to Moderate: 20-26
- High: 27-32
- Very High: 33 or more

- Total Score (scores range from 0 to 72)
Over and above the key interpretation metrics from Part A and Part B, the total score (sum of part A and B) is converted into a percentile to contextualise responses in comparison to normative data of adults (Adler et al., 2018). For example, a percentile of 90 represents that the respondent scored higher than 90 percent of typical adults in their age range in the community. In most cases, someone with ADHD will score higher than the 79th percentile (raw score of 40). The total score is described as:
- Low: 30 or less
- Mild to Moderate: 31-39
- High: 40-49
- Very High: 50 or more

While Part A contains the items that have been found to be most predictive of ADHD (Kessler et al., 2007), looking at both the Part B score and description (and percentile) can also be informative about diagnosis in cases where the Part A score doesn't reach the threshold. This scale should always be used in conjunction with a clinical interview to provide additional clinical information important for diagnosis. A WURS-25 could also be useful to retrospectively evaluate the presence and severity of childhood symptoms of ADHD.

ADHD Subscales
Three ADHD subscales are presented according to factors identified by Stanton et al. (2018). Raw scores (as determined by the original ASRS dichotomous scoring method where each score is assigned as either 0 or 1) as well as the percentage of items endorsed are presented, providing more specific information about the focus of difficulties:

1. Inattentiveness subscale (Items 1, 2, 3, 4, 7, 8, 9, 10, 11, range 0 to 9)): measuring an adult's difficulty in focussing on details, being organised, remembering appointments, making careless mistakes, and concentrating.
2. Hyperactivity/Impulsivity subscale. There are two aspects to this subscale, a motor and a verbal component. Motor (Items 5, 6, 12, 13, 14, range 0 to 5) measures an adult's difficulty in sitting still, staying seated, and ability to relax. Verbal (Items 15, 16, 17, 18, range 0 to 4) measures an adult's difficulty in controlling how much they are talking, interrupting others, and waiting their turn.

Client Name	Dummy Client

Considering the percentage of items endorsed (as determined by the original ASRS dichotomous scoring method) for each of the subscales can be helpful in determining the ADHD subtype defined in DSM-V-TR: Combined, Hyperactivity-Impulsivity or Inattentive. Note that the DSM-V-TR does not make a distinction between verbal and motor hyperactivity subtypes.

A plot is displayed that shows the client's Part A score in relation to non-ADHD and ADHD samples (Adler et al., 2018). This plot shows the middle two quartiles (25th to 75th percentiles) as they related to a group of individuals who had been independently assessed as having ADHD, and typical adults without an ADHD diagnosis (the community sample). The cutoff for ADHD is marked at 14, indicating that individuals who score 14 or above show symptoms that are consistent with an ADHD diagnosis.

Client Responses

		Never	Rarely	Sometimes	Often	Very Often
1	PART A - How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?	0	0	1	**1**	1
2	How often do you have difficulty getting things in order when you have to do a task that requires organisation?	0	0	**1**	1	1
3	How often do you have problems remembering appointments or obligations?	0	0	1	**1**	1
4	When you have a task that requires a lot of thought, how often do you avoid or delay getting started?	0	0	0	**1**	1
5	How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?	0	0	0	**1**	1
6	How often do you feel overly active and compelled to do things, like you were driven by a motor?	0	0	0	1	**1**
7	PART B - How often do you make careless mistakes when you have to work on a boring or difficult project?	0	0	**0**	1	1
8	How often do you have difficulty keeping your attention when you are doing boring or repetitive work?	0	0	0	**1**	1
9	How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?	0	0	1	1	**1**
10	How often do you misplace or have difficulty finding things at home or at work?	0	0	0	1	**1**
11	How often are you distracted by activity or noise around you?	0	0	0	**1**	1
12	How often do you leave your seat in meetings or other situations in which you are expected to remain seated?	0	**0**	1	1	1

Client Name	Dummy Client

Client Responses (cont.)

		Never	Rarely	Sometimes	Often	Very Often
13	How often do you feel restless or fidgety?	0	0	0	1	1
14	How often do you have difficulty unwinding and relaxing when you have time to yourself?	0	0	0	1	1
15	How often do you find yourself talking too much when you are in social situations?	0	0	0	1	1
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	0	1	1	1
17	How often do you have difficulty waiting your turn in situations when turn taking is required?	0	0	0	1	1
18	How often do you interrupt others when they are busy?	0	0	1	1	1

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Client Name	Dummy Client	*Date administered*	27 Jun 2026
Date of birth (age)	1 Jan 2000 (26)	*Time taken*	1 min 27s
Assessor	Alan Cross		

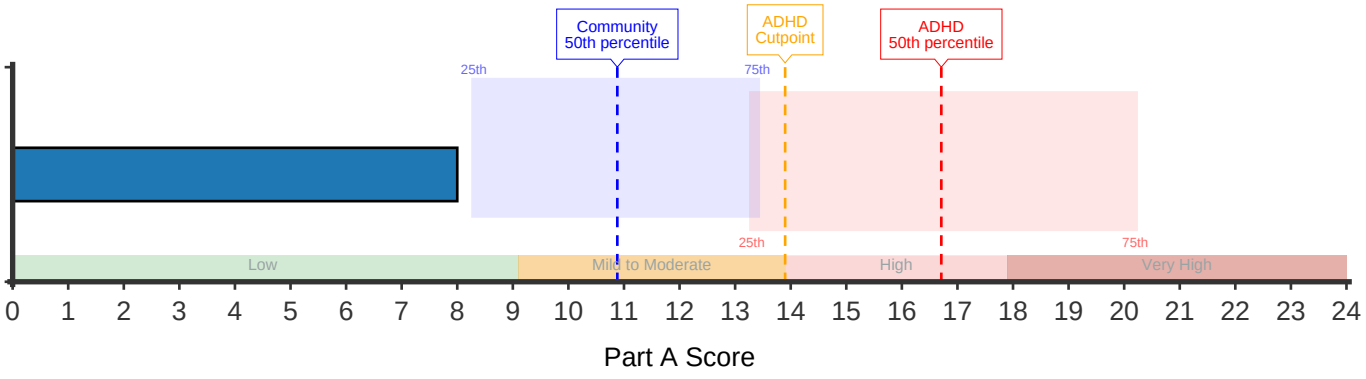
Results

	Raw Score	Community Percentile	Descriptor
Criterion (Part A) (0-24)	8	22	Low
Additional Symptoms (Part B) (0-48)	13	10	Low
Total Score (0-72)	21	13	Low

ADHD Subscales

	Raw Score	Items Endorsed (%)
Inattentiveness (0-9)	0	0 %
Hyperactivity / Impulsivity (Motor & Verbal) (0-9)	2	22 %

ASRS Criterion (Part A) Score in Comparison to Community and ADHD Distributions



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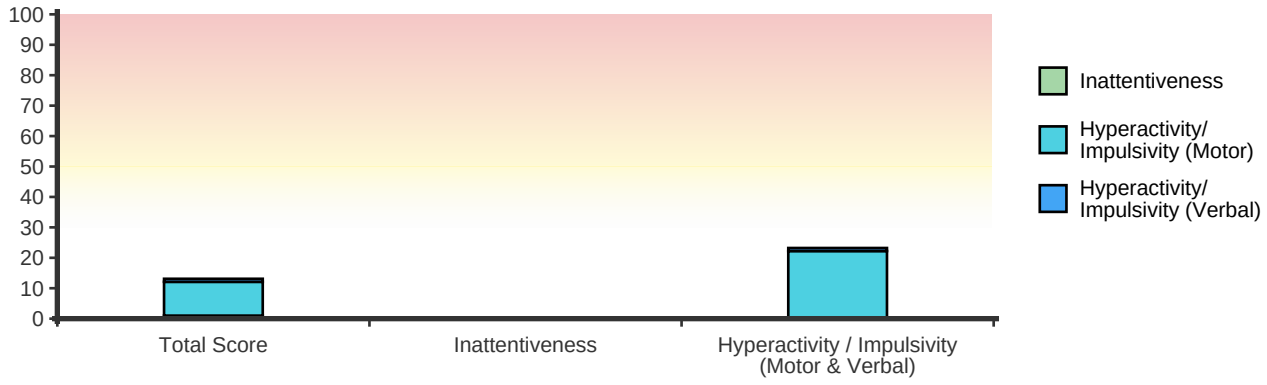

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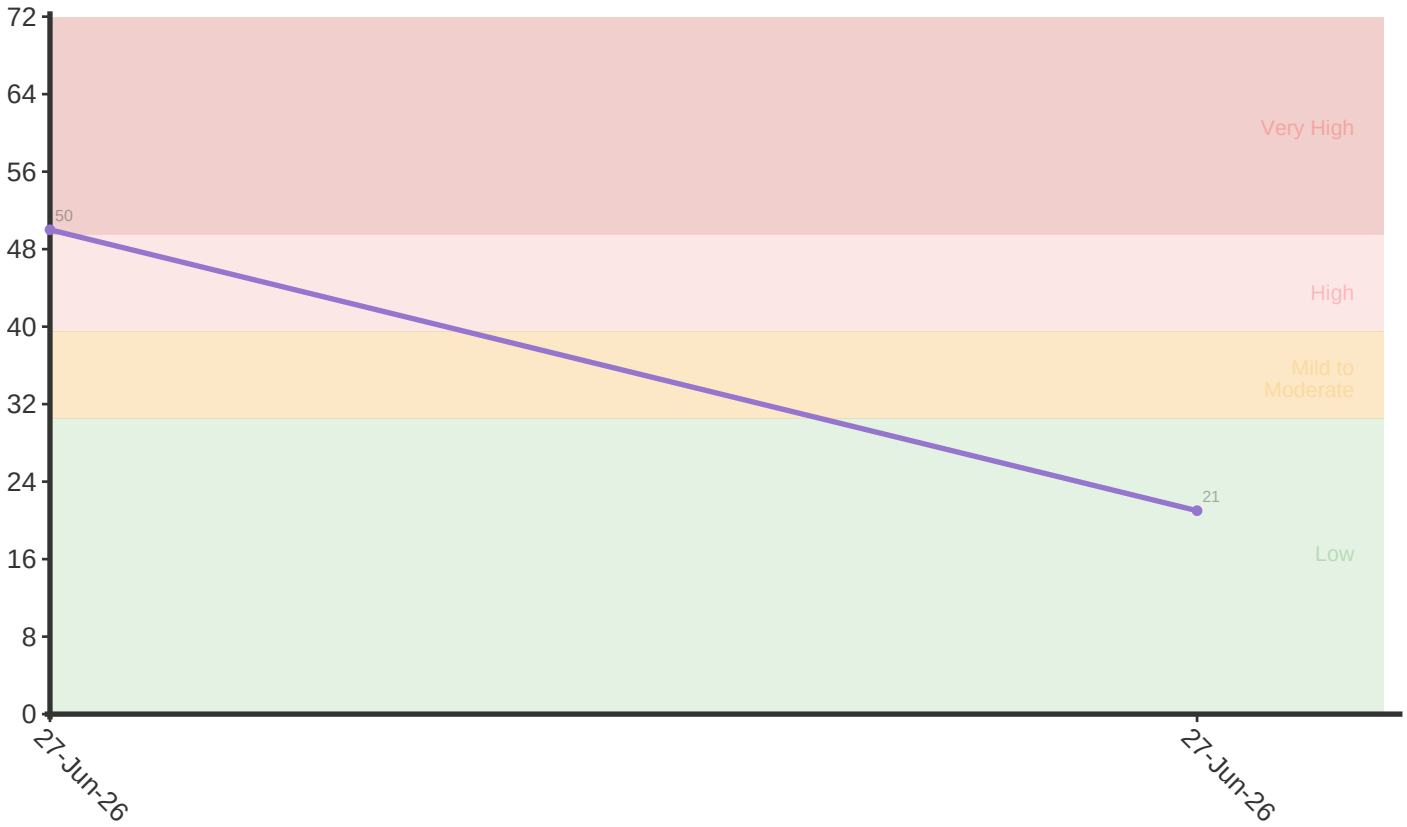
Total Scores



Interpretation

PART A:
The client's ASRS Part A responses are not consistent with ADHD and indicate attentiveness and hyperactivity challenges that fall in the low range relative to population norms. This pattern suggests that the frequency and intensity of reported attention-related difficulties are below the clinical threshold and are unlikely to significantly impact daily functioning. In comparison to healthy adults, the client scored at the 22nd percentile, indicating typical levels of attentiveness and hyperactivity.

Scoring and Interpretation Information

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Client Responses

		Never	Rarely	Sometimes	Often	Very Often
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2	How often do you have difficulty getting things in order when you have to do a task that requires organisation?	**0**	**0**	**1**	**1**	**1**
3	How often do you have problems remembering appointments or obligations?	**0**	**0**	**1**	**1**	**1**
4	When you have a task that requires a lot of thought, how often do you avoid or delay getting started?	**0**	**0**	**0**	**1**	**1**
5	How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?	**0**	**0**	**0**	**1**	**1**
6	How often do you feel overly active and compelled to do things, like you were driven by a motor?	**0**	**0**	**0**	**1**	**1**
7	PART B - How often do you make careless mistakes when you have to work on a boring or difficult project?	**0**	**0**	**0**	**1**	**1**
8	How often do you have difficulty keeping your attention when you are doing boring or repetitive work?	**0**	**0**	**0**	**1**	**1**
9	How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?	**0**	**0**	**1**	**1**	**1**

Client Name	Dummy Client

Client Responses (cont.)

		Never	Rarely	Sometimes	Often	Very Often
10	How often do you misplace or have difficulty finding things at home or at work?	0	0	0	1	1
11	How often are you distracted by activity or noise around you?	0	0	0	1	1
12	How often do you leave your seat in meetings or other situations in which you are expected to remain seated?	0	0	1	1	1
13	How often do you feel restless or fidgety?	0	0	0	1	1
14	How often do you have difficulty unwinding and relaxing when you have time to yourself?	0	0	0	1	1
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