

Update to ASRS Questionnaire in Creyos FAQs

- **How is the ASRS questionnaire changing?**

The ASRS questionnaire in Creyos is being shortened from the full 18-question symptom checklist to the core 6-question screener. This change was made at the request of NYU Langone Health, which holds the rights to the full ASRS. The 6-question screener remains scientifically validated and continues to provide reliable insight into attention-related concerns. It is now the default version embedded within Creyos and fully supported in all ADHD protocol workflows.

If you wish to continue using the full 18-question version, it can be accessed separately by registering directly with NYU Langone Health.

- **Why is the ASRS being shortened to 6 questions?**

Creyos previously offered the full 18-question ASRS checklist as a courtesy tool. At the direction of NYU Langone Health, which holds the rights to the ASRS, we've been asked to remove that extended version and direct providers to access it through their organization by emailing tovcommunications@nyulangone.org. However, the 6-question ASRS screener remains available for use within Creyos and is widely recognized as a valid tool for initial ADHD assessment.

- **When will the 18-question ASRS be removed?**

The transition is already underway. The 18-question version is being replaced with the 6-question screener within all protocols the week of Monday June 16. Any protocols or reports completed before this change will still include the 18-question results; only new assessments going forward will reflect the 6-question version.

- **Can I still use the full 18-question ASRS in my practice?**

Yes, though it's no longer available within the Creyos platform. If you'd like to continue using the full 18-question version of the ASRS, you can request access directly from NYU Langone Health by emailing tovcommunications@nyulangone.org. If you'd like to discuss how this change might affect your workflow or explore ways to incorporate the external version, we're happy to talk it through with you, just reach out to help@creyos.com.

- **Why can't Creyos just keep offering the full version?**

The full 18-question ASRS symptom checklist is offered by NYU Langone Health. They have requested it be accessed exclusively through their own portal.

- **Is Creyos sourcing a replacement for the 18-question version of the ASRS?**

Creyos is not sourcing a replacement for the 18-question ASRS. The 6-question ASRS screener is a validated tool that is already integrated into the Creyos ADHD protocol. It is designed to help identify individuals who may be at higher risk for adult ADHD. As with any Creyos protocol or questionnaire, this screener should not be used on its own to diagnose ADHD—it should be paired with clinical interviews and observations, other mental health examinations or assessments administered, and other evaluations of the patient and/or the patient's family history.

- **Can you share the research on the validity of the 6-question scale?**

Kessler, R. C., Adler, L., Ames, M., Demler, O., Faraone, S., Hiripi, E., Howes, M. J., Jin, R., Secnik, K., Spencer, T., Ustun, T. B., & Walters, E. E. (2005). The World Health Organization Adult ADHD Self-Report Scale (ASRS): a short screening scale for use in the general population. *Psychological medicine*, 35(2), 245–256.
<https://doi.org/10.1017/s0033291704002892>

- This study outlines the careful choosing of the six-questions that maximize how often the screener's results match the outcomes of a full clinical diagnosis.
- The goal was to make the six-question screener as **predictive and accurate** as possible compared to the full 18-question scale.
- The six-question ASRS screener outperformed the 18-question ASRS in sensitivity (68.7% v. 56.3%), specificity (99.5% v. 98.3%), total classification accuracy (97.9% v. 96.2%).

Kessler, R. C., Adler, L. A., Gruber, M. J., Sarawate, C. A., Spencer, T., & Van Brunt, D. L. (2007). Validity of the World Health Organization Adult ADHD Self-Report Scale (ASRS) Screener in a representative sample of health plan members. *International Journal of Methods in Psychiatric Research*, 16(1), 52–65. <https://doi.org/10.1002/mpr.208>

- This study further assesses the validity of the six-question ASRS for identifying ADHD cases in a sample population, finding strong concordance between cases identified by the six-question ASRS scale and confirmed clinical diagnoses of ADHD.
- The six-question ASRS is cited as a useful and brief tool in screening for ADHD cases.

In extension of the above validation studies, the ASRS-v1.1 instructions explain the breakdown between Part A (first six questions) and Part B (remaining twelve questions) items:

The World Health Organization. (n.d.). *Adult ADHD Self-Report Scale (ASRS v1.1) Symptom Checklist*. Retrieved from <https://add.org/wp-content/uploads/2015/03/adhd-questionnaire-ASRS111.pdf>

- The Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist Instructions states that “Six of the eighteen questions were found to be the most predictive of symptoms consistent with ADHD. These six questions are the basis for the ASRS v1.1 Screener and are also Part A of the Symptom Checklist.”

- **Will my previous ASRS results still be available in Creyos?**

Yes. Any reports that included the 18-question ASRS will remain accessible in Creyos. No data will be lost, and you can continue referencing these results in patient records.

- **Will historical assessment results change with this update?**

No. All past results and reports containing the full ASRS will remain unchanged. This update only applies to new assessments going forward.

- **What about custom protocols created using the 18-question ASRS? Will it be removed from these as well?**

Custom protocols that included the 18-question ASRS will be updated to reflect the 6-question screener. However, any previous assessments conducted using the 18-question version will remain intact and viewable.

- **Who can I contact if I have concerns or questions about this change?**

Your Customer Success Manager is available to support you through the transition. We’re here to ensure this change doesn’t disrupt your ability to deliver high-quality care and will provide timely updates as more information becomes available.

Please note: *The Creyos ADHD Clinical Protocol and Report is not a standalone diagnostic tool. As with other Creyos Health assessments, any conclusions drawn from the Creyos ADHD Clinical Report should be paired with clinical interviews and observations, other mental health examinations or assessments administered, and other evaluations of the patient and/or the patient's family history.*