

Adult Observer ADHD Questionnaire

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|----------------|--------------------|
| Date: | |
| Student Name: | Student Birthdate: |
| Observer Name: | Observer Phone #: |

Adult ADHD Symptom Rating Scale – Observer Version (ASRS-O)

| Please answer the questions below, rating this person based on your observations over the past 6 months. | Never | Rarely | Sometimes | Often | Very Often |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Part A | 0 | 1 | 2 | 3 | 4 |
| 1. How often does this person have trouble wrapping up the final details of a project, once the challenging parts have been done? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Examples/details: | | | | | |
| 2. How often does this person have difficulty getting things in order when they have to do a task that requires organization? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Examples/details: | | | | | |
| 3. How often does this person have problems remembering appointments or obligations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Examples/details: | | | | | |
| 4. When this person has a task that requires a lot of thought, how often do they avoid or delay getting started? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Examples/details: | | | | | |
| 5. How often does this person fidget or squirm with their hands or feet when they have to sit down for a long time? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Examples/details: | | | | | |
| 6. How often does this person seem overly active and compelled to do things, as if they were driven by a motor? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Examples/details: | | | | | |
| Part B | | | | | |
| 7. How often does this person make careless mistakes when they have to work on a boring or difficult project? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Examples/details: | | | | | |
| 8. How often does this person have difficulty keeping their attention when you are doing boring or repetitive work? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Examples/details: | | | | | |
| 9. How often does this person have difficulty concentrating on what people are saying, even when they are speaking to the person directly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Examples/details: | | | | | |
| 10. How often does this person misplace or have difficulty finding things at home or at work? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Examples/details: | | | | | |
| 11. How often is this person distracted by activity or noise around them? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Examples/details: | | | | | |
| 12. How often does this person leave their seat in meetings or other situations in which they are expected to remain seated? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Examples/details: | | | | | |
| 13. How often does this person appear restless or fidgety? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Examples/details: | | | | | |
| 14. How often does this person have difficulty unwinding and relaxing when they have time to themselves? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Examples/details: | | | | | |
| 15. How often does this person talk too much when in social situations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Examples/details: | | | | | |
| 16. When this person is in a conversation, how often do they finish the sentences of the people they are talking to, before they can finish them themselves? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Examples/details: | | | | | |
| 17. How often does this person have difficulty waiting their turn in situations when turn taking is required? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Examples/details: | | | | | |
| 18. How often does this person interrupt others? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Examples/details: | | | | | |
| Is there any additional information that is relevant to the above situations? If so, please describe: | | | | | |
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