

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

Date:	
Patient Name:	Patient Birthdate:
Observer Name:	

***These questions are for how the person is NOW***

<b>Please answer the questions below, rating this person based on your observations over the past 6 months.</b>		Never	Rarely	Sometimes	Often	Very Often
<b>Part A</b>		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"/>				
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"/>				
Examples/details:						
3. How often does this person have problems remembering appointments or obligations?		<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"/>				
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"/>				
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"/>				
Examples/details:						
<b>Part B</b>						
7. How often does this person make careless mistakes when they have to work on a boring or difficult project?		<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"/>				

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"/>				
Examples/details:					
10. How often does this person misplace or have difficulty finding things at home or at work?	<input type="checkbox"/>				
Examples/details:					
11. How often is this person distracted by activity or noise around them?	<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"/>				
Examples/details:					
13. How often does this person appear restless or fidgety?	<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"/>				
Examples/details:					
15. How often does this person talk too much when in social situations?	<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"/>				
Examples/details:					
17. How often does this person have difficulty waiting their turn in situations when turn taking is required?	<input type="checkbox"/>				
Examples/details:					
18. How often does this person interrupt others?	<input type="checkbox"/>				
Examples/details:					
Is there any additional information that is relevant to the above situations? If so, please describe:					

# Wender Utah Rating Scale-25 (WURS-25)

Patient name: \_\_\_\_\_ Informant name: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

<i>These questions are for how the person was as a child (&lt;12)</i>		Not At All or Very Slightly (0)	Mildly (1)	Moderately (2)	Quite a Bit (3)	Very Much (4)
1.	Concentration problems, easily distracted					
2.	Anxious, worrying					
3.	Nervous, fidgety					
4.	Inattentive, daydreaming					
5.	Hot- or short-tempered, low boiling point					
6.	Temper outbursts, tantrums					
7.	Trouble with stick-to-it-tiveness, not following through, failing to finish things started					
8.	Stubborn, strong-willed					
9.	Sad or blue, depressed, unhappy					
10.	Disobedient with parents, rebellious, sassy					
11.	Low opinion of myself					
12.	Irritable					
13.	Moody, ups and downs					
14.	Angry					
15.	Acting without thinking, impulsive					
16.	Tendency to be immature					
17.	Guilty feelings, regretful					
18.	Losing control of myself					
19.	Tendency to be or act irrational					
20.	Unpopular with other children, didn't keep friends for long, didn't get along with other children					
21.	Trouble seeing things from someone else's point of view					
22.	Trouble with authorities, trouble with school, visits to principal's office					
23.	Overall a poor student, slow learner					
24.	Trouble with mathematics or numbers					
25.	Not achieving up to potential					
TOTAL SCORE						