

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

| 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"/> |

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 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: | | | | | |

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 (<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 | | | | | |