

Adult Observer ADHD Questionnaire

*** To be completed by parents, close relatives or friends**

Date:	
Patient Name:	Patient 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 they 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?

Examples/details:

11. How often is this person distracted by activity or noise around them?

Examples/details:

12. How often does this person leave their seat in meetings or other situations in which they are expected to remain seated?

Examples/details:

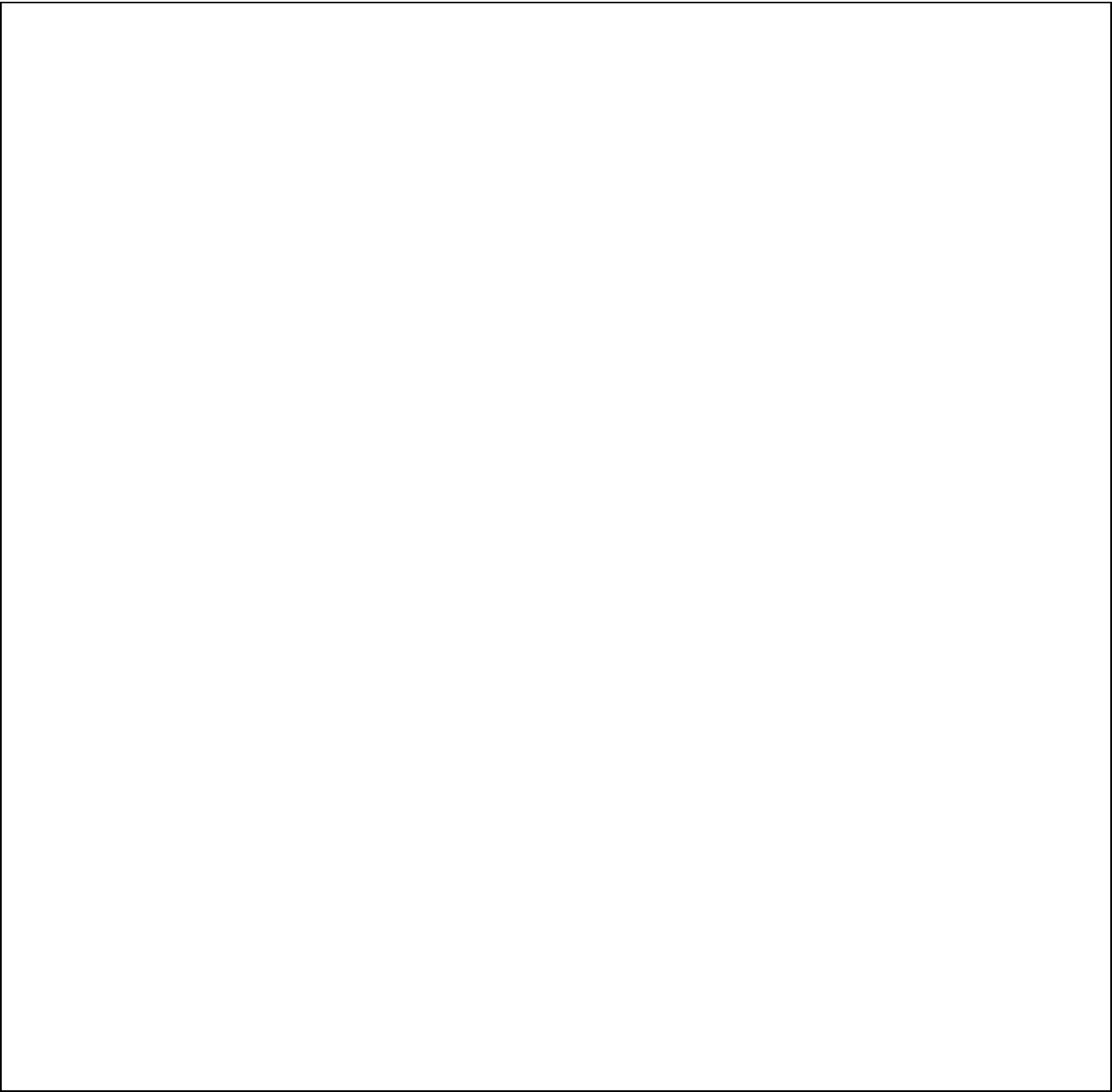
13. How often does this person appear restless or fidgety?

Examples/details:

14. How often does this person have difficulty unwinding and relaxing when they have time to themselves?

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 – OBSERVER RATING (WURS - O)

***To be completed by parent, teacher, or care-giver who knew the patient who is being assessed for ADHD as a child.**

Patient's Name:

Date:

Observer completing scale:

Relationship to patient:

Observer phone number & email:

Wender Utah Rating Scale

- 61 questions answered by a **close relative or friend** of an adult patient recalling patient's childhood behaviour
- 5 possible responses scored from 0 to 4 points

	Not at all or very slightly	Mildly	Moderately	Quite a Bit	Very much
AS A CHILD THIS PERSON WAS (OR HAD):					
1. Active, restless, always on the go	0	1	2	3	4
2. Afraid of things	0	1	2	3	4
3. Concentration problems, easily distracted	0	1	2	3	4
4. Anxious, worrying	0	1	2	3	4
5. Nervous, fidgety	0	1	2	3	4
6. Inattentive, daydreaming	0	1	2	3	4
7. Hot or short tempered, low boiling point	0	1	2	3	4
8. Shy, sensitive	0	1	2	3	4
9. Temper outbursts, tantrums	0	1	2	3	4
10. Trouble with stick-to-it-iveness, not following through, failing to finish things started	0	1	2	3	4
11. Stubborn, strong willed	0	1	2	3	4
12. Sad or blue, depressed, unhappy	0	1	2	3	4
13. Uncautious, dare-devilish, involved in pranks	0	1	2	3	4
14. Not getting a kick out of things, dissatisfied with life	0	1	2	3	4
15. Disobedient with parents, rebellious, sassy	0	1	2	3	4
16. Low opinion of myself	0	1	2	3	4

17. Irritable	0	1	2	3	4
18. Outgoing, friendly, enjoy company of people	0	1	2	3	4
19. Sloppy, disorganized	0	1	2	3	4
20. Moody, have ups and downs	0	1	2	3	4
21. Feel angry	0	1	2	3	4
22. Have friends, popular	0	1	2	3	4
23. Well organized, tidy, neat	0	1	2	3	4
24. Acting without thinking, impulsive	0	1	2	3	4
25. Tend to be immature	0	1	2	3	4
26. Feel guilty, regretful	0	1	2	3	4
27. Lose control of myself	0	1	2	3	4
28. Tend to be or act irrational	0	1	2	3	4
29. Unpopular with other children, didn't keep friends for long, didn't get along with other children	0	1	2	3	4
30. Poorly coordinated, did not participate in sports	0	1	2	3	4

	Not at all or very slightly	Mildly	Moderately	Quite a Bit	Very much
31. Afraid of losing control of self	0	1	2	3	4
32. Well coordinated, picked first in games	0	1	2	3	4
33. (for women only) Tomboyish	0	1	2	3	4
34. Ran away from home	0	1	2	3	4
35. Get in fights	0	1	2	3	4
36. Teased other children	0	1	2	3	4
37. Leader, bossy	0	1	2	3	4
38. Difficulty getting awake	0	1	2	3	4
39. Follower, lead around too much	0	1	2	3	4
40. Trouble seeing things from someone else's point of view	0	1	2	3	4
41. Trouble with authorities, trouble with school, visits to principal's office	0	1	2	3	4
42. Trouble with the police, booked, convicted	0	1	2	3	4
MEDICAL PROBLEMS AS A CHILD:					
43. Headaches	0	1	2	3	4

44. Stomach aches	0	1	2	3	4
45. Constipation	0	1	2	3	4
46. Diarrhea	0	1	2	3	4
47. Food allergies	0	1	2	3	4
48. Other allergies	0	1	2	3	4
49. Bedwetting	0	1	2	3	4
AS A CHILD IN SCHOOL:					
50. Overall a good student, fast	0	1	2	3	4
51. Overall a poor student, slow learner	0	1	2	3	4
52. Slow reader	0	1	2	3	4
53. Slow in learning to read	0	1	2	3	4
54. Trouble reversing letters	0	1	2	3	4
55. Problems with spelling	0	1	2	3	4
56. Trouble with mathematics or numbers	0	1	2	3	4
57. Bad handwriting	0	1	2	3	4
58. Though I could read pretty well, I never really enjoyed reading	0	1	2	3	4
59. Did not achieve up to potential	0	1	2	3	4
60. Repeated grades (which grades?) _____	0	1	2	3	4
61. Suspended or expelled (which grades?) _____	0	1	2	3	4