

ADULT ADHD SYMPTOM CHECKLIST – Observer version

Person Observed _____ Age: _____ Sex: Male Female.

Name of Observer: _____ Date: _____

Instructions: Check the box that best describes this person’s behavior over the past six months.

OBSERVATIONS	Not at all	Just a little	Often	Very Often
1. Fails to give close attention to details or makes careless mistakes in work and other activities				
2. Has difficulty sustaining attention in tasks				
3. Does not seem to listen when spoken to directly				
4. Does not follow through on instructions and fails to finish chores or duties in the workplace (not due to defiance or failure to understand instructions)				
5. Has difficulty organizing tasks and activities				
6. Avoid, dislikes, or is reluctant to engage in tasks that require sustained mental effort				
7. Loses things necessary for tasks or activities				
8. Is easily distracted by extraneous stimuli				
9. Is forgetful in daily activities				
10. Fidgets with hands or feet or squirms in seat				
11. Leaves seat in situations in which staying seated is expected				
12. Seems to be restless				
13. Has difficulty engaging in leisure activities quietly				
14. Is “on the go” or often acts as if “driven by a motor”				
15. Talks excessively				
16. Blurts out answers before questions have been completed				
17. Has difficulty waiting one’s turn				
18. Interrupts or intrudes on others (e.g., butts into conversations or games)				

Approximately when did you first notice the behaviors that occur often and very often? _____

Do these symptoms hinder or impair this person in two or more settings? Yes No Don’t know

What settings? School Home Work Business Sports Social venues