**Adult ADHD Symptom Checklist-Observer Version #6183**

Name of Observer: ____________________  Person Observed: ___________________

Sex of Person Observed: ________________  Date: _____________________________

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

<table>
<thead>
<tr>
<th></th>
<th>Not at All</th>
<th>Just a Little</th>
<th>Often</th>
<th>Very Often</th>
</tr>
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**Inattention**

1. fails to give close attention to details or makes careless mistakes in schoolwork, work, or 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 schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
5. has difficulty organizing tasks and activities
6. avoids, 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

**Hyperactivity**

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

**Impulsivity**

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 or very often? ______________

Do these symptoms impair this person in two or more settings? (Yes, No, DK) ________________

Where is their impairment? Home? School? Work? (list all) ________________________________