

Adult Observer Questionnaire

Date:	Patient Name:
Observer Name:	Patient Birthdate:
Relationship to Patient:	Observer Phone #:

Please answer the questions below, rating this person based on your observations over the past 6 months.	Never	Rarely	Sometimes	Often	Very Often
	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:					
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:					

Please answer the questions below, rating this person based on your observations over the past 6 months.	Never	Rarely	Sometimes	Often	Very Often
	0	1	2	3	4
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:					