Symptom Checklist
Adult Observer Form

Adapted from Barkley and Murphy (2007)

Name of client :
Name of person who has observed client and relationship to client:
Date:

Please answer the questions below, rating the client on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how the client has felt and conducted him or herself over the past 6 months.	Never	Some Times	Very Often
Client makes decisions impulsively			
Client has difficulty stopping his/her activities or behavior when he/she should do so			
Client starts a project or task without reading or listening to directions carefully			
Client has poor follow-through on promises or commitments he/she may make to others			
Client has trouble doing things in their proper order or sequence			
Client is more likely to drive a motor vehicle much faster than others (excessive speeding)			
Client is prone to daydreaming when he/she should be concentrating on something			
Client has trouble planning ahead or preparing for upcoming events			
Client can't seem to persist at things he/she does not find interesting			