

\*\*\*PLEASE HAVE SOMEONE ELSE COMPLETE THIS FORM ABOUT YOU AND BRING IT TO OUR APPOINTMENT\*\*\*

### Current Symptoms Other-Report Form

Your name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of person you are rating: \_\_\_\_\_ Relationship \_\_\_\_\_

**Instructions:** Please rate the person named above by circling the number next to each item that best describes this person's behavior *during the past 6 months*.

		Never or Rarely	Sometimes	Often	Very Often
1	Fails to give close attention to details or makes careless mistakes	0	1	2	3
2	Fidgets with hands or feet or squirms in seat	0	1	2	3
3	Has difficulty sustaining attention in tasks or fun activities	0	1	2	3
4	Leaves seat in situations in which seating is expected	0	1	2	3
5	Doesn't listen when spoken to directly	0	1	2	3
6	Feels restless	0	1	2	3
7	Doesn't follow through on instructions and fails to finish tasks	0	1	2	3
8	Has difficulty engaging in leisure activities or doing fun things quietly	0	1	2	3
9	Has difficulty organizing tasks and activities	0	1	2	3
10	Appears "on the go" or "driven by a motor"	0	1	2	3
11	Avoids, dislikes, or is reluctant to engage in work that requires sustained mental effort	0	1	2	3
12	Talks excessively	0	1	2	3
13	Loses things necessary for tasks or activities	0	1	2	3
14	Blurts out thoughts or answers before questions have been completed	0	1	2	3
15	Is easily distracted	0	1	2	3
16	Has difficulty awaiting turn	0	1	2	3
17	Is forgetful in daily activities	0	1	2	3
18	Interrupts or intrudes on others	0	1	2	3

Please indicate any additional concerns: \_\_\_\_\_

\_\_\_\_\_  
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