

**PERSONAL/  
ORGANIZATIONAL  
SKILLS ASSESSMENT  
(POSA)  
I**

**For Use with Adults Diagnosed with ADHD**

## INTRODUCTION

The Personal Organizational Skills Assessment (POSA) is for adults who have been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) by a Medical/Mental Health professional. ADHD is a genetic neurological condition that one is born with and continues throughout the adult life span.

Although adults with ADHD often possess many gifts and attributes, there is compelling evidence that its negative impact is far reaching and cumulative. As many people are not diagnosed until adulthood their relationships, academic performances, vocational success and the ability to master critical day to day living have often been significantly impaired.

The successful treatment of ADHD begins with a thorough evaluation that addresses not only psychological features, but how all aspects of one's life have been affected. The first step is to teach individuals how to develop a single point of focus, and filter out the constant distraction that exists *even after medication*. Solutions must be *interest base, creative and expedient*. Immediately trying to institute behavioral solutions will be more frustrating than helpful. The ADHD adult needs to learn the unique way in which they can maximize using their brains and becoming focused and able to remain on task has to precede any attempted techniques.

The POSA seeks to clarify both learning style, and areas of interest that can be used to develop interest based cues and techniques. There is also a great diversity of

1. Identity and self esteem
2. Learning style
3. Learning disabilities
4. Organizational/skills management in the following areas:
  - a. Home
  - b. Work
  - c. Finances
  - d. School
5. Relationships
6. Communication
7. Parenting
8. Wellness/Safety
9. Impulsivity
10. Time Management

Recommended treatment modalities following the use of this assessment tool include:

1. Medication management
2. Strength-based counseling focused on re-framing
3. Clarifying learning styles/cueing devices and identifying the areas needed for skills building
4. Psycho Educational Program in a group context
5. Individualized interest based organizational skills coaching
6. Supportive group debriefing
7. Peer/Spouse/Significant other support groups

This assessment can be self-administered to gauge progress and adjust the treatment plan. A salient feature of ADHD is that it manifests very differently from person to person. Concurrently treatment solutions, skill rate development will also vary.



## 2) ADD GIFTS

I can identify the following qualities in myself:

Willingness to look at myself and change	Passionate interests	Intense awareness	Enthusiasm
Acceptance of others	Love of learning	Risk taking	Fun to be around
Intuitive problem solving	Creativity	Honesty	Empathy
Ability to do things others can't	Sense of humor	Fairness	Generosity
Quick study of people/situations	Keen insight	Hyper focus	Artistic/musical
Relentless determination	Intelligence	Inventiveness	
Developing unique solutions	Can multi-task	Other _____	

## 3) MY ADD

a) I understand the impact ADD has had on my (please circle all that apply):

Self esteem      Academic performance      Vocational experiences  
Relationships      Daily organization

b) I am able to release negative self perceptions I have because of my ADD.     Yes     No

c) I recognize my strengths.     Yes     No

d) I am able to use "hyper focus" effectively. For example, when I am pursuing a hobby or working on a project, it doesn't interfere with the time needed to take care of other household or work responsibilities, relationships, or going to bed on time.     Yes     No

e) I have (or might have) the following learning disabilities (check all that apply):

- Balance/Coordination Disorder (clumsy; may drop or bump into things; has difficulty playing sports due to coordination; poor motor coordination).
- Language Disorder (delayed speech, incorrect use of words, difficulty understanding when people speak; impaired pronunciation).
- Writing Disorder (difficulty putting ideas into words, well constructed sentences, using proper words, punctuation)
- Reading Disorder (dyslexia; difficulty getting the meaning, poor retention).
- Visual Perception How the brain interprets what is seen (cannot copy accurately; seeing parts but not the whole; seeing and interpreting what you see differently than others; difficulty remembering what you see).
- Auditory Perception The ability to process information received through the auditory (hearing) channel.
- Mathematics Difficulty learning math in school

- Spatial Awareness (inability to gauge space – over or under estimates; cannot remember left-to-right sequencing; cannot write in a given amount of space/no space between words).
- Conceptual (such as: cannot read social situations/body language; cannot see relationships between similar objects/has poor inferential thinking; doesn't understand concepts; reads words but does not convert them to mental images).
- Memory – The ability to remember what was just seen or heard (difficulty storing information for later use; building on memory for different/more complex tasks).

i) I have received the following help for my learning disabilities: \_\_\_\_\_

f) I understand that hyper-sensitivity to texture/touch is a symptom of ADD (i.e. hugging, certain textures, labels on clothes).  Yes  No  
 If yes, describe your experience: \_\_\_\_\_

g) I have experienced the following examples of Synesthesia:

- seeing colors when I conceptualize something
- having a sense of what a shape feels like when I see it
- physical/body sensation when you hear or see something
- conceptualizing/verbalizing with use of metaphors
- ability to connect things that to others don't seem connected
- Other \_\_\_\_\_
- This does not apply to me.

h) I use skills to effectively manage my feelings and behavior.  Yes  No

i) I have taken the time to grieve for lost opportunities and/or things that occurred in my past. I focus on the present and not the past.  Yes  No

j) I do not let fear of failure prevent me from starting something.  Yes  No

k) I have learned about ADD from (circle all that apply):

Reading materials	Counseling	Psycho educational programs	Internet
Support groups	Coaching	Medication management	

Other: \_\_\_\_\_

l) I have discussed my ADD with significant others and family.  Yes  No

m) My friends/family members:

- i) Understand how ADD has affected my life, and our relationships.  Yes  No
- ii) They are supportive  Yes  No

n) I have been evaluated for accommodations in the workplace.  Yes  No  
 List if applicable: \_\_\_\_\_

o) I have used my understanding of my ADD, learning styles to re-evaluate vocational choices/training.  Yes  No  
 If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_

p) I can clearly explain to others in 25 well chosen words what ADD is:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>4) BALANCE</b>	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Usually</b>
a) I maintain an appropriate balance between structure and spontaneity (i.e. I am not structured to the point it interferes with my life).	0	1	2	3
b) Before I volunteer, I evaluate if I have time for the activity.	0	1	2	3
c) I balance taking care of my needs and the needs of other.	0	1	2	3
d) I am generous without exceeding my available resources.	0	1	2	3
e) I express fear/anxiety/conflict when it is appropriate.	0	1	2	3
f) I am able to accept the ways in which I am different, and focus on my strengths.	0	1	2	3
g) I realize that perfection is not attainable.	0	1	2	3
h) I use humor to describe my daily experiences in a way that is supportive to me and not detrimental.	0	1	2	3
i) I expect that other people are respectful of me when describing my experiences.	0	1	2	3
j) I accept responsibility only when it is appropriate.	0	1	2	3
k) I can say no without feeling guilty.	0	1	2	3
l) I do not feel apologetic that I have ADD.	0	1	2	3

## ASSESSING ADD'S IMPACT ON DAILY SKILLS

<b>1) AWARENESS</b>	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Usually</b>
a) I am able to manage external stimuli (sight, sound, distractions).	0	1	2	3
b) I can contain internal stimuli (feelings, thoughts) so they don't interfere with my communication/task completion.	0	1	2	3
c) If I have drifted off focus, I can re-engage my focus.	0	1	2	3
d) Instead of saying "I am disorganized" I am able to identify what prevents me from remaining engaged and completing tasks.	0	1	2	3
e) I am able to prioritize what I need to do.	0	1	2	3
f) I can start and stop tasks at will, and complete them by required deadlines.	0	1	2	3
g) I have been able to evaluate what I need help with, and arranged to get that help (i.e. maintenance of home/finances/work assistance).	0	1	2	3

<b>2) WORK</b>	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Usually</b>
a) I arrive at work on time.	0	1	2	3
b) I am able to routinely complete tasks on the due dates.	0	1	2	3
c) I can put my solutions, ideas into action.	0	1	2	3
d) I communicate effectively with coworkers/supervisory staff.	0	1	2	3
e) I can concentrate in meetings and follow up on action items discussed/delegated.	0	1	2	3
f) My workspace is organized and free of clutter.	0	1	2	3
g) I generally limit my work to a 40 to 45 hour week.	0	1	2	3
h) I don't have to work extra time to complete tasks.	0	1	2	3
i) I use a day planner, or have a system to ensure that I remember meetings and tasks.	0	1	2	3
j) If I am disrupted, I can re focus and begin to work on the task again.	0	1	2	3
k) I utilize specific ADD techniques at my job/workspace to enhance productivity.	0	1	2	3
l) I have a system of prioritizing my daily tasks, which is helpful to me in organizing my time.	0	1	2	3
m) I am satisfied with how I manage my time.	0	1	2	3
n) I feel I am working up to my potential.	0	1	2	3
o) I feel positive about my work performance.	0	1	2	3
p) I have techniques to use to decrease stress at work.	0	1	2	3
q) I utilize brief break times/ lunch times to re-energize and reduce stress.	0	1	2	3
r) I can identify where ADD has negatively and positively impacted my work history/performance.	0	1	2	3

## ASSESSING ADD'S IMPACT ON DAILY SKILLS

<b>3) SCHOOL (If Applicable)</b>	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Usually</b>
a) I arrive at classes on time.	0	1	2	3
b) I turn in assignments on time.	0	1	2	3
c) I maintain concentration/focus in class.	0	1	2	3
d) I feel confident with my finished products.	0	1	2	3
e) I maintain my interest in the course throughout the semester.	0	1	2	3
f) I complete my courses.	0	1	2	3
g) I have a stimuli-free workspace for study/completion of assignments.	0	1	2	3
h) I set appropriate boundaries and do not over commit or volunteer.	0	1	2	3
i) I can appropriately estimate the time that it takes to complete a project.	0	1	2	3
j) I am overall satisfied with my organization of class material.	0	1	2	3
k) I feel I am working up to my potential.	0	1	2	3
l) I have explored if I need any ADD accommodation to have an equal chance at academia success.	0	1	2	3
m) I can engage with required course material even if I am not personally interested in it	0	1	2	3

## ASSESSING ADD'S IMPACT ON DAILY SKILLS

<b>4) HOME</b>	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Usually</b>
a) I plan menus. I write & utilize a list to guide my grocery shopping and prevent impulse purchases.	0	1	2	3
b) I am satisfied with my meal preparation/planning	0	1	2	3
c) My kitchen has the necessary tools, and storage systems needed to easily prepare meals.				
d) My closets and dressers are organized.	0	1	2	3
e) For the most part, the organization of my home enables me to find things readily.	0	1	2	3
f) My house is kept up well enough for people to visit.	0	1	2	3
g) I routinely do laundry, ironing and/or dry cleaning and immediately put my clothes away.	0	1	2	3
h) I have a time/plan to do housekeeping/cleaning.	0	1	2	3
i) I dispose of clothes, books, kitchen items on a regular basis and I only keep what I use and need.	0	1	2	3
j) If something is temporarily cluttered, I clean the area and then it remains clutter-free.	0	1	2	3
k) I have a designated place for my house keys, garage door opener.	0	1	2	3
l) I have a stimuli free work area to pay bills, perform work at home.	0	1	2	3
m) I have a consistent way of recording voice mail messages, and return calls in a timely fashion.	0	1	2	3
n) Even if I can't keep the house up, I hire help to keep it maintained.	0	1	2	3
o) I use the rooms in my house for their intended use.	0	1	2	3
p) The night before what I organize what I need for the next day	0	1	2	3
<b>5) FINANCIAL ORGANIZATION</b>	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Usually</b>
a) I take in mail usually every day, or every other day.	0	1	2	3
b) I organize bills, correspondence and throw out junk mail in a designated place, daily or at least weekly.	0	1	2	3
c) I have a successful system to pay my bills on time.	0	1	2	3
d) I manage my checkbook and balance it accurately each month.	0	1	2	3
e) I have a sensible budget which I follow.	0	1	2	3
f) I am satisfied with my use of credit cards, credit lines/loans.	0	1	2	3
g) I have developed a financial savings/investment plan with a financial adviser that I follow.	0	1	2	3
h) I make well planned purchases and avoid impulse buys.	0	1	2	3
i) I have a place for tax information so that at the end of the year I can easily organize what I need for income tax filing.	0	1	2	3
j) I distinguish between "wants" and "needs".				

## ASSESSING ADD'S IMPACT ON DAILY SKILLS

<b>6) INTERPERSONAL/COMMUNICATION</b>	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Usually</b>
a) I am comfortable with the relationships I have, and receive good feedback about my relationship skills.	0	1	2	3
b) I utilize good communications techniques:	0	1	2	3
i) I remain focused while speaking with others.	0	1	2	3
ii) I maintain good eye contact.	0	1	2	3
iii) The tone and volume of my voice is appropriate.	0	1	2	3
iv) I pace myself and wait to respond until the other person is finished speaking.				
v) I recognize that listening to another person is positive, as it Lets me learn about them and subsequently understand them better.	0	1	2	3
vi) I remain objective while listening.	0	1	2	3
vii) I make the other person feel comfortable while speaking with me.	0	1	2	3
viii) I try to start sentences expressing how I feel, rather than beginning a sentence with "you" and describing what I think the other person is saying or feeling.	0	1	2	3
ix) I clarify what is being said and asked if I am not sure.	0	1	2	3
c) I can receive and provide constructive criticism.	0	1	2	3
d) I try to resolve conflict in a timely manner.	0	1	2	3
e) I am able to ask for support/help when I need it.	0	1	2	3
f) I am able to forgive and let go of disappointment (both myself and others).	0	1	2	3
g) I tune into the social situation, and remain aware of social context & the effect I have on others.	0	1	2	3
h) I am able to screen out impulsive thoughts/statements. I weigh things before I say them.	0	1	2	3
i) I have learned to appropriately identify and express my feelings	0	1	2	3
j) I can remember what I have to say and wait until it is appropriate to say it (or I explain to others that I might need to write something down).	0	1	2	3
k) I am able to express myself concisely.	0	1	2	3
l) People like me for myself; I no longer have to impress people.	0	1	2	3

## ASSESSING ADD'S IMPACT ON DAILY SKILLS

<b>7) PARENTING (If applicable)</b>	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Usually</b>
a) I have ADD and utilize techniques that enable me to parent effectively.	0	1	2	3
b) My child, or children have ADD and I have learned to distinguish between who they are and their ADD symptoms.	0	1	2	3
c) I have developed task specific plans to help motivate my ADD children to follow rules, do tasks, homework.	0	1	2	3
d) I am able to detach from a stressful interaction with my children when I need to take time out.	0	1	2	3
e) I have realistic expectations for both myself and my children.	0	1	2	3
f) I have obtained specific help for my own parenting, or for my children's school performance/social skills.	0	1	2	3
g) I am a consistent advocate for my child in school/social settings.	0	1	2	3
h) I recognize the need for and provide consistency & structure for my children.	0	1	2	3
i) I help my child learn to manage their ADD and their interest based nervous system.	0	1	2	3
j) Answer if this applies: I have learned how to parent a child with oppositional defiant behavior.	0	1	2	3

## ASSESSING ADD'S IMPACT ON DAILY SKILLS

<b>8) WELLNESS/HEALTH/SAFETY</b>	<b>YES</b>	<b>NO</b>
a) I know what I need to take care of myself physically and emotionally (i.e., exercise, nutrition, setting boundaries with others).	<input type="checkbox"/>	<input type="checkbox"/>
b) I take care of my physical and emotional needs.	<input type="checkbox"/>	<input type="checkbox"/>
c) I routinely seek medical care when it is needed, yearly dental/physical checkups, or when I am ill	<input type="checkbox"/>	<input type="checkbox"/>
d) I fill prescriptions for routine, or as needed prescriptions and take the medications as prescribed	<input type="checkbox"/>	<input type="checkbox"/>
e) I am within 10 pounds of my goal weight. (or feel good where I am)	<input type="checkbox"/>	<input type="checkbox"/>
f) I am satisfied with my exercise/activity level	<input type="checkbox"/>	<input type="checkbox"/>
g) If I develop a medical condition, I will follow Doctor's advice to address diet, exercise etc to help improve my health.	<input type="checkbox"/>	<input type="checkbox"/>
h) My eating habits are nutritious. I avoid excessive sweets, fast or junk food and impulsive eating.	<input type="checkbox"/>	<input type="checkbox"/>
i) I know that ADD creates stress, and I am able to utilize techniques to soothe myself when needed	<input type="checkbox"/>	<input type="checkbox"/>
j) I set schedules and boundaries that help me try to balance the stress in my life	<input type="checkbox"/>	<input type="checkbox"/>
k) I have chosen ADD friendly relationships	<input type="checkbox"/>	<input type="checkbox"/>
l) I have evaluated if my job is a good choice for me.	<input type="checkbox"/>	<input type="checkbox"/>
m) I use the following in moderation:		
i) Alcohol	<input type="checkbox"/>	<input type="checkbox"/>
ii) Cigarettes	<input type="checkbox"/>	<input type="checkbox"/>
n) I am willing to be substance free during my evaluation for medication for ADD.	<input type="checkbox"/>	<input type="checkbox"/>
o) I pay attention while I am driving and drive safely.	<input type="checkbox"/>	<input type="checkbox"/>
p) I pay attention what I am doing, and have less "accidents".	<input type="checkbox"/>	<input type="checkbox"/>
q) I use a seat belt in a car.	<input type="checkbox"/>	<input type="checkbox"/>
r) I use a helmet when riding a motorcycle or bicycle.	<input type="checkbox"/>	<input type="checkbox"/>

## ASSESSING ADD'S IMPACT ON DAILY SKILLS

<b>9) PERSONAL</b>	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Usually</b>
a) My purse/wallet/briefcase (whichever is applicable) is organized.	0	1	2	3
b) I am able to meet work obligations and set aside time I need for myself, family, and relationships.	0	1	2	3
c) I am able to set boundaries so that I do not over commit.	0	1	2	3
d) I understand the importance of taking care of myself.	0	1	2	3
e) If I have an ADD spouse, I am not taking care of them and neglecting myself.	0	1	2	3
f) I am able to focus on my strengths.	0	1	2	3
g) I presently or in the past have experienced: Anorexia Bulimia Compulsive over eating	YES YES YES	NO NO NO		
h) I have developed a significant support system for myself.	0	1	2	3
i) I am able to find a healthy balance for taking care of my needs and the needs of others.	0	1	2	3
j) I understand the difference between healthy intimacy and unhealthy dysfunctional relationships.	0	1	2	3
k) I seek high risk relationships for excitement.	0	1	2	3
l) I routinely have some downtime on the weekend before the week starts to review my schedule, wardrobe, obligations/appointments/social engagements.	0	1	2	3
m) I am able to do “interesting” difficult tasks, along with “routine” chores.	0	1	2	3

<b>10) SLEEP HYGIENE</b>	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Usually</b>
a) I have a routine time that I get into bed each night.	0	1	2	3
b) I usually get at least 8 hours of sleep each night.	0	1	2	3
c) I do not begin tasks past a certain time in the evening.	0	1	2	3
d) I am able to get out of bed when my alarm rings.	0	1	2	3
e) I feel rested in the mornings.	0	1	2	3
f) My bedroom has what ever accommodations are needed for restful sleep (i.e. sound proofing, relaxing music, heavy drapes).	0	1	2	3

## ASSESSING ADD'S IMPACT ON DAILY SKILLS

<b>11) STRUCTURING OF TIME</b>	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Usually</b>
a) I am able to arrive on time for social engagements/appointments. I utilize the following routinely:				
i) Wearing a wrist watch.	0	1	2	3
ii) Looking at my schedule the night before.	0	1	2	3
iii) Remaining focused on what I am doing, and keeping track of the time.	0	1	2	3
iv) Verbal self mediation (reviewing out loud what I need to do).	0	1	2	3
v) Visual reminders.	0	1	2	3
b) Before I commit to something I evaluate how much time it will take, and ask others for their opinion if I cannot make a time estimate.	0	1	2	3
c) I set timers, use watches with alarms, use pill boxes with alarms as daily aids.	0	1	2	3
d) I use techniques that help me to decrease procrastination.	0	1	2	3
e) I am able to do the things I need to do, not only the things I am interested in.	0	1	2	3
f) I frequently time myself driving to a location, or when performing a chore to determine how much time it takes.	0	1	2	3
g) I am able to stop & start a task when I want & need to.	0	1	2	3
h) I leave when it's time to leave & do not get distracted into other tasks.	0	1	2	3
i) I know when it is appropriate to multi-task and when I should only focus on one thing.	0	1	2	3

## ASSESSING ADD'S IMPACT ON DAILY SKILLS

<b>12) EMOTIONAL MANAGEMENT</b>	Never	Sometimes	Often	Usually
a) People see me as appropriately managing my anger.	0	1	2	3
b) I understand the connection between anger, and being frustrated by my ADD (i.e. missing cues, experiencing/seeing things differently than others/ rejection sensitivity).	0	1	2	3
c) I can distinguish between feelings such as: hurt, fear, shame and anger.	0	1	2	3
d) I can identify how my body feels when I begin to feel angry.	0	1	2	3
e) I know how to defuse feelings of hurt, anger, embarrassment.	0	1	2	3
f) I deal with my feelings directly.	0	1	2	3
g) If I feel hurt I can express those feeling rather than become angry.	0	1	2	3
h) When I am upset, I use the following to try to soothe my feelings:				
i) Food	0	1	2	3
ii) Alcohol	0	1	2	3
iii) Drugs	0	1	2	3
iv) Shopping/excessive spending	0	1	2	3
v) Dependency on relationships	0	1	2	3
vi) Other _____	0	1	2	3
i) I have developed skills to comfort myself.	0	1	2	3
j) I now can utilize people, support systems during difficult times.	0	1	2	3
k) I can identify when I am beginning to feel angry, hurt, or upset and make healthy choices.	0	1	2	3
l) I can let go of self blame for past impulsive behaviors.	0	1	2	3
m) I am more patient.	0	1	2	3
n) I notice that restless body movement, i.e. foot/finger tapping/fingernail biting has decreased.	0	1	2	3
o) I am comfortable doing one thing at a time, even if it is relaxing.				
p) I can be “in the moment”, focusing on right now, not the past or future.				
q) I know how to “turn off my thoughts” so I can relax, be calm				
r) I no longer have a consistent sense of urgency.				
s) I have reasonable expectations of myself.				
t) I use my experiences to learn from.				
u) I do not believe that I am the cause of all things				
v) I can now stop and see that there are many different possibilities for people’s behavior before I react				

## ASSESSING ADD'S IMPACT ON DAILY SKILLS

<b>13) ADD WITHOUT HYPERACTIVITY (If appropriate)</b>	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Usually</b>
a) I have as much energy as others.	0	1	2	3
b) I am not overwhelmed by things I need to do.	0	1	2	3
c) I am aware of what is going on around me.	0	1	2	3
d) I am able to complete tasks in a timely fashion.	0	1	2	3
e) I do not need specific rituals to ensure that I get things done.	0	1	2	3
f) I feel in control.	0	1	2	3
g) My daily level of anxiety has been reduced.	0	1	2	3
h) My memory functions have increased.	0	1	2	3
i) My self-confidence has increased.	0	1	2	3
j) I feel more comfortable in social settings.	0	1	2	3

<b>14) ADD &amp; SEXUALITY</b>	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Usually</b>
a) I am able to be consistently present in intimate sexual settings.	0	1	2	3
b) I feel comfortable with hugging/touching/ affection.	0	1	2	3
c) Because I am relaxed, I am able to enjoy intimacy.	0	1	2	3
d) I don't feel the need to hurry the experience.	0	1	2	3
e) I can express what pleasures me.	0	1	2	3
f) I enjoy and initiate sexual experiences.	0	1	2	3
g) I am able to allow myself to feel vulnerable while making love.	0	1	2	3