BAARS-IV: Other Report: Childhood Symptoms

Name of person to be rated: _____ Date: _____

Your name: _____

Your relationship to person being rated: (Circle one)

Mother Father Brother/sister Spouse/partner Friend Other (specify): _____

Instructions

You are being asked to describe the childhood behavior of someone whom you know well. How often did that person experience each of these problems? For the first 18 items, please circle the number next to each item below that best describes their behavior when they were a child **BETWEEN 5 AND 12 YEARS OF AGE**. Then answer the remaining two questions. Please ignore the sections marked "Office Use Only."

Section 1 (Inattention)	Never or rarely	Some-times	Often	Very often
1. Failed to give close attention to details or made careless mistakes in his/her work or other activities	1	2	3	4
2. Had difficulty sustaining his/her attention in tasks or fun activities	1	2	3	4
3. Didn't listen when spoken to directly	1	2	3	4
4. Didn't follow through on instructions and failed to finish work or chores	1	2	3	4
5. Had difficulty organizing tasks and activities	1	2	3	4
6. Avoided, disliked, or was reluctant to engage in tasks that required sustained mental effort	1	2	3	4
7. Lost things necessary for tasks or activities	1	2	3	4
8. Was easily distracted by extraneous stimuli or irrelevant thoughts	1	2	3	4
9. Was forgetful in daily activities	1	2	3	4
Office Use Only (Section 1) Total Score _____ Symptom Count _____				
Section 2 (Hyperactivity–Impulsivity)	Never or rarely	Some-times	Often	Very often
10. Fidgeted with his/her hands or feet or squirmed in his/her seat	1	2	3	4
11. Left his/her seat in classrooms or in other situations in which remaining seated was expected	1	2	3	4
12. Shifted around excessively or felt restless or hemmed in	1	2	3	4
13. Had difficulty engaging in leisure activities quietly (felt uncomfortable, or was loud or noisy)	1	2	3	4
14. Was "on the go" or acted as if "driven by a motor"	1	2	3	4

(cont.)

15. Talked excessively	1	2	3	4
16. Blurted out answers before questions had been completed, completed others' sentences, or jumped the gun	1	2	3	4
17. Had difficulty awaiting his/her turn	1	2	3	4
18. Interrupted or intruded on others (butted into conversations or activities without permission or took over what others were doing)	1	2	3	4
Office Use Only (Section 2) Total Score _____ Symptom Count _____				
Sum of Sections 1–2 for Total Scores _____ Sum of Sections 1–2 for Symptom Counts _____				

Section 3

19. Did the person experience *any* of these 18 symptoms at least "Often" or more frequently (Did you circle a 3 or a 4 above)? **No** **Yes** (Circle one)

20. If so, in which of these settings did those symptoms impair the person's functioning? Place a *check mark* (✓) next to all of the areas that apply to the person.

_____ School

_____ Home

_____ Social Relationships

Note. Items 1–18 are adapted with permission from the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision*. Copyright 2000 by the American Psychiatric Association.