

BAARS-IV: Self-Report: Current Symptoms

Name: _____ Date: _____
 Sex: (Circle one) Male Female Age: _____

Instructions

For the first 27 items, please circle the number next to each item below that best describes your behavior **DURING THE PAST 6 MONTHS**. Then answer the remaining three questions. Please ignore the sections marked "Office Use Only."

	Never or rarely	Some-times	Often	Very often
Section 1 (Inattention)				
1. Fail to give close attention to details or make careless mistakes in my work or other activities	1	2	3	4
2. Difficulty sustaining my attention in tasks or fun activities	1	2	3	4
3. Don't listen when spoken to directly	1	2	3	4
4. Don't follow through on instructions and fail to finish work or chores	1	2	3	4
5. Have difficulty organizing tasks and activities	1	2	3	4
6. Avoid, dislike, or am reluctant to engage in tasks that require sustained mental effort	1	2	3	4
7. Lose things necessary for tasks or activities	1	2	3	4
8. Easily distracted by extraneous stimuli or irrelevant thoughts	1	2	3	4
9. Forgetful in daily activities	1	2	3	4
Office Use Only (Section 1)				
Total Score _____ Symptom Count _____				
Section 2 (Hyperactivity)				
10. Fidget with hands or feet or squirm in seat	1	2	3	4
11. Leave my seat in classrooms or in other situations in which remaining seated is expected	1	2	3	4
12. Shift around excessively or feel restless or hemmed in	1	2	3	4
13. Have difficulty engaging in leisure activities quietly (feel uncomfortable, or am loud or noisy)	1	2	3	4
14. I am "on the go" or act as if "driven by a motor" (or I feel like I have to be busy or always doing something)	1	2	3	4
Office Use Only (Section 2)				
Total Score _____ Symptom Count _____				

(cont.)

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	Never or rarely	Some- times	Often	Very often
Section 3 (Impulsivity)				
15. Talk excessively (in social situations)	1	2	3	4
16. Blur out answers before questions have been completed, complete others' sentences, or jump the gun	1	2	3	4
17. Have difficulty awaiting my turn	1	2	3	4
18. Interrupt or intrude on others (butt into conversations or activities without permission or take over what others are doing)	1	2	3	4
Office Use Only (Section 3)				
Total Score _____ Symptom Count _____				
Section 4 (Sluggish Cognitive Tempo)	Never or rarely	Some- times	Often	Very often
19. Prone to daydreaming when I should be concentrating on something or working	1	2	3	4
20. Have trouble staying alert or awake in boring situations	1	2	3	4
21. Easily confused	1	2	3	4
22. Easily bored	1	2	3	4
23. Spacey or "in a fog"	1	2	3	4
24. Lethargic, more tired than others	1	2	3	4
25. Underactive or have less energy than others	1	2	3	4
26. Slow moving	1	2	3	4
27. I don't seem to process information as quickly or as accurately as others	1	2	3	4
Office Use Only (Section 4)				
Total Score _____ Symptom Count _____				
Total Scores for Entire Scale:				
Sum of Sections Raw Scores 1-3—Total ADHD Score _____				
Section 1 Symptom Count _____				
Sum of Sections 2 and 3 Symptom Counts _____				
Total ADHD Symptom Count _____ (Sum of 1-3)				
SCT Symptom Count _____				

(cont.)

Section 5

28. Did you experience *any* of these 27 symptoms at least "Often" or more frequently (Did you circle a 3 or a 4 above)? **No** **Yes** (Circle one)

29. If so, how old were you when those symptoms began? (Fill in the blank)

I was _____ years old.

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

_____ School

_____ Home

_____ Work

_____ 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.