

BAARS-IV: Self-Report: Current Symptoms

Name: _____ **Date:** _____

Sex: (circle one) Male Female **Age:** _____

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.”

Section 1 (Inattention)	Never or rarely	Some- times	Often	Very often
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)	Never or rarely	Some- times	Often	Very often
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: _____				

(continued)

Section 3 (Impulsivity)	Never or rarely	Some- times	Often	Very often
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 have been 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 _____				

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