

## BAARS-IV: Self-Report: Childhood Symptoms

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Sex: (Circle one) Male Female Age: \_\_\_\_\_

### Instructions

For the first 18 items, please circle the number next to each item below that best describes your behavior when you were a child **BETWEEN 5 AND 12 YEARS OF AGE**. Then answer the remaining two questions. Please ignore the sections marked "Office Use Only."

	Never or rarely	Some- times	Often	Very often
<b>Section 1 (Inattention)</b>				
1. Failed to give close attention to details or made careless mistakes in my work or other activities	1	2	3	4
2. Had difficulty sustaining my 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 _____				
<b>Section 2 (Hyperactivity-Impulsivity)</b>				
10. Fidgeted with my hands or feet or squirmed in my seat	1	2	3	4
11. Left my 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
15. Talked excessively	1	2	3	4

(cont.)

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16. Blurted out answers before questions had been completed, completed others' sentences, or jumped the gun	1	2	3	4
17. Had difficulty awaiting my turn	1	2	3	4
18. Interrupted or intruded on others (buted 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 _____				
<b>Section 3</b>				
19. Did you experience <i>any</i> of these 18 symptoms at least "Often" or more frequently (Did you circle a 3 or a 4 above)? <b>No</b> <b>Yes</b> (Circle one)				
20. If so, in which of these settings did those symptoms impair your functioning? Place a <i>check mark</i> (✓) next to all of the areas that apply to you.				
_____ School				
_____ Home				
_____ Social Relationships				

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**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

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