

BAARS-IV: Self-Report: Current Symptoms Interview

Name of person being interviewed: _____

Person's sex: (Circle one) Male Female Person's age: _____

Name of interviewer: _____ Date: _____

Instructions to Interviewer

Say the following to the person to be interviewed: "I would like to ask you a number of questions about your behavior **DURING THE PAST 6 MONTHS**. For each behavior I ask you about, I want to know if it occurs at least *often or more frequently*." Place a check mark (✓) in the box after each item indicating the answer of the person being interviewed. Each item is simply answered Yes or No.

	No, this does not occur often	Yes, this occurs often or very often
Section 1 (Inattention)		
1. Fail to give close attention to details or make careless mistakes in my work or other activities		
2. Difficulty sustaining my attention in tasks or fun activities		
3. Don't listen when spoken to directly		
4. Don't follow through on instructions and fail to finish work or chores		
5. Have difficulty organizing tasks and activities		
6. Avoid, dislike, or you are reluctant to engage in tasks that require sustained mental effort		
7. Lose things necessary for tasks or activities		
8. Easily distracted by extraneous stimuli or irrelevant thoughts		
9. Forgetful in daily activities		
Office Use Only (Section 1) Symptom Count _____		
Section 2 (Hyperactivity)		
10. Fidget with hands or feet or squirm in seat		
11. Leave my seat in classrooms or in other situations in which remaining seated is expected		
12. Shift around excessively or feel restless or hemmed in		
13. Have difficulty engaging in leisure activities quietly (feel uncomfortable, or am loud or noisy)		
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)		
Office Use Only (Section 2) Symptom Count _____		

(cont.)

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	No, this does not occur often	Yes, this occurs often or very often
Section 3 (Impulsivity)		
15. Talk excessively (in social situations)		
16. Blurt out answers before questions have been completed, complete others' sentences, or jump the gun		
17. Have difficulty awaiting your turn		
18. Interrupt or intrude on others (butt into conversations or activities without permission or take over what others are doing)		
Office Use Only (Section 3) Symptom Count _____		
Section 4 (Sluggish Cognitive Tempo)		
19. Prone to daydreaming when I should be concentrating on something or working		
20. Have trouble staying alert or awake in boring situations		
21. Easily confused		
22. Easily bored		
23. Spacey or "in a fog"		
24. Lethargic, more tired than others		
25. Underactive or have less energy than others		
26. Slow moving		
27. I don't seem to process information as quickly or as accurately as others		
Office Use Only (Section 4) Symptom Count _____		
Sum of Sections 1-3 for Symptom Counts _____		

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.