

## BAARS-IV: Other-Report: Current 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 behavior of someone whom you know well. How often does that person experience each of these problems? For the first 27 items, please circle the number next to each item below that best describes the person's behavior **DURING THE PAST 6 MONTHS**. Then answer the remaining three questions. Please ignore the sections marked "Office Use Only."

<b>Section 1 (Inattention)</b>	Never or rarely	Some- times	Often	Very often
1. Fails to give close attention to details or makes careless mistakes in his/her work or other activities	1	2	3	4
2. Has difficulty sustaining his/her attention in tasks or fun activities	1	2	3	4
3. Doesn't listen when spoken to directly	1	2	3	4
4. Doesn't follow through on instructions and fails to finish work or chores	1	2	3	4
5. Has difficulty organizing tasks and activities	1	2	3	4
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	1	2	3	4
7. Loses things necessary for tasks or activities	1	2	3	4
8. Is easily distracted by extraneous stimuli or irrelevant thoughts	1	2	3	4
9. Is forgetful in daily activities	1	2	3	4
Office Use Only (Section 1) Total Score: _____ Symptom Count: _____				
<b>Section 2 (Hyperactivity)</b>	Never or rarely	Some- times	Often	Very often
10. Fidgets with hands or feet or squirms in seat	1	2	3	4
11. Leaves his/her seat in classrooms or in other situations in which remaining seated is expected	1	2	3	4
12. Shifts around excessively or feels restless or hemmed in	1	2	3	4

*(continued)*

13. Has difficulty engaging in leisure activities quietly (feels uncomfortable, or is loud or noisy)	1	2	3	4
14. Is “on the go” or act as if “driven by a motor” (or he/she feels like he/she has to be busy or always doing something)	1	2	3	4
Office Use Only (Section 2) Total Score: _____ Symptom Count: _____				
<b>Section 3 (Impulsivity)</b>	Never or rarely	Sometimes	Often	Very often
15. Talks excessively (in social situations)	1	2	3	4
16. Blurts out answers before questions have been completed, completes others’ sentences, or jumps the gun	1	2	3	4
17. Has difficulty awaiting his/her turn	1	2	3	4
18. Interrupts or intrudes on others (butts into conversations or activities without permission or takes over what others are doing)	1	2	3	4
Office use only (Section 3) Total Score: _____ Symptom Count: _____				
<b>Section 4 (Sluggish Cognitive Tempo)</b>	Never or rarely	Sometimes	Often	Very often
19. Is prone to daydreaming when he/she should be concentrating on something or working	1	2	3	4
20. Has trouble staying alert or awake in boring situations	1	2	3	4
21. Is easily confused	1	2	3	4
22. Is easily bored	1	2	3	4
23. Is spacey or “in a fog”	1	2	3	4
24. Is lethargic, more tired than others	1	2	3	4
25. Is underactive or has less energy than others	1	2	3	4
26. Is slow moving	1	2	3	4
27. Doesn’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: _____				
Sum of Sections 1 – 3 for Total Scores _____				
Sum of Sections 1 – 3 for Symptom Counts _____				

(continued)

**Section 5**

28. Did this person 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 was the person when those symptoms began? (Fill in the blank)

They were \_\_\_\_\_ years old.

OR if you do not know, place a check mark (✓) below

\_\_\_\_\_ I don't know.

30. 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

\_\_\_\_\_ Work

\_\_\_\_\_ Social Relationships

**If you checked any of the domains in item # 30 indicating settings in which symptoms impair the person's functioning, please provide examples of the person's current difficulties in the appropriate spaces below.**

**School:** \_\_\_\_\_

\_\_\_\_\_

**Home:** \_\_\_\_\_

\_\_\_\_\_

**Work:** \_\_\_\_\_

\_\_\_\_\_

**Social Relationships:** \_\_\_\_\_

\_\_\_\_\_

**FEEL FREE TO ATTACH ADDITIONAL PAGES TO FULLY ANSWER THESE QUESTIONS IF NECESSARY.**

## 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): \_\_\_\_\_

You are being asked to describe the 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."

<b>Section 1 (Inattention)</b>	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: _____				
<b>Section 2 (Hyperactivity-Impulsivity)</b>	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

*(continued)*

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
16. Blurting 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 _____				
<b>Section 3</b>				
19. Did the person 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 the person’s functioning? Place a <i>check mark</i> (✓) next to all of the areas that apply to the person.				
_____ School				
_____ Home				
_____ Social Relationships				
<b>If you checked any of the domains in item # 20 indicating settings in which symptoms impaired the person’s functioning, please provide examples of those childhood difficulties in the spaces below.</b>				
<b>School:</b> _____				
_____				
<b>Home:</b> _____				
_____				
<b>Social Relationships:</b> _____				
_____				

**FEEL FREE TO ATTACH ADDITIONAL PAGES TO FULLY ANSWER THESE QUESTIONS IF NECESSARY.**