

CAARS–Self-Report: Long Version (CAARS–S:L)

by C. K. Conners, Ph.D., D. Erhardt, Ph.D., & E. P. Sparrow, M.A.

Client ID: _____ Gender: **M** **F**
 (Circle One)

Birthdate: ____/____/____ Age: _____ Today's Date: ____/____/____
 Month Day Year Month Day Year

Instructions: Listed below are items concerning behaviors or problems sometimes experienced by adults. Read each item carefully and decide how much or how frequently each item describes you recently. Indicate your response for each item by circling the number that corresponds to your choice. Use the following scale: 0 = Not at all, never; 1 = Just a little, once in a while; 2 = Pretty much, often; and 3 = Very much, very frequently.

	Not at all, never	Just a little, once in a while	Pretty much, often	Very much, very frequently
1. I like to be doing active things.	0	1	2	3
2. I lose things necessary for tasks or activities (e.g., to-do lists, pencils, books, or tools).	0	1	2	3
3. I don't plan ahead.	0	1	2	3
4. I blurt out things.	0	1	2	3
5. I am a risk-taker or a daredevil.	0	1	2	3
6. I get down on myself.	0	1	2	3
7. I don't finish things I start.	0	1	2	3
8. I am easily frustrated.	0	1	2	3
9. I talk too much.	0	1	2	3
10. I am always on the go, as if driven by a motor.	0	1	2	3
11. I'm disorganized.	0	1	2	3
12. I say things without thinking.	0	1	2	3
13. It's hard for me to stay in one place very long.	0	1	2	3
14. I have trouble doing leisure activities quietly.	0	1	2	3
15. I'm not sure of myself.	0	1	2	3
16. It's hard for me to keep track of several things at once.	0	1	2	3
17. I'm always moving even when I should be still.	0	1	2	3
18. I forget to remember things.	0	1	2	3
19. I have a short fuse/hot temper.	0	1	2	3
20. I'm bored easily.	0	1	2	3
21. I leave my seat when I am not supposed to.	0	1	2	3
22. I have trouble waiting in line or taking turns with others.	0	1	2	3
23. I still throw tantrums.	0	1	2	3
24. I have trouble keeping my attention focused when working.	0	1	2	3
25. I seek out fast paced, exciting activities.	0	1	2	3
26. I avoid new challenges because I lack faith in my abilities.	0	1	2	3
27. I feel restless inside even if I am sitting still.	0	1	2	3
28. Things I hear or see distract me from what I'm doing.	0	1	2	3
29. I am forgetful in my daily activities.	0	1	2	3
30. Many things set me off easily.	0	1	2	3
31. I dislike quiet, introspective activities.	0	1	2	3
32. I lose things that I need.	0	1	2	3
33. I have trouble listening to what other people are saying.	0	1	2	3

Items continued on back page...

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	Not at all, never	Just a little, once in a while	Pretty much, often	Very much, very frequently
34. I am an underachiever.	0	1	2	3
35. I interrupt others when talking.	0	1	2	3
36. I change plans/jobs in midstream.	0	1	2	3
37. I act okay on the outside, but inside I'm unsure of myself.	0	1	2	3
38. I am always on the go.	0	1	2	3
39. I make comments/remarks that I wish I could take back.	0	1	2	3
40. I can't get things done unless there's an absolute deadline.	0	1	2	3
41. I fidget (with my hands or feet) or squirm in my seat.	0	1	2	3
42. I make careless mistakes or have trouble paying close attention to detail.	0	1	2	3
43. I step on people's toes without meaning to.	0	1	2	3
44. I have trouble getting started on a task.	0	1	2	3
45. I intrude on others' activities.	0	1	2	3
46. It takes a great deal of effort for me to sit still.	0	1	2	3
47. My moods are unpredictable.	0	1	2	3
48. I don't like homework or job activities where I have to think a lot.	0	1	2	3
49. I'm absent-minded in daily activities.	0	1	2	3
50. I am restless or overactive.	0	1	2	3
51. I depend on others to keep my life in order and attend to the details.	0	1	2	3
52. I annoy other people without meaning to.	0	1	2	3
53. Sometimes my attention narrows so much that I'm oblivious to everything else; other times it's so broad that everything distracts me.	0	1	2	3
54. I tend to squirm or fidget.	0	1	2	3
55. I can't keep my mind on something unless it's really interesting.	0	1	2	3
56. I wish I had greater confidence in my abilities.	0	1	2	3
57. I can't sit still for very long.	0	1	2	3
58. I give answers to questions before the questions have been completed.	0	1	2	3
59. I like to be up and on the go rather than being in one place.	0	1	2	3
60. I have trouble finishing job tasks or schoolwork.	0	1	2	3
61. I am irritable.	0	1	2	3
62. I interrupt others when they are working or playing.	0	1	2	3
63. My past failures make it hard for me to believe in myself.	0	1	2	3
64. I am distracted when things are going on around me.	0	1	2	3
65. I have problems organizing my tasks and activities.	0	1	2	3
66. I misjudge how long it takes to do something or go somewhere.	0	1	2	3



MEDICAL HISTORY

Primary Physician's Name: _____

Physician's Phone No.: _____

Doctor's Address: _____

Date of most recent physical examination: _____

Have you ever been treated for any of the following?

	YES	NO	COMMENTS
<u>Heart Disease</u>			
<u>High Blood Pressure</u>			
<u>Stroke</u>			
<u>Diabetes</u>			
<u>Arthritis</u>			
<u>Parkinson's</u>			
<u>Cataracts/other eye problems</u>			
<u>Glaucoma</u>			
<u>Hearing Problems</u>			
<u>Lung Disease</u>			
<u>Skin Diseases</u>			
<u>Urinary Tract Infections</u>			
<u>Gastro-Intestinal</u>			
<u>Growths / Cancer</u>			
<u>Hospitalizations</u>			
<u>Major Operations</u>			
<u>Sexually Transmitted Diseases</u>			
<u>Kidney Disease</u>			
<u>Liver Disease</u>			
<u>Gynecologic Problems</u>			
<u>Psychiatric Disorders</u>			
<u>Other Medical Problems</u>			

Have you had?

<u>Blackouts</u>			
<u>Convulsions or Seizures</u>			
<u>Headaches</u>			
<u>Tremors</u>			
<u>Dizziness</u>			
<u>Forgetfulness</u>			
<u>Major Weight Loss/ Gain</u>			

Do you have a history of: _____

Drug Abuse _____
Alcohol Abuse _____

BRIEFLY DESCRIBE ANY CURRENT MEDICAL PROBLEMS _____

Has anyone in your family been treated for?

	YES	NO	COMMENTS
Heart Disease			
High Blood Pressure			
Stroke			
Diabetes			
Arthritis			
Parkinson's			
Cataracts/other eye problems			
Glaucoma			
Hearing Problems			
Lung Disease			
Skin Diseases			
Urinary Tract Infections			
Gastro-Intestinal			
Growths / Cancer			
Hospitalizations			
Major Operations			
Sexually Transmitted Diseases			
Kidney Disease			
Liver Disease			
Gynecologic Problems			
Psychiatric Disorders			
Other Medical Problems			

Has anyone in your family had?

Blackouts _____
Convulsions or Seizures _____
Headaches _____
Tremors _____
Dizziness _____
Forgetfulness _____
Major Weight Loss/ Gain _____

Does anyone in your family have a history of :

Drug Abuse _____
Alcohol Abuse _____

BRIEFLY DESCRIBE ANY CURRENT MEDICAL PROBLEMS _____