

# CAARS Self-Report Long Version Assessment

## PATIENT INFORMATION

Name:: \_\_\_\_\_ Date of Birth:: \_\_\_\_\_ dd / mm / yyyy

Gender:: \_\_\_\_\_ Date of Assessment:: \_\_\_\_\_ dd / mm / yyyy

Clinical Provider:: \_\_\_\_\_

## CLINICAL HISTORY

Chief Complaint:

Presenting Symptoms:

Medical History:

Psychiatric History:

Current Medications:

## BASELINE ASSESSMENT

Administer CAARS Self-Report Long Version:

## SCORING AND INTERPRETATION

Scored the assessment according to CAARS guidelines:

Total ADHD Symptoms:

ADHD Index:

Inconsistency Index:

## MULTIMODAL ASSESSMENT

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Integrate information from other sources:

## FOLLOW-UP ASSESSMENT PLAN

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Scheduled follow-up assessment:

Timing:

Considerations for Follow-Up:

## PATIENT FEEDBACK AND COLLABORATION

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Sought patient feedback:

## FUNCTIONAL IMPAIRMENT AND LONG-TERM MONITORING

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Assessed impact on daily life:

## TREATMENT PLAN ADJUSTMENT

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Evaluated treatment effectiveness:

Documentation: