



C. Keith Conners, Ph.D.

## PARENT | SINGLE-RATER REPORT

### CHILD

Name/ID: **Will Test/123**  
Birth Date:  
Age: **11**  
Grade:  
Gender: **Male**

### RATER

Parent's/Guardian's Name/ID: **Mary Rater/456**  
Relationship to Child: **Biological parent**

### OTHER

Administration Date: **November 2, 2022**  
Examiner: **Dr. Brown**  
Data Entered By: **Dr. Brown**  
Assessment Language: **English**

### NORM OPTIONS

Principal Reference Sample: **Normative Sample–Combined Gender**  
Additional Reference  
Sample(s): **Normative Sample Gender Specific–Males**  
**ADHD Reference Sample–Combined Gender**

This computerized report is an interpretive aid intended for use by qualified professionals only. It should not be used as the sole criterion for clinical diagnosis or intervention. Conners 4 results should be combined with information gathered from other psychometric measures, interviews, observations, and review of available records. This report is based on algorithms that produce the most common interpretations for the scores that have been obtained. The rater's responses to specific items should be reviewed to ensure that these typical interpretations apply to the youth being described. **This report is intended for use by qualified individuals. Parts of this report contain copyrighted material, including test items. If it is necessary to provide a copy of this report to anyone other than the examiner, sections containing copyrighted material must be removed.**

# OVERVIEW

! Critical » Follow-Up ? Could Not Be Scored

## Response Style Analysis

» <b>9</b> Negative Impression Index Raw Score	<b>2</b> Inconsistency Index Raw Score	<b>1</b> Omitted Items
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## Critical & Indicator items

<b>!</b> <b>Severe Conduct Critical Items</b>	<ul style="list-style-type: none"> <li>Stealing while confronting someone</li> <li>Setting fires to cause damage</li> <li>Breaking and entering</li> <li>Forcing sexual activity</li> </ul>
<b>!</b> <b>Self-Harm Critical Items</b>	<ul style="list-style-type: none"> <li>Talking about, planning, or attempting suicide</li> </ul>
» <b>Sleep Problems Indicator</b>	<ul style="list-style-type: none"> <li>Appearing tired</li> </ul>

## Conners 4 Scales



**Note.** \*Symptom Count(s) may be underestimated due to omitted item(s). ● DSM Symptom Count. Inattention/Executive Dysfunction (INA/EDF), Hyperactivity (HYP), Impulsivity (IMP), Emotional Dysregulation (EM DYS), Depressed Mood (DEP), Anxious Thoughts (ANX), Schoolwork (SCHOOL), Peer Interactions (PEER), Family Life (FAMILY), DSM ADHD Inattentive Symptoms (ADHD-I), DSM ADHD Hyperactive/Impulsive Symptoms (ADHD-HI), DSM Total ADHD Symptoms (ADHD-TOT), DSM Oppositional Defiant Disorder Symptoms (ODD), DSM Conduct Disorder Symptoms (CD). Although not sufficient for a diagnosis, the DSM requires a Symptom Count of at least 6/9 for both ADHD-I and ADHD-HI, a Symptom Count of at least 4/8 for ODD, and a Symptom Count of at least 3/15 for CD. For ADHD Combined, a Symptom Count of at least 6/9 is required for both ADHD-I and ADHD-HI.

## RESPONSE STYLE ANALYSIS

<p>» Negative Impression Index</p> <p><b>9 Raw Score</b></p>	<p>The Negative Impression Index score (raw score = 9) indicates that the parent may have provided an unrealistic or exaggerated presentation of the youth's problems.</p>
<p>Inconsistency Index</p> <p><b>2 Raw Score</b></p>	<p>Based on the Inconsistency Index (raw score = 2), there was no indication of inconsistent responding.</p>
<p>Omitted Items</p> <p><b>1</b></p>	<p>The parent omitted 1 item(s); as a result, prorated scores have been provided for 3 scale(s).</p>

## Critical & Indicator items

<p><b>! Severe Conduct Critical Items</b></p> <p>One or more of the Severe Conduct Critical Items were endorsed by the parent. <b>Immediate follow-up is strongly recommended.</b></p>	<ul style="list-style-type: none"> <li>! Stealing while confronting someone – Just a little true (Occasionally)</li> <li>! Setting fires to cause damage – Completely true (Very often/Always)</li> <li>! Breaking and entering – Completely true (Very often/Always)</li> <li>Cruelty to animals – Not true at all (Never/Rarely)</li> <li>Using a weapon – Not true at all (Never/Rarely)</li> <li>! Forcing sexual activity – Completely true (Very often/Always)</li> </ul>
<p><b>! Self-Harm Critical Items</b></p> <p>One or more of the Self-Harm Critical Items were endorsed by the parent. <b>Immediate follow-up is strongly recommended.</b></p>	<ul style="list-style-type: none"> <li>Harming self deliberately – Not true at all (Never/Rarely)</li> <li>! Talking about, planning, or attempting suicide – Pretty much true (Often/Quite a bit)</li> </ul>
<p>» Sleep Problems Indicator</p> <p>Based on the parent's responses to the Sleep Problems Indicator items, a more in-depth assessment of sleep problems is recommended.</p>	<ul style="list-style-type: none"> <li>» Having trouble sleeping – Just a little true (Occasionally)</li> <li>» Appearing tired – Completely true (Very often/Always)</li> </ul>

## CONNERS 4 SCALES

CONTENT SCALES							
	Raw Score	T-score	90% CI	Percentile	Guideline	Within-Profile Comparisons	
						Difference from the youth's average (T = 65.3)	Significant difference (p < .05)
Inattention/Executive Dysfunction	35	66	63–69	92 <sup>nd</sup>	Elevated	+ 0.7	Not Significant
Hyperactivity**	12	58	54–62	84 <sup>th</sup>	Average	- 7.3	Lower
Impulsivity	17	72	67–77	98 <sup>th</sup>	Very Elevated	+ 6.7	Higher
Emotional Dysregulation	12	65	61–69	95 <sup>th</sup>	Elevated	- 0.3	Not Significant
Depressed Mood	8	75	70–80	97 <sup>th</sup>	Very Elevated	n/a	n/a
Anxious Thoughts	11	86	81–91	99 <sup>th</sup>	Very Elevated	n/a	n/a
IMPAIRMENT & FUNCTIONAL OUTCOME SCALES							
	Raw Score	T-score	90% CI	Percentile	Guideline	Within-Profile Comparisons	
						Difference from the youth's average (T = 63.7)	Significant difference (p < .05)
Schoolwork	9	62	57–67	88 <sup>th</sup>	Slightly Elevated	- 1.7	Not Significant
Peer Interactions	8	67	62–72	92 <sup>nd</sup>	Elevated	+ 3.3	Not Significant
Family Life	7	62	58–66	92 <sup>nd</sup>	Slightly Elevated	- 1.7	Not Significant
DSM SYMPTOM SCALES							
	Raw Score	T-score	90% CI	Percentile	Guideline	Symptom Count ⓘ	
ADHD Inattentive Symptoms	16	61	57–65	87 <sup>th</sup>	Slightly Elevated	5/9 [DSM requires ≥ 6/9 symptoms]	
ADHD Hyperactive/Impulsive Symptoms**	18	65	61–69	93 <sup>rd</sup>	Elevated	4*/9 [DSM requires ≥ 6/9 symptoms]	
Total ADHD Symptoms**	34	64	60–68	90 <sup>th</sup>	Slightly Elevated	n/a	
Oppositional Defiant Disorder Symptoms	17	73	69–77	98 <sup>th</sup>	Very Elevated	5/8 [DSM requires ≥ 4/8 symptoms]	
Conduct Disorder Symptoms	25	100	97–103	99 <sup>th</sup>	Very Elevated	10/15 [DSM requires ≥ 3/15 symptoms]	
CONNERS 4-ADHD INDEX							
	Raw Score		Probability Score		Guideline		
ADHD Index	22		96%		Very High		

**Note(s).**

CI = Confidence Interval

\*\*Item(s) were omitted from this scale. Scores have been prorated.

\*Item(s) were omitted from this scale. Symptom Count(s) may be underestimated as responses were not provided for all symptoms.

n/a = not applicable. The Depressed Mood and Anxious Thoughts scales are not included in the Within-Profile Comparisons. Additionally, Symptom Counts are not applicable to DSM Total ADHD Symptoms. Please refer to the Conners 4 Manual for details.

A Symptom Count of at least 6/9 on both DSM ADHD Inattentive Symptoms and Hyperactive/Impulsive Symptoms is required to meet DSM Criteria for ADHD because both Criterion A8 (fire setting) and A9 (destruction of property) on the DSM Conduct Disorder Symptoms scale were endorsed, to assess Criterion A9, the assessor must confirm that property was destroyed other than by fire setting.

ⓘ Symptom Count scores for all DSM Symptom Scales contribute to diagnostic assessment but are not sufficient for determining a diagnosis. Please refer to the Conners 4 Manual for interpretive considerations.

## INTERPRETIVE SUMMARY

### Response Style Analysis

The Response Style Analysis (Negative Impression Index, Inconsistency Index, and Omitted Items) provides an evaluation of how the parent approached completing the Conners 4.

- **Negative Impression Index:** The Negative Impression Index score (raw score = 9) indicates that the parent may have provided an unrealistic or exaggerated presentation of Will's problems. This index includes items for which high endorsement is either unlikely to be true or is extremely uncommon even for youth with a confirmed diagnosis of ADHD. These items are likely to be endorsed in an attempt to present a less favorable impression of the youth. The score on this index can be elevated due to a number of reasons; for example, the parent may be highly motivated to describe Will in a negative manner in order for them to receive accommodations or services.
- **Inconsistency Index:** Based on the Inconsistency Index score (raw score = 2), there was no indication of inconsistent responding.
- **Omitted Items:** The parent omitted 1 item; as a result, prorated scores have been provided for 3 scale(s). You may wish to review the omitted item.

### Critical & Indicator Items

The Critical & Indicator Items provide a quick screening of harm to self or others, violent or destructive behaviors, and problems with sleep. Information from these items should be examined in combination with responses from other informants and a comprehensive assessment including interviews, observations, and a review of records. Please see chapter 4 of the Conners 4 Manual for more information.

- **Severe Conduct Critical Items:** The parent endorsed the following Severe Conduct Critical Item(s) for which immediate follow-up is recommended: stealing while confronting someone, setting fires to cause damage, breaking and entering, and forcing sexual activity.
- **Self-Harm Critical Items:** The parent endorsed the following Self-Harm Critical Item for which immediate follow-up is recommended: talking about, planning, or attempting suicide.
- **Sleep Problems Indicator:** The parent's endorsement of the appearing tired item was higher than typically reported by parents of 11-year-olds. A more in-depth assessment of sleep difficulties is recommended as such difficulties can mimic or aggravate other symptoms assessed on the Conners 4.

### Content Scales

This section summarizes Will's Conners 4 Content Scale results, including: (a) a normative sample comparison of their results to parent ratings of 11-year-olds, and (b) a within-profile comparison of Will's results to their own average score.

### Normative Sample Comparisons:

Each of Will's Content Scale raw scores was compared with what is typically reported by parents of 11-year-olds to obtain T-scores and percentiles. Higher T-scores and percentiles on the Conners 4 Content Scales indicate more frequent or severe problems in the domain covered by that scale.

- **Inattention/Executive Dysfunction** (T-score = 66 [90% CI = 63–69]; Percentile = 92nd): The Inattention/Executive Dysfunction T-score is in the Elevated range. This scale includes items related to having trouble paying attention and sustaining attention, as well as difficulty with other areas of executive functioning such as planning, organizing, and time management. The parent reported that Will exhibits more difficulty in these areas than is typically reported by parents of 11-year-olds. A total of 13/20 items on this scale had elevated ratings.
- **Hyperactivity** (T-score = 58 [90% CI = 54–62]; Percentile = 84th): The Hyperactivity T-score is in the Average range. This scale includes items about restlessness, difficulty staying seated or sitting still, needing to move around, getting overly excited, and talking too much. The parent reported that Will exhibits no more features of hyperactivity than are typically reported by parents of 11-year-olds. Scores were prorated due to an omitted item. Although the scale T-score was in the Average range, it may be informative to review the 3/11 items that had elevated ratings.
- **Impulsivity** (T-score = 72 [90% CI = 67–77]; Percentile = 98th): The Impulsivity T-score is in the Very Elevated range. This scale includes items about interrupting others, blurting out answers, acting before thinking, and having trouble waiting for one's turn. The parent reported that Will displays much more impulsivity than is typically reported by parents of 11-year-olds. A total of 6/9 items on this scale had elevated ratings.
- **Emotional Dysregulation** (T-score = 65 [90% CI = 61–69]; Percentile = 95th): The Emotional Dysregulation T-score is in the Elevated range. This scale includes items about overreacting, losing temper, and having trouble calming down. The parent reported that Will exhibits more difficulty controlling and managing emotions than is typically reported by parents of 11-year-olds. A total of 4/8 items on this scale had elevated ratings.
- **Depressed Mood** (T-score = 75 [90% CI = 70–80]; Percentile = 97th): The Depressed Mood T-score is in the Very Elevated range. This scale includes items related to feeling sad, lacking enjoyment in things that used to be enjoyed, and feeling hopeless about the future. The parent reported that Will seems to experience many more features of depressed mood than are typically reported by parents of 11-year-olds. A total of 3/6 items on this scale had elevated ratings.
- **Anxious Thoughts** (T-score = 86 [90% CI = 81–91]; Percentile = 99th): The Anxious Thoughts T-score is in the Very Elevated range. This scale includes items about youths' experience of—or difficulty with—regulating fears or worries, including appearing tense or nervous, and worrying too much about different things. The parent reported that Will appears to experience much more anxiety than is typically reported by parents of 11-year-olds. A total of 5/5 items on this scale had elevated ratings.

### Within-Profile Comparisons:

Within-profile comparisons were conducted on the following scales: Inattention/Executive Dysfunction, Hyperactivity, Impulsivity, and Emotional Dysregulation. Each scale's T-score was compared to Will's average T-score of 65.3 on these scales. Based on the parent's ratings, Will's Impulsivity T-score was significantly higher than their average T-score, suggesting relatively more difficulties in this area. Their Inattention/Executive Dysfunction and Emotional Dysregulation T-scores were consistent with their average T-score. Their Hyperactivity T-score was significantly lower than their average T-score, suggesting relatively fewer difficulties in this area.



## Impairment & Functional Outcome Scales

This section summarizes Will's Conners 4 Impairment & Functional Outcome Scale results, including: (a) a normative sample comparison of their results to parent ratings of 11-year-olds, and (b) a within-profile comparison of Will's results to their own average score.

### Normative Sample Comparisons:

Each of Will's Impairment & Functional Outcome Scale raw scores was compared with what is typically reported by parents of 11-year-olds to obtain T-scores and percentiles. Higher T-scores and percentiles on the Conners 4 Impairment & Functional Outcome Scales indicate more frequent or severe impairment in the domain covered by that scale.

- **Schoolwork** (T-score = 62 [90% CI = 57–67]; Percentile = 88th): The Schoolwork T-score is in the Slightly Elevated range. This scale includes items related to turning in late or incomplete work, losing homework, and not checking their work for mistakes. The parent reported that Will exhibits slightly more impairment in schoolwork than is typically reported by parents of 11-year-olds. A total of 3/6 items on this scale had elevated ratings.
- **Peer Interactions** (T-score = 67 [90% CI = 62–72]; Percentile = 92nd): The Peer Interactions T-score is in the Elevated range. This scale includes items related to the youth annoying their peers, not being invited by others to play or go out, and others not wanting to be friends with them. The parent reported that Will exhibits more impairment when interacting with peers than is typically reported by parents of 11-year-olds. A total of 4/6 items on this scale had elevated ratings.
- **Family Life** (T-score = 62 [90% CI = 58–66]; Percentile = 92nd): The Family Life T-score is in the Slightly Elevated range. The items on this scale reflect family disruptions caused by the youth, such as creating stress and chaos among family members, as well as causing the family to be late for appointments. The parent reported that Will exhibits slightly more impairment when interacting and getting along with family members than is typically reported by parents of 11-year-olds. A total of 3/7 items on this scale had elevated ratings.

### Within-Profile Comparisons:

Within-profile comparisons were conducted on the Conners 4 Impairment & Functional Outcome Scales. Each scale's T-score was compared to Will's average T-score of 63.7 on these scales. None of these comparisons were statistically significant, meaning that based on the parent's ratings, Will's T-scores on all Impairment & Functional Outcome Scales were consistent with their average T-score on these scales.

## DSM Symptom Scales

Results from the Conners 4 DSM Symptom Scales describe the parent's ratings of the youth on items that correspond with DSM Criterion A for ADHD, Oppositional Defiant Disorder, and Conduct Disorder. Conners 4 DSM T-scores and percentiles provide a relative comparison with the Principal Reference Sample (11-year-olds). Higher T-scores and percentiles on the Conners 4 DSM Symptom Scales indicate more frequent or severe problems in the domain covered by that scale. Note that the DSM T-scores are not sufficient for confirming or rejecting the presence of the disorder; however, they can inform diagnostic decisions by illuminating the presence and severity of the symptoms. Conners 4 DSM Symptom Counts are absolute counts, rather than norm-referenced values. Symptom Counts can help identify features of DSM ADHD, Oppositional Defiant Disorder, or Conduct Disorder for diagnostic consideration, but cannot definitively establish the persistent pattern of behavior that is required by Criterion A in the DSM. The DSM necessitates an investigation of the following considerations to arrive at a diagnosis:

- **ADHD:** Symptoms cannot be solely due to oppositional behavior, defiance, hostility, or failure to understand tasks or instructions.

- **Oppositional Defiant Disorder:** Behaviors must occur during interactions with at least one individual who is not a sibling.

Additional symptom-specific requirements for Criterion A as well as other DSM criteria (e.g., age of onset, inconsistency with developmental expectations, pervasiveness across settings, impairment) must also be considered before assigning a diagnosis. Please refer to the DSM for full diagnostic criteria.

- **DSM ADHD Inattentive Symptoms** (T-score = 61 [90% CI = 57–65]; Percentile = 87th; Symptom Count = 5/9): This scale includes items representing the DSM symptoms of ADHD Predominantly Inattentive Presentation. The DSM ADHD Inattentive Symptoms T-score is in the Slightly Elevated range. The parent reported that Will exhibits slightly more features of inattentiveness than are typically reported by parents of 11-year-olds. The DSM ADHD Inattentive Symptom Count was 5 (the DSM threshold for children is 6 out of 9 symptoms). Because the parent's ratings slightly exceeded what is typically reported by parents of similarly-aged youth and numerous inattentive symptoms were endorsed, further investigation of ADHD Predominantly Inattentive Presentation is recommended.
- **DSM ADHD Hyperactive/Impulsive Symptoms** (T-score = 65 [90% CI = 61–69]; Percentile = 93rd; Symptom Count = 4/9): This scale includes items representing the DSM symptoms of ADHD Predominantly Hyperactive/Impulsive Presentation. The DSM ADHD Hyperactive/Impulsive Symptoms T-score is in the Elevated range. The parent reported that Will exhibits more features of hyperactivity/impulsivity than are typically reported by parents of 11-year-olds. The parent's omission of 1 item led to a prorated T-score. The DSM ADHD Hyperactive/Impulsive Symptom Count was 4; however, this may be an underestimate due to the omitted item (the DSM threshold for children is 6 out of 9 symptoms). Because the parent's ratings exceeded what is typically reported by parents of similarly-aged youth and numerous hyperactive/impulsive symptoms were endorsed, further investigation of ADHD Predominantly Hyperactive/Impulsive Presentation is recommended.
- **DSM Total ADHD Symptoms** (T-score = 64 [90 CI = 60–68]; Percentile = 90th): This scale includes all items from the Conners 4 DSM ADHD Inattentive and Hyperactive/Impulsive Symptom scales. The DSM Total ADHD Symptoms T-score is in the Slightly Elevated range. The parent reported that Will exhibits slightly more ADHD symptoms than what is typically reported by parents of 11-year-olds. Scores were prorated due to an omitted item.
- **DSM Oppositional Defiant Disorder Symptoms** (T-score = 73 [90% CI = 69–77]; Percentile = 98th; Symptom Count = 5/8): This scale includes items representing the DSM symptoms of Oppositional Defiant Disorder. The DSM Oppositional Defiant Disorder Symptoms T-score is in the Very Elevated range. The parent reported that Will exhibits many more features of opposition and defiance than are typically reported by parents of 11-year-olds. The DSM Oppositional Defiant Disorder Symptom Count was 5 (the DSM threshold is 4 out of 8 symptoms), including symptom(s) related to angry/irritable mood, argumentative/defiant behavior, and vindictiveness. Because the parent's ratings far exceeded what is typically reported by parents of similarly-aged youth and several symptoms were endorsed, clinically significant symptoms of Oppositional Defiant Disorder are present.
- **DSM Conduct Disorder Symptoms** (T-score = 100 [90% CI = 97–103]; Percentile = 99th; Symptom Count = 10/15): This scale includes items representing the DSM symptoms of Conduct Disorder. The DSM Conduct Disorder Symptoms T-score is in the Very Elevated range. The DSM Conduct Disorder Symptom Count was 10 (the DSM threshold is 3 out of 15 symptoms), including symptoms related to aggression to people and animals, destruction of property, deceitfulness or theft, and serious violations of rules (note that both Criterion A8, fire setting, and Criterion A9, destruction of property, were endorsed; for Criterion A9 to contribute to the Symptom Count on this scale, the assessor must confirm that property was destroyed by means other than by fire-setting). Further investigation of Conduct Disorder is recommended given that several symptoms were endorsed. Note that item(s) endorsed by the parent may require immediate attention due to the severity of the item content.



## Conners 4–ADHD Index

The Conners 4–ADHD Index is composed of the 12 items that best differentiate youth with ADHD from those in the general population. The ADHD Index Probability score denotes the probability that a given score came from a youth with ADHD.

- **Conners 4–ADHD Index** (Probability Score = 96%): The parent's ratings of Will produced a probability score in the Very High range, indicating very high similarity with 11-year-olds who have ADHD. This ADHD Index score is very dissimilar to scores from the general population.

## ADDITIONAL QUESTIONS

The following section displays additional comments that the parent shared about Will's problems, strengths, and skills.

**Describe how these behaviors cause serious problems for your child at home, in school, at work, or with their friends.**

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**Do you have any other concerns about your child?**

No response provided.

**What strengths or skills does your child have?**

No response provided.

## ITEM RESPONSES

The parent entered the following responses for the items on the **Conners 4 Parent** form.

Item #	Rating	Item #	Rating	Item #	Rating	Item #	Rating
1.	1	30.	1	59.	3	88.	0
2.	0	31.	2	60.	1	89.	3
3.	?	32.	0	61.	2	90.	2
4.	1	33.	3	62.	0	91.	1
5.	3	34.	2	63.	3	92.	0
6.	0	35.	1	64.	1	93.	3
7.	1	36.	0	65.	2	94.	2
8.	3	37.	3	66.	0	95.	1
9.	0	38.	2	67.	3	96.	0
10.	2	39.	1	68.	1	97.	3
11.	1	40.	0	69.	2	98.	2
12.	3	41.	3	70.	0	99.	1
13.	2	42.	2	71.	3	100.	0
14.	0	43.	1	72.	2	101.	3
15.	3	44.	3	73.	1	102.	2
16.	2	45.	0	74.	0	103.	1
17.	1	46.	2	75.	3	104.	3
18.	0	47.	1	76.	2	105.	0
19.	2	48.	3	77.	1	106.	2
20.	3	49.	0	78.	0	107.	1
21.	1	50.	2	79.	3	108.	3
22.	3	51.	1	80.	2	109.	2
23.	0	52.	3	81.	1	110.	0
24.	2	53.	2	82.	3	111.	1
25.	1	54.	0	83.	2	112.	3
26.	3	55.	1	84.	0	113.	2
27.	2	56.	3	85.	3	114.	0
28.	0	57.	2	86.	1		
29.	3	58.	0	87.	2		

### Response Key:

- 0** = In the past month this was **not true at all**. It never (or rarely) happened.
- 1** = In the past month, this was **just a little true**. It happened occasionally.
- 2** = In the past month, this was **pretty much true**. It happened often (or quite a bit).
- 3** = In the past month, this was **completely true**. It happened very often (or always).
- ?** = Omitted item

## CONNERS 4TH EDITION FEEDBACK HANDOUT FOR PARENT RATINGS

Child's Name/ID:	Will Test/123
Child's Age:	11
Parent's Name:	Mary Rater/456
Assessment Date:	November 2, 2022
Examiner's Name:	Dr. Brown

This feedback handout provides an overview of the scores from the parent's (or guardian's) ratings of Will's behaviors and feelings as assessed by the Conners 4th Edition (Conners 4) Parent form. Throughout this report, "parent or guardian" will be referred to as "parent."

### What is the Conners 4 and why do parents complete it?

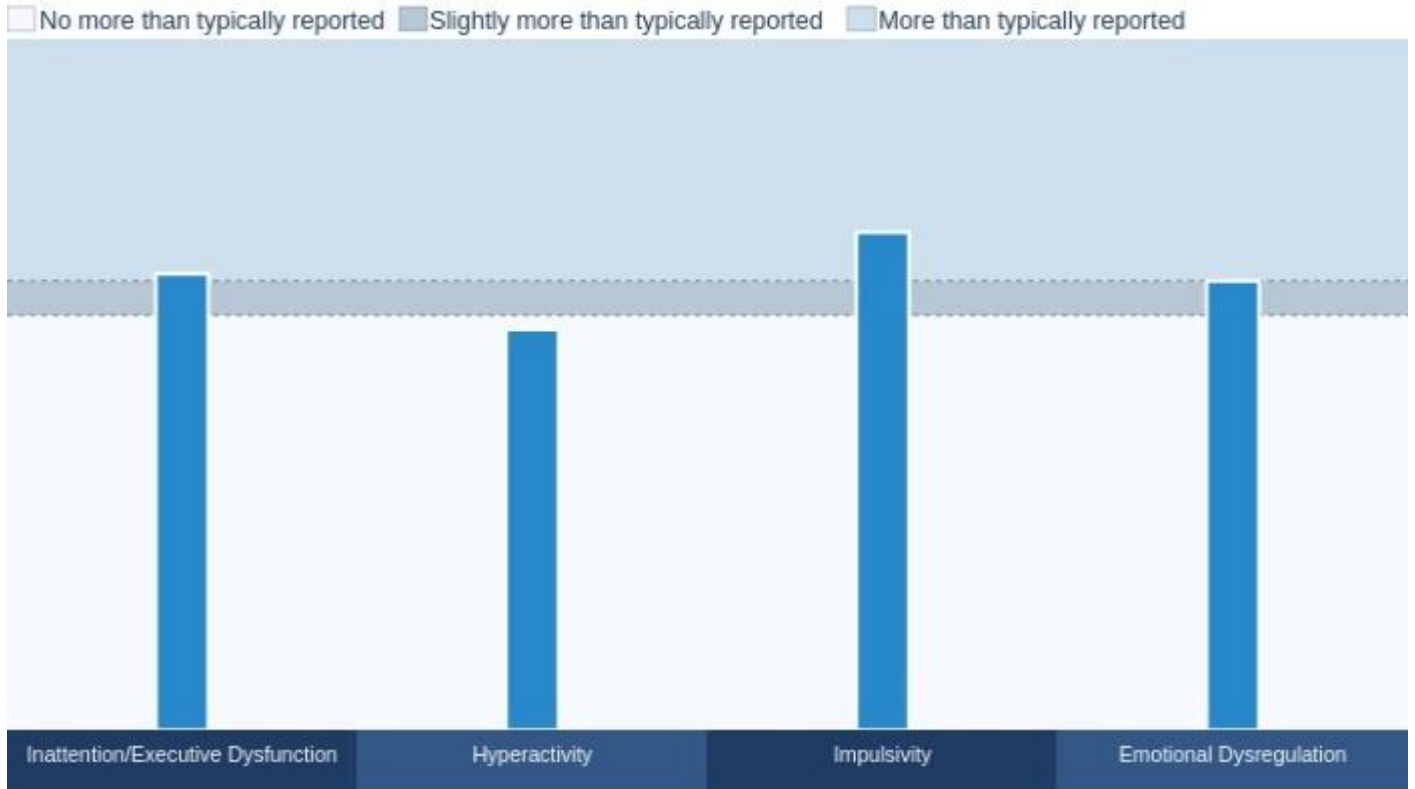
The Conners 4 is a set of rating scales that are used to gather information about symptoms of Attention-Deficit/Hyperactivity Disorder (ADHD) and other related conditions, as well as difficulties experienced by the youth in several domains. The Conners 4 forms are used all over the world and have been through extensive research, development, and validation processes. Results from the Conners 4 can help to better understand a youth who is having difficulty, and to determine how to help. Information from parents about their child's behavior and feelings is extremely important, as the parents generally know their child better than anyone else and can provide information about their child's behavior in a number of settings.

### Results from the Conners 4 Parent form

The professional who asked for this form to be completed will help explain these results and answer any questions. These scores were calculated based on a comparison of Will to youth of the same age. The results from parent ratings on the Conners 4 should be combined with other important information, such as interviews with Will and their parent(s), other test results, school records, and observations. All of the combined information is used to determine if Will needs help in a certain area and what kind of help is needed. Please keep in mind that not all areas assessed on the Conners 4 are reflected in this handout. The professional who is working with you may wish to communicate with you regarding other areas of concern, and in some cases may recommend further evaluation or follow-up. As you review the results, it may be helpful for you to share any additional insights that you might have, make notes, and freely discuss the results with the professional. If you have difficulty understanding this information, you should seek clarity from the professional.

## DOES THE YOUTH EXHIBIT ANY SYMPTOMS OF ADHD?

The following results are based on the parent's report of Will's behavior related to ADHD symptoms, compared to what is typically reported by parents of 11-year-olds.



Displays **more** difficulty with attention and executive functioning than typically reported, such as:

- avoiding effortful tasks
- having trouble listening
- having trouble getting back on task

**Does not engage in more** hyperactive behavior than typically reported.

Displays **more** impulsivity than typically reported, such as:

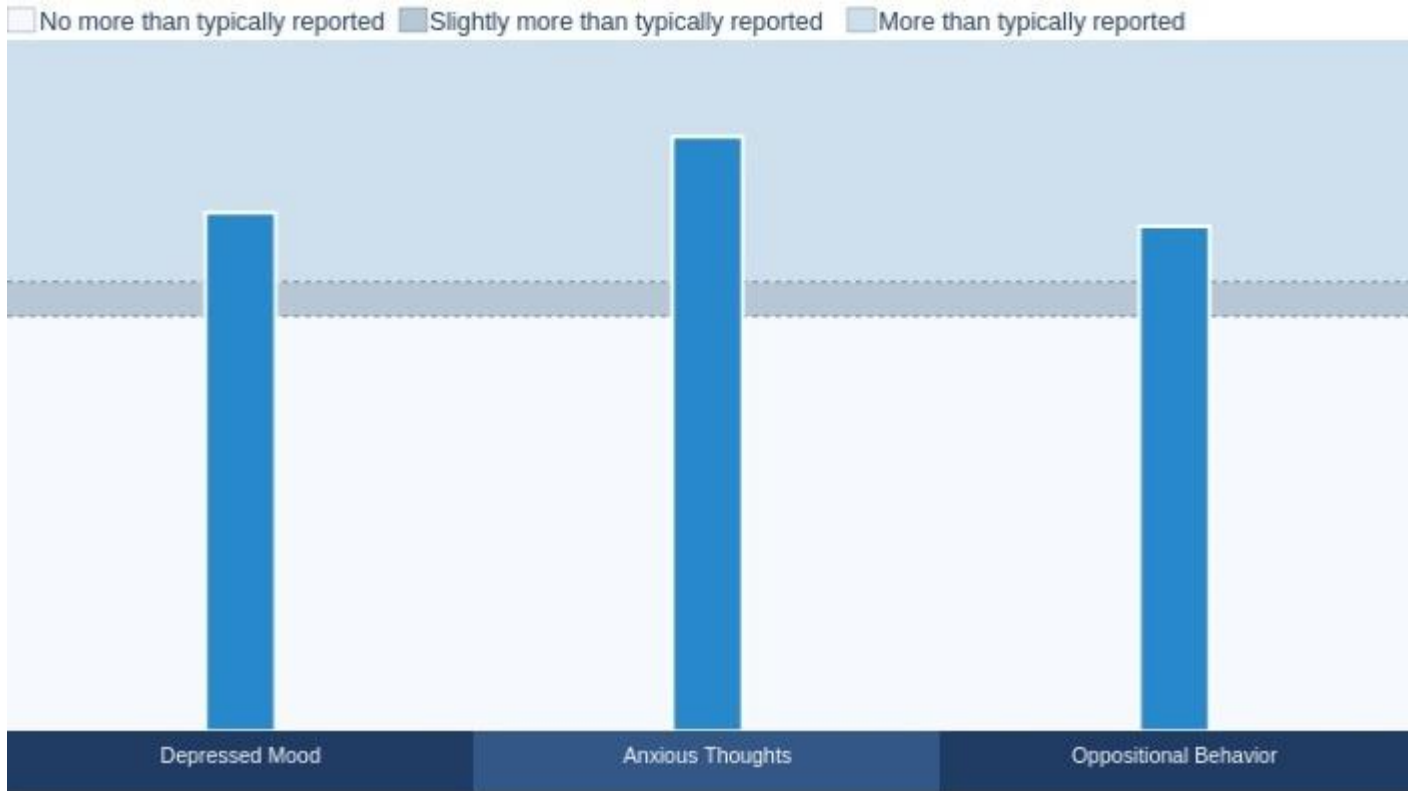
- intruding on others
- acting before thinking
- talking out of turn

Exhibits **more** difficulty regulating emotions than typically reported, such as:

- saying or doing things they don't mean when angry
- getting really angry
- overreacting when upset

## DOES THE YOUTH EXHIBIT ANY OTHER SYMPTOMS MEASURED BY THE CONNERS 4?

The following results are based on the parent’s report of Will’s behavior related to other symptoms measured by the Conners 4, compared to what is typically reported by parents of 11-year-olds.



Seems to experience **more** features of depressed mood than typically reported, such as:

- appearing sad, gloomy, or irritable
- appearing tired
- not enjoying things they used to enjoy doing

Appears to experience **more** anxiety than typically reported, such as:

- having trouble controlling their worries
- fearing they'll be embarrassed
- worrying so much they get tired

Displays **more** anger, defiance, and/or vindictiveness than typically reported, such as:

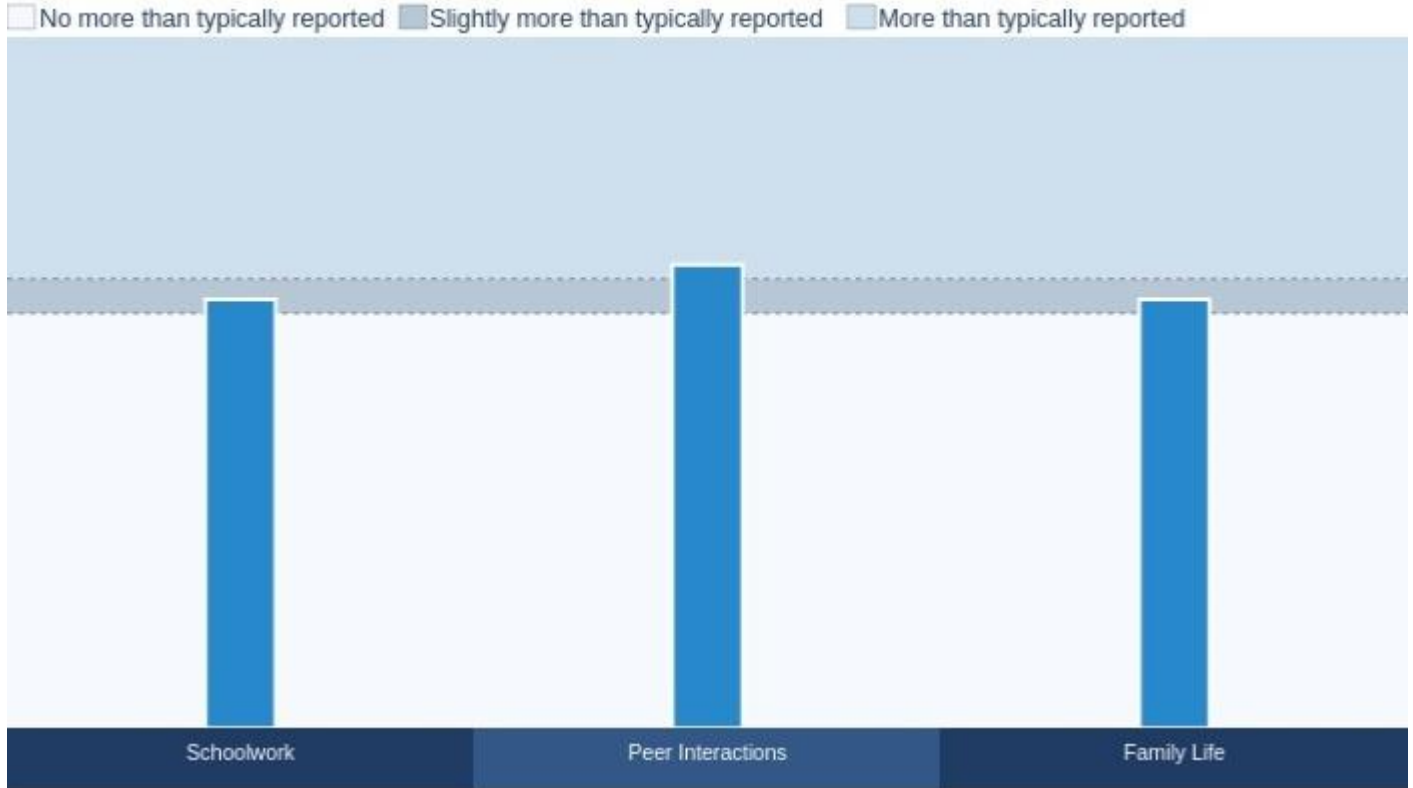
- feeling angry and resentful
- annoying people on purpose
- upsetting others

**Note.** The parent reported behaviors related to aggression to people and animals, destruction of property, deceitfulness or theft, and serious violations of rules. It is important to review this information with the professional who is working with you.



## IN WHAT SETTINGS DOES THE YOUTH EXPERIENCE DIFFICULTIES?

The following results are based on the parent’s report of Will’s difficulties with schoolwork, when interacting with peers, and when interacting with family, compared to what is typically reported by parents of 11-year-olds.



Exhibits **slightly more** difficulty with schoolwork than typically reported, such as:

- having trouble completing work
- checking work for mistakes
- not knowing where or what their homework is

Displays **more** difficulty interacting with peers than typically reported, such as:

- being annoying to peers
- not getting invited to play or go out
- having peers complain about them

Displays **slightly more** difficulty interacting with family than typically reported, such as:

- making it difficult for the family to have fun
- disrupting family activities
- causing the family to be late