



# CONNERS

3rd Edition™

*By C. Keith Conners, Ph.D.*

## **Conners 3–Parent Assessment Report**

<b>Child's Name/ID:</b>	<b>Jay</b>
Age:	16 years
Gender:	Male
Birth Date:	June 03, 1992
Grade:	
Parent's Name/ID:	Jason
Administration Date:	September 02, 2008
Assessor's Name:	Danielle
Data Entered By:	Danielle
Normative Option:	Gender-specific norms
Report Options:	The following features were included in this assessment report: Standard Error of Measurement, Percentiles, Item Responses by Scale.

This Assessment report is intended for use by qualified assessors only, and is not to be shown or presented to the respondent or any other unqualified individuals.



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## Introduction

The Conners 3rd Edition–Parent (Conners 3–P) is an assessment tool used to obtain the parent's observations about the youth's behavior. This instrument is designed to assess Attention Deficit/Hyperactivity Disorder (ADHD) and its most common co-morbid problems in children and adolescents aged 6 to 18 years old. When used in combination with other information, results from the Conners 3–P can provide valuable information for guiding assessment decisions. This report provides information about the parent's assessment of the youth, how he compares to other youth, and which scales and subscales are elevated. See the *Conners 3 Manual* (published by MHS) for more information.

This computerized report is an interpretive aid and should not be given to clients or be used as the sole criterion for clinical diagnosis or intervention. Administrators are cautioned against drawing unsupported interpretations. Combining information from this report with information gathered from other psychometric measures, interviews, observations, and review of available records will give the assessor or service provider a more comprehensive view of the youth than might be obtained from any one source. This report is based on an algorithm that produces the most common interpretations for the scores that have been obtained. Administrators should review the client's responses to specific items to ensure that these typical interpretations apply to the youth being described.

## Assessment of Validity

The following section provides the parent's scores for the Positive and Negative Impression scales and the Inconsistency Index.

### Positive Impression

Raw score = 1 (Probably valid)

The Positive Impression score does not suggest an overly positive response style.

### Negative Impression

Raw score = 6 (Probably invalid)

The Negative Impression score indicates a response style which can affect validity of the results. Often, a high Negative Impression score indicates an overly negative description of the youth's behavior, but there are other reasons why the Negative Impression score may be elevated. You may wish to review individual items used in calculating the Negative Impression score to consider possible reasons why this score is elevated. In the context of an elevated Negative Impression score, results from the Conners 3–P may be an overestimation of Jay's difficulties.

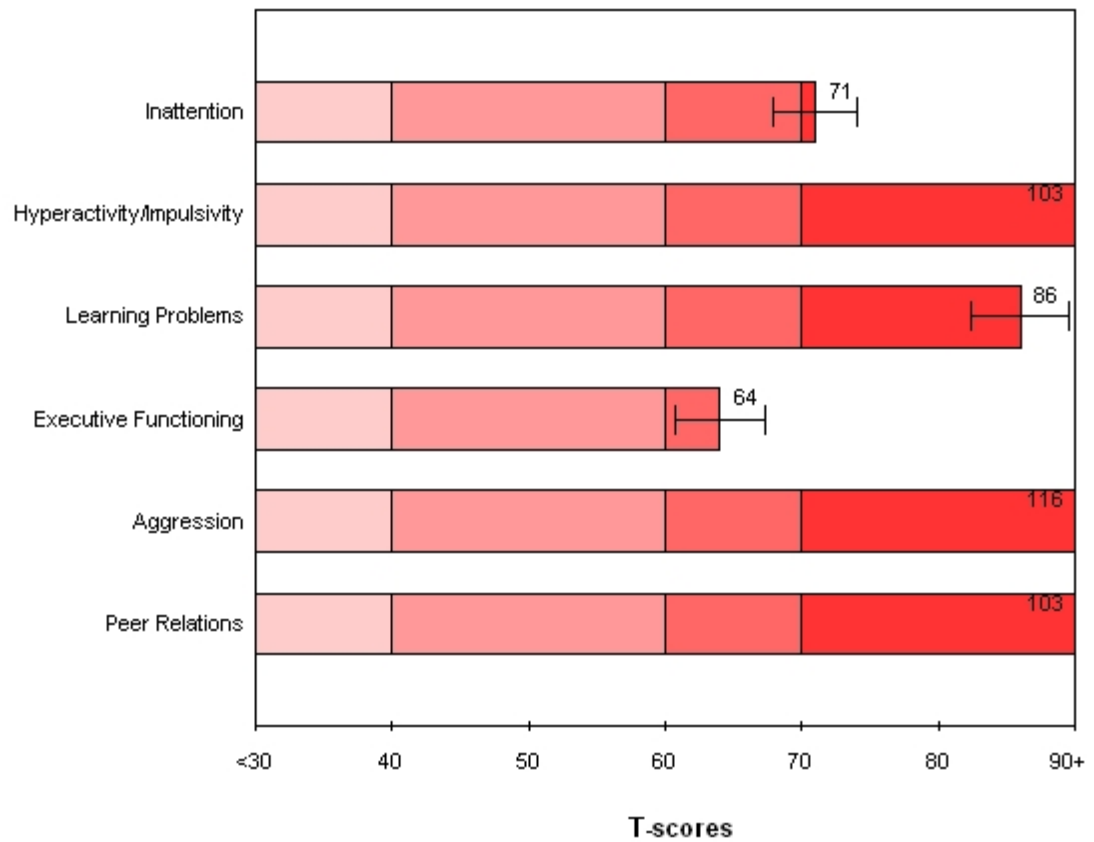
### Inconsistency Index

Raw score = 13, Number of absolute differences  $\geq 2$  = 3 (Probably invalid)

The responses to similar items are quite different from one another. Inconsistent responding may produce invalid scores. Interpretation should focus on understanding the reasons why there are differences in responses to similar items.

## Conners 3-P Content Scales: T-scores

The following graph provides T-scores for each of the Conners 3-P Content scales. The error bars on each bar represent Standard Error of Measurement (SEM). For information on SEM, see the *Conners 3 Manual*.



## Conners 3–P Content Scales: Detailed Scores

The following table summarizes the results of the parent’s assessment of Jay and provides general information about how he compares to the normative group. Please refer to the *Conners 3 Manual* for more information on the interpretation of these results. Caution: please note that *T*-score cutoffs are guidelines only and may vary depending on the context of the assessment. *T*-scores from 57–63 should be considered borderline and of special note, since the assessor must decide (based on other information and knowledge of the youth) whether or not the concerns in the associated area warrant clinical intervention.

Scale	Raw Score	T-score ± SEM (Percentile)	Guideline	Common Characteristics of High Scorers
Inattention	16	71 ± 3.1 (94)	Very Elevated Score (Many more concerns than are typically reported)	May have poor concentration/attention or difficulty keeping his/her mind on work. May make careless mistakes. May be easily distracted. May give up easily or be easily bored. May avoid schoolwork.
Hyperactivity/ Impulsivity	32	103 ± 3.3 (99)	Very Elevated Score (Many more concerns than are typically reported)	High activity levels, may be restless and/or impulsive. May have difficulty being quiet. May interrupt others. May be easily excited.
Learning Problems	18	86 ± 3.6 (96)	Very Elevated Score (Many more concerns than are typically reported)	Academic struggles (reading, writing, and/or math). May have difficulty learning and/or remembering concepts. May need extra explanations.
Executive Functioning	15	64 ± 3.3 (90)	Elevated Score (More concerns than are typically reported)	May have difficulty starting or finishing projects, may complete projects at the last minute. May have poor planning or organizational skills.
Aggression	25	116 ± 3.3 (98)	Very Elevated Score (Many more concerns than are typically reported)	Physically and/or verbally aggressive; may show violent and/or destructive tendencies. May bully others. May be argumentative. May have poor control of anger and/or aggression. May be manipulative or cruel.
Peer Relations	10	103 ± 4.9 (97)	Very Elevated Score (Many more concerns than are typically reported)	May have difficulty with friendships, may have poor social connections. May seem to be unaccepted by group.

Note: SEM = Standard Error of Measurement

## DSM-IV-TR Overview

This section of the report provides the following information for each DSM-IV-TR diagnosis on the Conners 3-P:

1. DSM-IV-TR Symptom scales: *T*-scores
2. DSM-IV-TR Symptom scales: Detailed scores
3. DSM-IV-TR Total Symptom Counts
4. DSM-IV-TR Symptom tables
  - Listing of Conners 3-P item(s) that correspond to each DSM-IV-TR Symptom
  - Criterion status of each DSM-IV-TR Symptom (i.e., whether or not the symptom is "indicated," "may be indicated," or "not indicated"). Symptoms marked *indicated* or *may be indicated* are summed to get the Total Symptom Count for that diagnosis. Please refer to specific DSM-IV-TR Symptom tables for each criterion status and for any exception that may alter the Total Symptom Count. See the *Conners 3 Manual* for details on how each criterion status is determined.

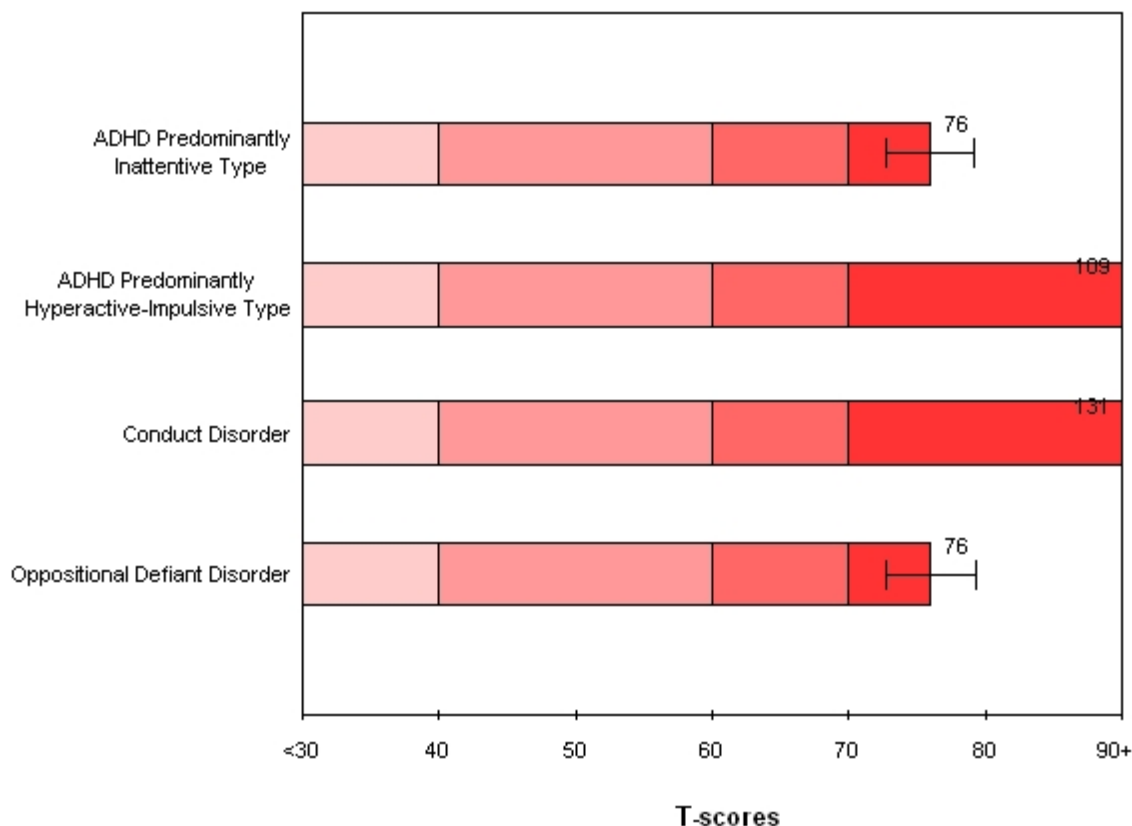
### *Interpretive Considerations*

Results from the Conners 3-P are a useful component of DSM-IV-TR based diagnosis, but cannot be relied upon in isolation. When interpreting the Conners 3-P DSM-IV-TR Symptom scales, the assessor should take the following important considerations into account. Please refer to the *Conners 3 Manual* for further interpretative guidelines.

- The Conners 3-P contains symptom-level criteria, not full diagnostic criteria, for DSM-IV-TR diagnoses. Additional criteria (e.g., course, age of onset, differential diagnosis, level of impairment, pervasiveness) must be met before a DSM-IV-TR diagnosis can be assigned.
- The Conners 3-P items are approximations of the DSM-IV-TR Symptoms that are intended to represent the main clinical construct in a format that most parents can understand. As a result, some aspects of the DSM-IV-TR criteria may not be fully represented. Before using any diagnostic labels, the assessor must consider all criteria that are required for a DSM-IV-TR diagnosis, including the symptoms from the Conners 3-P.
- The Conners 3-P provides information relevant to the DSM-IV-TR diagnoses from two different perspectives: absolute (Symptom Count) and relative (*T*-score). Results from the DSM-IV-TR Symptom Counts can contribute to the consideration of whether a particular DSM-IV-TR diagnosis might be appropriate. A *T*-score for each DSM-IV-TR diagnosis facilitates comparison of this individual's symptoms with his/her peers. At times, there may be discrepancies between the Symptom Count and *T*-score for a given diagnosis. This is to be expected, since they are based on different metrics (i.e., absolute versus relative). The following points provide some concrete guidelines for the interpretation of this pair of scores (DSM-IV-TR Symptom Count and *T*-score).
  - Both scores are elevated (i.e., DSM-IV-TR Symptom Count probably met, DSM-IV-TR *T*-score  $\geq 60$ ): This diagnosis should be given strong consideration.
  - Both scores are average or below (i.e., DSM-IV-TR Symptom Count probably not met, DSM-IV-TR *T*-score  $< 60$ ): It is unlikely that the diagnosis is currently present (although criteria may have been met in the past).
  - Only Symptom Count is elevated (i.e., DSM-IV-TR Symptom Count probably met, DSM-IV-TR *T*-score  $< 60$ ): Although the absolute DSM-IV-TR symptomatic criteria may have been met, the current presentation is not atypical for this age and gender. Consider whether the symptoms are present in excess of developmental expectations (an important requirement of DSM-IV-TR diagnosis).
  - Only *T*-score is elevated (i.e., DSM-IV-TR Symptom Count probably not met, DSM-IV-TR *T*-score  $\geq 60$ ): Although the current presentation is atypical for the youth's age and gender, there are not enough symptoms reported to meet DSM-IV-TR symptomatic criteria for this disorder. Consider alternative explanations for why the *T*-scores could be elevated in the absence of this diagnosis (e.g., another diagnosis may be producing these types of concerns in that particular setting).

## DSM-IV-TR Symptom Scales: T-scores

The following graph provides T-scores for each of the DSM-IV-TR Symptom scales. The error bars on each bar represent Standard Error of Measurement for each DSM-IV-TR Symptom scale score.



## DSM-IV-TR Symptom Scales: Detailed Scores

The following table summarizes the results of the parent’s assessment of Jay with respect to the DSM-IV-TR Symptom scales, and provides general information about how he compares to the normative group. Please refer to the *Conners 3 Manual* for more information on the interpretation of these results. Caution: please note that T-score cutoffs are guidelines only and may vary depending on the context of the assessment. T-scores from 57–63 should be considered borderline and of special note, since the assessor must decide (based on other information and knowledge of the youth) whether or not the concerns in the associated area warrant clinical intervention.

Scale	Raw Score	T-score ± SEM (Percentile)	Guideline
ADHD Predominantly Inattentive Type	17	76 ± 3.2 (94)	Very Elevated Score (Many more concerns than are typically reported)
ADHD Predominantly Hyperactive-Impulsive Type	24	109 ± 3.8 (99)	Very Elevated Score (Many more concerns than are typically reported)
Conduct Disorder	26	131 ± 4.4 (99)	Very Elevated Score (Many more concerns than are typically reported)
Oppositional Defiant Disorder	13	76 ± 3.3 (89)	Very Elevated Score (Many more concerns than are typically reported)

Note: SEM = Standard Error of Measurement

## DSM-IV-TR Total Symptom Counts

The following tables summarize the results of the DSM-IV-TR Symptom scale Total Symptom Counts as indicated by the Conners 3-P.

**Results from the Conners 3-P suggest that the Symptom Count requirements are *probably met* for the following DSM-IV-TR diagnoses:**

DSM-IV-TR Symptom scale	DSM-IV-TR Symptom Count Requirements	Symptom Count as indicated by Conners 3-P
ADHD Predominantly Hyperactive-Impulsive Type (ADHD Hyp-Imp)	At least 6 out of 9 symptoms	8
Conduct Disorder	At least 3 out of 15 symptoms	15
Oppositional Defiant Disorder	At least 4 out of 8 symptoms	5

**Results from the Conners 3-P suggest that the Symptom Count requirements are *probably not met* for the following DSM-IV-TR diagnoses:**

DSM-IV-TR Symptom scale	DSM-IV-TR Symptom Count Requirements	Symptom Count as indicated by Conners 3-P
ADHD Predominantly Inattentive Type (ADHD In)	At least 6 out of 9 symptoms	5
ADHD Combined Type	Criteria must be met for both ADHD In and ADHD Hyp-Imp	ADHD In: 5 ADHD Hyp-Imp: 8

## DSM-IV-TR Symptom Tables

This section of the report provides information about how the parent rated Jay on items that correspond to the DSM-IV-TR. Please see the DSM-IV-TR Overview section for important information regarding appropriate use of DSM-IV-TR Symptom Counts.

The following response key applies to all of the tables in this section:

**Parent's Rating:** 0 = Not true at all (Never, Seldom); 1 = Just a little true (Occasionally); 2 = Pretty much true (Often, Quite a bit); 3 = Very much true (Very often, Very frequently); ? = Omitted item.

### DSM-IV-TR ADHD Predominantly Inattentive Type

DSM-IV-TR Symptoms: Criterion A	Item Number	Parent's Rating					Criterion Status
		0	1	2	3	?	
A1a.	47		✓				Not Indicated
A1b.	95		✓				Not Indicated
A1c.	35			✓			<b>Indicated</b>
A1d.	68 -and- 79			✓ ✓			<b>Indicated</b>
A1e.	84				✓		<b>Indicated</b>
A1f.	28		✓				Not Indicated
A1g.	97		✓				Not Indicated
A1h.	101			✓			<b>Indicated</b>
A1i.	2			✓			<b>Indicated</b>

### DSM-IV-TR ADHD Predominantly Hyperactive-Impulsive Type

DSM-IV-TR Symptoms: Criterion A	Item Number	Parent's Rating					Criterion Status
		0	1	2	3	?	
<b>Hyperactivity</b>							
A2a.	98			✓			<b>Indicated</b>
A2b.	93		✓				Not Indicated
A2c.	69 -or- 99			✓		✓	<b>Indicated</b>
A2d.	71				✓		<b>Indicated</b>
A2e.	54 -or- 45		✓			✓	<b>Indicated</b>
A2f.	3			✓			<b>Indicated</b>
<b>Impulsivity</b>							
A2g.	43			✓			<b>Indicated</b>
A2h.	61			✓			<b>Indicated</b>
A2i.	104				✓		<b>Indicated</b>

### DSM-IV-TR ADHD Combined Type

An ADHD Combined Type diagnosis requires the examination of symptoms for ADHD Predominantly Inattentive Type and for ADHD Predominantly Hyperactive-Impulsive Type. See the ADHD Predominantly Inattentive Type and ADHD Predominantly Hyperactive-Impulsive Type symptom tables above. Please also see the DSM-IV-TR or the *Conners 3 Manual* for additional guidance.



### DSM-IV-TR Conduct Disorder

DSM-IV-TR Symptoms: Criterion A	Item Number	Parent's Rating					Criterion Status
		0	1	2	3	?	
A1.	16		✓				May be Indicated
A2.	30			✓			<b>Indicated</b>
A3.	27			✓			<b>Indicated</b>
A4.	39		✓				<b>Indicated</b>
A5.	41				✓		<b>Indicated</b>
A6.	96		✓				<b>Indicated</b>
A7.	11				✓		<b>Indicated</b>
A8.	78		✓				<b>Indicated<sup>1</sup></b>
A9.	65		✓				<b>Indicated<sup>1</sup></b>
A10.	89			✓			<b>Indicated</b>
A11.	56				✓		<b>Indicated</b>
A12.	58			✓			<b>Indicated</b>
A13.	91		✓				May be Indicated <sup>2</sup>
A14.	76		✓				<b>Indicated</b>
A15.	6			✓			<b>Indicated<sup>3</sup></b>

<sup>1</sup>Both Criterion A8 (fire setting) and Criterion A9 (destruction of property) were indicated. In order to meet Criterion A9, the assessor must confirm that property was destroyed other than by fire setting (Criterion A8).

<sup>2</sup>In order for Criterion A13 (stays out at night) to be indicated, the assessor needs to ensure this criterion occurred before the age of 13 years.

<sup>3</sup>In order for Criterion A15 (truancy) to be indicated, the assessor needs to ensure this criterion occurred before the age of 13 years.

### DSM-IV-TR Oppositional Defiant Disorder

DSM-IV-TR Symptoms: Criterion A	Item Number	Parent's Rating					Criterion Status
		0	1	2	3	?	
A1.	14		✓				Not Indicated
A2.	102			✓			<b>Indicated</b>
A3.	94		✓				Not Indicated
A4.	59			✓			<b>Indicated</b>
A5.	21			✓			<b>Indicated</b>
A6.	73		✓				Not Indicated
A7.	48		✓				May be Indicated
A8.	57				✓		<b>Indicated</b>

## Impairment

The parent's report of Jay's level of impairment in academic, social, and home settings is presented below.

	<b>Not true at all/never</b>	<b>Just a little true/occasionally</b>	<b>Pretty much true/often</b>	<b>Very much true/very often</b>
<b>Academic</b>				

Jay's parent indicated that Jay's problems seriously affect his schoolwork or grades very often or very frequently (score of 3).

<b>Social</b>				
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Jay's parent indicated that Jay's problems seriously affect his friendships and relationships very often or very frequently (score of 3).

<b>Home</b>				
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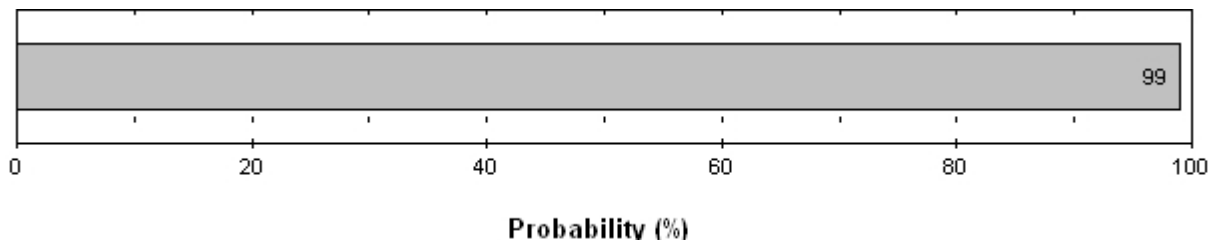
Jay's parent indicated that Jay's problems seriously affect his home life very often or very frequently (score of 3).

## Conners 3 Index Scores

The following section describes the results for the two index scores on the Conners 3-P.

### Conners 3 ADHD Index

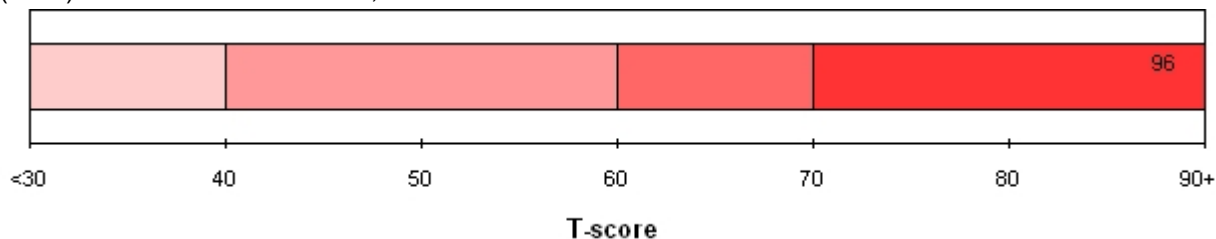
The following graph summarizes the parent's ratings of Jay with respect to the Conners 3 ADHD Index.



Among ADHD and general population cases, individuals with ADHD obtained this score 99% of the time. Based on this metric, a classification of ADHD is strongly indicated, but other clinically relevant information should also be carefully considered in the assessment process. Please see the *Conners 3 Manual* for further information about interpretation.

### Conners 3 Global Index

The following section summarizes the parent's ratings of Jay with respect to the Conners 3 Global Index (Conners 3GI). High scores on the Conners 3GI may describe a youth who is moody and emotional, or restless, impulsive, or inattentive. The error bars on each bar represent Standard Error of Measurement (*SEM*). For information on *SEM*, see the *Conners 3 Manual*.



**T-score = 96 (Raw score = 21, Percentile = 98, SEM = 3.9)**

Very Elevated Score (Many more concerns than are typically reported). The parent's responses to the Conners 3GI items suggest that Jay may be exhibiting features of general psychological difficulty that may be expressed behaviorally, academically, socially, or emotionally.

## Anxiety Screener Items

The following table displays the results from the parent's observations of Jay's behavior with regards to specific items that are related to generalized anxiety.

**Guideline based on the parent's ratings to these items: Further investigation is recommended**

Item Number	Item Content	Parent's Rating				
		0	1	2	3	?
4	Worries				✓	
20	Trouble controlling worries				✓	
70	Nervous or jumpy				✓	
100	Irritable when anxious			✓		

**Parent's Rating:** 0 = Not true at all (Never, Seldom); 1 = Just a little true (Occasionally); 2 = Pretty much true (Often, Quite a bit); 3 = Very much true (Very often, Very frequently); ? = Omitted item.

## Depression Screener Items

The following table displays the results from the parent's observations of Jay's behavior with regards to specific items that are related to depression.







**Guideline based on the parent's ratings to these items: Further investigation is recommended**

Item Number	Item Content	Parent's Rating				
		0	1	2	3	?
17	Worthlessness			✓		
66	Tired; low energy			✓		
82	Loss of interest or pleasure			✓		
103	Sad, gloomy, or irritable			✓		

**Parent's Rating:** 0 = Not true at all (Never, Seldom); 1 = Just a little true (Occasionally); 2 = Pretty much true (Often, Quite a bit); 3 = Very much true (Very often, Very frequently); ? = Omitted item.

## Severe Conduct Critical Items

The following table displays the parent's observations of Jay's behavior with regards to several Severe Conduct Critical items. Endorsement of any Critical item indicates the need for immediate follow-up.

Item Number	Item Content	Parent's Rating					Recommendation
		0	1	2	3	?	
11	Forced sex				✓		 Requires immediate attention
27	Uses a weapon			✓			 Requires immediate attention
41	Cruel to animals				✓		 Requires immediate attention
78	Fire setting		✓				 Requires immediate attention
89	Breaking and entering			✓			 Requires immediate attention
96	Confrontational stealing		✓				 Requires immediate attention

**Parent's Rating:** 0 = Not true at all (Never, Seldom); 1 = Just a little true (Occasionally); 2 = Pretty much true (Often, Quite a bit); 3 = Very much true (Very often, Very frequently); ? = Omitted item.

## Additional Questions

The following section displays additional comments from the parent about Jay.

Item Number	Item Content	Parent's Rating
109	Additional concerns about your child	This item was omitted.
110	Child's strengths or skills	This item was omitted.

## Conners 3-P Results and IDEA

The Conners 3-P provides information that may be useful to consider when determining whether a student is eligible for special education and related services under current U.S. federal statutes, such as the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004).

Elevated scores on the Conners 3-P may indicate the need for special education and related services. The following table summarizes areas of IDEA 2004 eligibility that are typically listed for children and adolescents who have elevated scores on various portions of the Conners 3-P. Checkmarks indicate which areas of the Conners 3-P were indicated or endorsed, suggesting possible consideration of IDEA 2004 eligibility in related areas. The information in this table is based on the IDEA 2004 and general interpretation/application of this federal law. Specific state and local education agencies may have specific requirements that supersede these recommendations. The assessor is encouraged to consult local policies that may impact decision making. Remember that elevated scores or even a diagnosis is not sufficient justification for IDEA 2004 eligibility. Finally, keep in mind that the IDEA 2004 clearly indicates that categorization is not required for provision of services. Please see the *Conners 3 Manual* for further discussion of the IDEA 2004 and its relation to the Conners 3-P content.

Content Areas	Follow-up Recommended	Possible IDEA Eligibility Category
<b>Conners 3-P Content Scales</b>		
Inattention	✓	ED, LD, OHI
Hyperactivity/Impulsivity	✓	DD-Emotional , ED, OHI
Learning Problems	✓	LD
Executive Functioning	✓	LD, OHI
Aggression	✓	DD-Emotional, ED
Peer Relations	✓	Autism, DD-Communication, DD-Emotional, DD-Social, ED
<b>DSM-IV-TR Symptom Scales</b>		
ADHD Predominantly Inattentive Type	✓	ED, LD, OHI
ADHD Predominantly Hyperactive-Impulsive Type	✓	ED, OHI
ADHD Combined Type	✓	ED, LD, OHI
Conduct Disorder	✓	ED
Oppositional Defiant Disorder	✓	ED
<b>Screener Items</b>		
Anxiety	✓	ED
Depression	✓	ED
<b>Critical Items</b>		
Severe Conduct	✓	ED

DD=Developmental Delay, ED=Emotional Disturbance, LD=Specific Learning Disability; OHI=Other Health Impairment.

**Note:** The category of Developmental Delay only applies to children through age 9 years.

## Item Responses

The parent entered the following response values for the items on the Conners 3-P.

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

### Response Key:

0 = In the past month, this was **not true at all**. It never (or seldom) 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 **very much true**. It happened very often (very frequently).

? = Omitted Item

Date printed: August 21, 2008

**End of Report**

## Conners 3-P Items by Scale

This section of the report contains copyrighted items and information that is not intended for public disclosure. If it is necessary to provide a copy of the report to anyone other than the assessor, this section must be removed.

### Conners 3-P Content Scales

<b>Inattention</b>	
<b>Item</b>	<b>Parent's Rating</b>
12. Has trouble staying focused on one thing at a time.	Very much true/very often
23. Has a short attention span.	Just a little true/occasionally
28. Avoids or dislikes things that take a lot of effort and are not fun.	Just a little true/occasionally
44. Has trouble concentrating.	Just a little true/occasionally
47. Doesn't pay attention to details; makes careless mistakes.	Just a little true/occasionally
49. Has trouble changing from one activity to another.	Pretty much true/often
67. Inattentive, easily distracted.	Very much true/very often
77. Gets bored.	Just a little true/occasionally
88. Gives up easily on difficult tasks.	Pretty much true/often
95. Has trouble keeping his/her mind on work or play for long.	Just a little true/occasionally

<b>Hyperactivity/Impulsivity</b>	
<b>Item</b>	<b>Parent's Rating</b>
19. Fidgeting.	Very much true/very often
43. Blurts out answers before the question has been completed.	Pretty much true/often
45. Is constantly moving.	Just a little true/occasionally
50. Excitable, impulsive.	Pretty much true/often
52. Gets over-stimulated.	Pretty much true/often
54. Acts as if driven by a motor.	Very much true/very often
55. Blurts out the first thing that comes to mind.	Very much true/very often
61. Has difficulty waiting for his/her turn.	Pretty much true/often
69. Runs or climbs when he/she is not supposed to.	Very much true/very often
71. Is noisy and loud when playing or using free time.	Very much true/very often
93. Leaves seat when he/she should stay seated.	Just a little true/occasionally
98. Fidgets or squirms in seat.	Pretty much true/often
99. Restless or overactive.	Pretty much true/often
104. Interrupts others (for example, butts into conversations or games).	Very much true/very often



<b>Learning Problems</b>	
<b>Item</b>	<b>Parent's Rating</b>
5. Spelling is poor.	Very much true/very often
7. Does not understand what he/she reads.	Just a little true/occasionally
9. Is good at memorizing facts. (R)	Pretty much true/often
15. Forgets things already learned.	Just a little true/occasionally
36. Has trouble with reading.	Very much true/very often
51. Needs extra explanation of instructions.	Pretty much true/often
53. Learns information as separate facts; does not "get the big picture."	Very much true/very often
60. Reads slowly and with a lot of effort.	Pretty much true/often
87. Cannot grasp arithmetic.	Pretty much true/often

R = This item is reverse scored for score calculations.

<b>Executive Functioning</b>	
<b>Item</b>	<b>Parent's Rating</b>
34. Fails to finish things he/she starts.	Just a little true/occasionally
37. Has trouble getting started on tasks or projects.	Very much true/very often
63. Completes projects at the last minute.	Just a little true/occasionally
72. Is good at planning ahead. (R)	Pretty much true/often
75. Forgets to turn in completed work.	Just a little true/occasionally
79. Fails to complete schoolwork, chores, or tasks (even when he/she understands and is trying to cooperate).	Pretty much true/often
84. Has trouble organizing tasks or activities.	Very much true/very often
90. Is messy or disorganized.	Pretty much true/often
97. Loses things (for example, schoolwork, pencils, books, tools, or toys).	Just a little true/occasionally

R = This item is reverse scored for score calculations.

<b>Aggression</b>	
<b>Item</b>	<b>Parent's Rating</b>
16. Bullies, threatens, or scares others.	Just a little true/occasionally
22. Is cold-hearted and cruel.	Pretty much true/often
27. Uses a weapon (for example, a bat, brick, broken bottle, knife, or gun).	Pretty much true/often
30. Starts fights with others on purpose.	Pretty much true/often
39. Physically hurts people.	Just a little true/occasionally
46. Tells lies to hurt other people.	Just a little true/occasionally
48. Is angry and resentful.	Just a little true/occasionally
57. Tries to get even with people.	Very much true/very often
58. Steals secretly (for example, shoplifting or forgery).	Pretty much true/often
65. Intentionally damages or destroys things that belong to others.	Just a little true/occasionally
83. Threatens to hurt others.	Very much true/very often
86. Swears or uses bad language.	Very much true/very often
94. Actively refuses to do what adults tell him/her to do.	Just a little true/occasionally
102. Argues with adults.	Pretty much true/often

<b>Peer Relations</b>	
<b>Item</b>	<b>Parent's Rating</b>
10. Does not get invited to play or go out with others.	Very much true/very often
13. Has no friends.	Pretty much true/often
24. Has trouble keeping friends.	Just a little true/occasionally
62. Is one of the last to be picked for teams or games.	Just a little true/occasionally
64. Interacts well with other children. (R)	Just a little true/occasionally
92. Does not know how to make friends.	Just a little true/occasionally

R = This item is reverse scored for score calculations.

## DSM-IV-TR Symptom Scales

<b>ADHD Predominantly Inattentive Type</b>		
<b>DSM-IV-TR Criterion</b>	<b>Item</b>	<b>Parent's Rating</b>
A1a.	47. Doesn't pay attention to details; makes careless mistakes.	Just a little true/occasionally
A1b.	95. Has trouble keeping his/her mind on work or play for long.	Just a little true/occasionally
A1c.	35. Does not seem to listen to what is being said to him/her.	Pretty much true/often
A1d.	68. Does not follow through on instructions (even when he/she understands and is trying to cooperate).	Pretty much true/often
A1d.	79. Fails to complete schoolwork, chores, or tasks (even when he/she understands and is trying to cooperate).	Pretty much true/often
A1e.	84. Has trouble organizing tasks or activities.	Very much true/very often
A1f.	28. Avoids or dislikes things that take a lot of effort and are not fun.	Just a little true/occasionally
A1g.	97. Loses things (for example, schoolwork, pencils, books, tools, or toys).	Just a little true/occasionally
A1h.	101. Is easily distracted by sights or sounds.	Pretty much true/often
A1i.	2. Is forgetful in daily activities.	Pretty much true/often

<b>ADHD Predominantly Hyperactive-Impulsive Type</b>		
<b>DSM-IV-TR Criterion</b>	<b>Item</b>	<b>Parent's Rating</b>
<b>Hyperactivity</b>		
A2a.	98. Fidgets or squirms in seat.	Pretty much true/often
A2b.	93. Leaves seat when he/she should stay seated.	Just a little true/occasionally
A2c.	69. Runs or climbs when he/she is not supposed to.	Very much true/very often
A2c.	99. Restless or overactive.	Pretty much true/often
A2d.	71. Is noisy and loud when playing or using free time.	Very much true/very often
A2e.	54. Acts as if driven by a motor.	Very much true/very often
A2e.	45. Is constantly moving.	Just a little true/occasionally
A2f.	3. Talks too much.	Pretty much true/often
<b>Impulsivity</b>		
A2g.	43. Blurts out answers before the question has been completed.	Pretty much true/often
A2h.	61. Has difficulty waiting for his/her turn.	Pretty much true/often
A2i.	104. Interrupts others (for example, butts into conversations or games).	Very much true/very often

<b>Conduct Disorder</b>		
<b>DSM-IV-TR Criterion</b>	<b>Item</b>	<b>Parent's Rating</b>
A1.	16. Bullies, threatens, or scares others.	Just a little true/occasionally
A2.	30. Starts fights with others on purpose.	Pretty much true/often
A3.	27. Uses a weapon (for example, a bat, brick, broken bottle, knife, or gun).	Pretty much true/often
A4.	39. Physically hurts people.	Just a little true/occasionally
A5.	41. Is cruel to animals.	Very much true/very often
A6.	96. Steals while confronting a person (for example, mugging, purse snatching, or armed robbery).	Just a little true/occasionally
A7.	11. Has forced someone into sexual activity.	Very much true/very often
A8.	78. Has intentionally set fires for the purpose of causing damage.	Just a little true/occasionally
A9.	65. Intentionally damages or destroys things that belong to others.	Just a little true/occasionally
A10.	89. Has broken into someone else's house, building, or car.	Pretty much true/often
A11.	56. Lies to avoid having to do something or to get things.	Very much true/very often
A12.	58. Steals secretly (for example, shoplifting or forgery).	Pretty much true/often
A13.	91. Goes out at night even though it breaks the rules.	Just a little true/occasionally
A14.	76. Runs away from home for at least one night.	Just a little true/occasionally
A15.	6. Skips classes.	Pretty much true/often

<b>Oppositional Defiant Disorder</b>		
<b>DSM-IV-TR Criterion</b>	<b>Item</b>	<b>Parent's Rating</b>
A1.	14. Loses temper.	Just a little true/occasionally
A2.	102. Argues with adults.	Pretty much true/often
A3.	94. Actively refuses to do what adults tell him/her to do.	Just a little true/occasionally
A4.	59. Annoys other people on purpose.	Pretty much true/often
A5.	21. Blames others for his/her mistakes or misbehavior.	Pretty much true/often
A6.	73. Is irritable and easily annoyed by others.	Just a little true/occasionally
A7.	48. Is angry and resentful.	Just a little true/occasionally
A8.	57. Tries to get even with people.	Very much true/very often

## Indices

<b>Conners 3 ADHD Index</b>	
<b>Item</b>	<b>Parent's Rating</b>
19. Fidgeting.	Very much true/very often
35. Does not seem to listen to what is being said to him/her.	Pretty much true/often
47. Doesn't pay attention to details; makes careless mistakes.	Just a little true/occasionally
67. Inattentive, easily distracted.	Very much true/very often
84. Has trouble organizing tasks or activities.	Very much true/very often
88. Gives up easily on difficult tasks.	Pretty much true/often
98. Fidgets or squirms in seat.	Pretty much true/often
99. Restless or overactive.	Pretty much true/often
101. Is easily distracted by sights or sounds.	Pretty much true/often
104. Interrupts others (for example, butts into conversations or games).	Very much true/very often

<b>Conners 3 Global Index</b>	
<b>Item</b>	<b>Parent's Rating</b>
19. Fidgeting.	Very much true/very often
25. Cries often and easily.	Pretty much true/often
29. Mood changes quickly and drastically.	Just a little true/occasionally
34. Fails to finish things he/she starts.	Just a little true/occasionally
40. Demands must be met immediately – easily frustrated.	Pretty much true/often
50. Excitable, impulsive.	Pretty much true/often
67. Inattentive, easily distracted.	Very much true/very often
81. Temper outbursts.	Pretty much true/often
85. Disturbs other children.	Very much true/very often
99. Restless or overactive.	Pretty much true/often

## Screener Items

<b>Anxiety</b>	
<b>Item</b>	<b>Parent's Rating</b>
4. Worries about many things.	Very much true/very often
20. Has trouble controlling his/her worries.	Very much true/very often
70. Appears "on edge," nervous, or jumpy.	Very much true/very often
100. Becomes irritable when anxious.	Pretty much true/often

<b>Depression</b>	
<b>Item</b>	<b>Parent's Rating</b>
17. Feels worthless.	Pretty much true/often
66. Seems tired; has low energy.	Pretty much true/often
82. Has lost interest or pleasure in activities.	Pretty much true/often
103. Is sad, gloomy, or irritable for many days at a time.	Pretty much true/often

### Critical Items

<b>Severe Conduct</b>	
<b>Item</b>	<b>Parent's Rating</b>
11. Has forced someone into sexual activity.	Very much true/very often
27. Uses a weapon (for example, a bat, brick, broken bottle, knife, or gun).	Pretty much true/often
41. Is cruel to animals.	Very much true/very often
78. Has intentionally set fires for the purpose of causing damage.	Just a little true/occasionally
89. Has broken into someone else's house, building, or car.	Pretty much true/often
96. Steals while confronting a person (for example, mugging, purse snatching, or armed robbery).	Just a little true/occasionally

### Validity Scales

<b>Positive Impression</b>	
<b>Item</b>	<b>Parent's Rating</b>
31. Makes mistakes. (R)	Very much true/very often
33. Tells the truth; doesn't even tell "little white lies."	Pretty much true/often
38. Has to struggle to complete hard tasks. (R)	Pretty much true/often
74. Behaves like an angel.	Just a little true/occasionally
80. Is patient and content, even when waiting in a long line.	Pretty much true/often
105. Is perfect in every way.	Very much true/very often

R = This item is reverse scored for score calculations.

<b>Negative Impression</b>	
<b>Item</b>	<b>Parent's Rating</b>
1. Is happy, cheerful, and has a positive attitude. (R)	Just a little true/occasionally
8. Is fun to be around. (R)	Just a little true/occasionally
18. I cannot figure out what makes him/her happy.	Pretty much true/often
26. Cannot do things right.	Very much true/very often
32. Is difficult to please or amuse.	Pretty much true/often
42. Is hard to motivate (even with rewards like candy or money).	Very much true/very often

R = This item is reverse scored for score calculations.

<b>Inconsistency Index</b>			
<b>Item</b>	<b>Parent's Rating</b>	<b>Item</b>	<b>Parent's Rating</b>
44. Has trouble concentrating.	Just a little true/occasionally	67. Inattentive, easily distracted.	Very much true/very often
12. Has trouble staying focused on one thing at a time.	Very much true/very often	23. Has a short attention span.	Just a little true/occasionally
36. Has trouble with reading.	Very much true/very often	60. Reads slowly and with a lot of effort.	Pretty much true/often
14. Loses temper.	Just a little true/occasionally	81. Temper outbursts.	Pretty much true/often
19. Fidgeting.	Very much true/very often	98. Fidgets or squirms in seat.	Pretty much true/often
45. Is constantly moving.	Just a little true/occasionally	99. Restless or overactive.	Pretty much true/often
94. Actively refuses to do what adults tell him/her to do.	Just a little true/occasionally	102. Argues with adults.	Pretty much true/often
75. Forgets to turn in completed work.	Just a little true/occasionally	79. Fails to complete schoolwork, chores, or tasks (even when he/she understands and is trying to cooperate).	Pretty much true/often
13. Has no friends.	Pretty much true/often	92. Does not know how to make friends.	Just a little true/occasionally
39. Physically hurts people.	Just a little true/occasionally	83. Threatens to hurt others.	Very much true/very often

## Conners 3rd Edition Feedback Handout for Parent Ratings

**Child's Name/ID:** Jay  
**Child's Age:** 16  
**Date of Assessment:** September 02, 2008  
**Parent's Name:** Jason  
**Assessor's Name:** Danielle

***This feedback handout explains scores from parent ratings of this youth's behaviors and feelings as assessed by the Conners 3–Parent form (Conners 3–P). This section of the report may be given to parents (caregivers) or to a third party upon parental consent.***

### **What is the Conners 3?**

The Conners 3 is a set of rating scales that are used to gather information about the behaviors and feelings of children and adolescents. These rating scales can be completed by parents, teachers, and youth. The Conners 3 forms were developed by Dr. Conners, an expert in child and adolescent behavior, and are used all over the world to assess youth from many cultures. Research has shown that the Conners 3 scales are reliable and valid, which means that you can trust the scores that are produced by the parent's ratings.

### **Why do parents complete the Conners 3?**

Information from parents (or guardians) about their child's behavior and feelings is extremely important, as parents generally know their child better than anyone else. Parents can describe their child's behaviors in a number of different situations, including the home and community.

The most common reason for using the Conners 3 is to better understand a youth who is having difficulty, and to determine how to help. The Conners 3 can also be used to make sure that treatment services are helping, or to see if the youth is improving. Sometimes the Conners 3 is used for a routine check, even if there is no reason to suspect the youth is struggling with a problem. If you are not sure why you were asked to complete the Conners 3, please ask the assessor listed at the top of this feedback form.

### **How does the Conners 3 work?**

The parent read 110 items and decided how well each statement described Jay, or how often Jay displayed each behavior in the past month ("Not at all/never," "Just a little true/occasionally," "Pretty much true/often," or "Very much true/very frequently"). The parent's responses to these 110 statements were combined into several groups of items. Each group of items describes a certain type of behavior (for example, inattention, aggression). The parent's responses were compared with what is expected for 16-year-old boys. The scores for each group of items show how similar Jay is to his peers. This information helps the assessor know if Jay is having more difficulty in a certain area than 16-year-old boys.

### **Results from the Conners 3–Parent Form**

The assessor who asked the parent to complete the Conners 3 will help explain these results and answer any questions you might have. Remember, these scores were calculated from how the parent described Jay in the past month. The parent ratings help the assessor know how Jay acts at home and in the community. The results from parent ratings on the Conners 3 should be combined with other important information, such as interviews with Jay and his parent, other test results, and observations of Jay. All of the combined information is used to determine if Jay needs help in a certain area and what kind of help is needed.

As you go through the results, it is very helpful to share any additional insights that you might have, make notes, and freely discuss the results with the assessor. If the scores do not make sense to you, you should let the assessor know so that you can discuss other possible explanations.

The parent's responses to the 110 items were combined into groups of possible problem areas. The following table lists the main topics covered by the Conners 3–Parent form. These scores were compared with other 16-year-old boys. This table gives you information about whether the parent described typical or average levels of concern (that is, "not an area of concern") or if the parent described "more concerns than average" for 16-year-old boys. This table also gives you a short description of the types of difficulties that are included in each possible problem area. Jay may not show *all* of the problems in an area; it is possible to have "more concerns than average" even if only *some* of the problems are happening. It is also possible that a parent may have described typical or average levels of concern, even if Jay is showing *some* of the problems in an area.

It is important to discuss these results with the assessor listed at the top of this feedback handout. This feedback handout describes results only from the Conners 3–Parent form. A checkmark in the “more concerns than average” box does not necessarily mean that Jay has a serious problem and is in need of treatment. Conners 3 results must be combined with information from other sources and be confirmed by a qualified clinician before a conclusion is made that an actual problem exists.

### Inattention

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
	✓	Poor concentration and attention, difficulty keeping his/her mind on work, careless mistakes, easily distracted; gives up easily; easily bored; avoids schoolwork.

### Hyperactivity/Impulsivity

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
	✓	High activity levels, restless and/or impulsive; difficulty being quiet; interrupts others; easily excited.

### Learning Problems

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
	✓	Academic struggles; difficulty learning/remembering concepts; needs extra instructions; struggles with reading, spelling, and/or math.

### Executive Functioning

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
	✓	Difficulty starting or finishing projects; completes projects at the last minute; poor planning, prioritizing, or organizational skills.

### Peer Relations

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
	✓	Difficulty with friendships; poor social skills; seems to be unaccepted by group.

### Aggression

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
	✓	Physically and/or verbally aggressive; violent behaviors, including bullying or destructive tendencies; argumentative; poor control of anger/aggression; manipulative or cruel.

### Oppositional Behavior

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
	✓	Oppositional, hostile, defiant behaviors.



**Conduct Problems**

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
	✓	Aggression; cruelty; destruction of property; deceitfulness; theft; serious rule-breaking behaviors.

**Validity**

Information about the validity of the Conners 3 results should be considered when the assessor reviews the results with you.

**Additional Topics for Discussion**

In addition to the results described above, some of the parent’s responses on the Conners 3 suggest that it is important to consider the following areas for further evaluation of Jay. Please ask the assessor listed at the top of this form to discuss these areas with you.

- Symptoms of depression
- Symptoms of anxiety
- Behaviors associated with extreme misbehavior
- Features of general psychological difficulty that may be expressed behaviorally, academically, socially, or emotionally
- Features that are commonly seen in youth with inattention, hyperactivity, and/or impulsivity

**When asked to rate whether the problems described on the Conners 3 Parent form affected the youth’s functioning, the parent responded:**

The parent indicated that Jay’s problems very often seriously affect his schoolwork or grades.  
 The parent indicated that Jay’s problems very often seriously affect his friendships and relationships.  
 The parent indicated that Jay’s problems very often seriously affect his home life.

