

SELF-REPORT | SINGLE-RATER REPORT

YOUTH

Name/ID: **Sam Sample**
Birth Date: **September 16, 2009**
Age: **13**
Grade:
Gender:

OTHER

Administration Date: **September 19, 2022**
Examiner:
Data Entered By:
Assessment Language: **English**

NORM OPTIONS

Principal Reference Sample: **Normative Sample–Combined Gender**
Additional Reference
Sample(s): **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 youth's responses to specific items should be reviewed to ensure that these typical interpretations apply to them. **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

6 Negative Impression Index Raw Score	2 Inconsistency Index Raw Score	0 Omitted Items	» 19.5 Pace Avg. # Items / Min
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Critical & Indicator items

Severe Conduct Critical Items	No endorsement of Severe Conduct Critical Items.		
! Self-Harm Critical Items	• Harming self deliberately	• Thinking about harming self	• Planning or attempting to harm self
» Sleep Problems Indicator	• Feeling tired		

Conners 4 Scales



Note. • 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>6 Raw Score</p>	<p>Based on the Negative Impression Index score (raw score = 6), there was no indication of exaggerated responding.</p>
<p>Inconsistency Index</p> <p>2 Raw Score</p>	<p>Based on the Inconsistency Index (raw score = 2), there was no indication of inconsistent responding.</p>
<p>Omitted Items</p> <p>0</p>	<p>The youth responded to all Conners 4 items.</p>
<p>» Pace</p> <p>19.5 Avg. # Items / Min</p>	<p>The youth completed the Conners 4 in 5 minute(s) and 54second(s), with a pace of 19.5 item(s) per minute. This is an unusually fast pace.</p>

Critical & Indicator items

<p>Severe Conduct Critical Items</p> <p>None of the Severe Conduct Critical Items were endorsed by the youth.</p>	<p>Stealing while confronting someone – Not true at all (Never/Rarely) Setting fires to cause damage – Not true at all (Never/Rarely) Breaking and entering – Not true at all (Never/Rarely) Cruelty to animals – Not true at all (Never/Rarely) Using a weapon – Not true at all (Never/Rarely) Forcing sexual activity – Not true at all (Never/Rarely)</p>
<p>! Self-Harm Critical Items</p> <p>One or more of the Self-Harm Critical Items were endorsed by the youth. Immediate follow-up is strongly recommended.</p>	<p>! Harming self deliberately – Pretty much true (Often/Quite a bit) ! Thinking about harming self – Completely true (Very often/Always) ! Planning or attempting to harm self – Pretty much true (Often/Quite a bit)</p>
<p>» Sleep Problems Indicator</p> <p>Based on the youth's responses to the Sleep Problems Indicator items, a more in-depth assessment of sleep problems is recommended.</p>	<p>Having trouble sleeping – Not true at all (Never/Rarely) » Feeling tired – Completely true (Very often/Always)</p>

CONNERS 4 SCALES

CONTENT SCALES							
	Raw Score	T-score	90% CI	Percentile	Guideline	Within-Profile Comparisons	
						Difference from the youth's average (T = 59.5)	Significant difference (p < .05)
Inattention/Executive Dysfunction	25	58	55–61	87 th	Average	- 1.5	Not Significant
Hyperactivity	13	58	53–63	80 th	Average	- 1.5	Not Significant
Impulsivity	6	49	43–55	53 rd	Average	- 10.5	Lower
Emotional Dysregulation	16	73	68–78	98 th	Very Elevated	+ 13.5	Higher
Depressed Mood	13	79	74–84	99 th	Very Elevated	n/a	n/a
Anxious Thoughts	14	77	72–82	99 th	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 = 58.3)	Significant difference (p < .05)
Schoolwork	6	53	47–59	78 th	Average	- 5.3	Not Significant
Peer Interactions	6	58	51–65	83 rd	Average	- 0.3	Not Significant
Family Life	8	64	57–71	96 th	Slightly Elevated	+ 5.7	Not Significant
DSM SYMPTOM SCALES							
	Raw Score	T-score	90% CI	Percentile	Guideline	Symptom Count ⓘ	
ADHD Inattentive Symptoms	13	55	50–60	78 th	Average	3/9 [DSM requires ≥ 6/9 symptoms]	
ADHD Hyperactive/Impulsive Symptoms	11	55	50–60	77 th	Average	3/9 [DSM requires ≥ 6/9 symptoms]	
Total ADHD Symptoms	24	55	51–59	80 th	Average	n/a	
Oppositional Defiant Disorder Symptoms	9	57	52–62	80 th	Average	2/8 [DSM requires ≥ 4/8 symptoms]	
Conduct Disorder Symptoms	0	44	40–48	22 nd	Average	0/15 [DSM requires ≥ 3/15 symptoms]	
CONNERS 4–ADHD INDEX							
	Raw Score		Probability Score		Guideline		
ADHD Index	24		88%		High		

Note(s).

CI = Confidence Interval

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

ⓘ 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, Omitted Items, and Pace) provides an evaluation of how Sam approached completing the Conners 4.

- **Negative Impression Index:** Based on the Negative Impression Index score (raw score = 6), there was no indication of exaggerated responding.
- **Inconsistency Index:** Based on the Inconsistency Index score (raw score = 2), there was no indication of inconsistent responding.
- **Omitted Items:** Sam responded to all Conners 4 items.
- **Pace:** Sam completed the Conners 4 in 5 minute(s) and 54 second(s), with a Pace of 19.5 item(s) per minute. This is an unusually fast pace. There could be many reasons for this; for example, Sam may have rushed through the task, or they may not have spent enough time reading the items or thinking about their responses.

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:** None of the Severe Conduct Critical Items were endorsed by Sam.
- **Self-Harm Critical Items:** Sam endorsed the following Self-Harm Critical Item(s) for which immediate follow-up is recommended: harming self deliberately, thinking about harming self, and planning or attempting to harm self.
- **Sleep Problems Indicator:** Sam's endorsement of the feeling tired item was higher than typically reported by 13-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 contains a summary of Sam's Conners 4 Content Scale results, including (a) a normative sample comparison of their results to the self-report ratings of other 13-year-olds, and (b) a within-profile comparison of Sam's results to their own average score.

Normative Sample Comparisons:

Each of Sam's Content Scale raw scores was compared with what is typically reported by 13-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. The Items by Scale section of this report displays Sam's ratings to all Content Scale items and may inform further interpretation of the scale scores; please see this section for a review of specific item-level elevations.

- **Inattention/Executive Dysfunction** (T-score = 58 [90% CI = 55–61]; Percentile = 87th): The Inattention/Executive Dysfunction T-score is in the Average 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. Sam reported no more difficulty in these areas than is typically reported by 13-year-olds. Although the scale T-score was in the Average range, it may be informative to review the 6/20 items that had elevated ratings.
- **Hyperactivity** (T-score = 58 [90% CI = 53–63]; Percentile = 80th): 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. Sam reported no more features of hyperactivity than are typically reported by 13-year-olds. Although the scale T-score was in the Average range, it may be informative to review the 4/11 items that had elevated ratings.
- **Impulsivity** (T-score = 49 [90% CI = 43–55]; Percentile = 53rd): The Impulsivity T-score is in the Average range. This scale includes items about interrupting others, blurting out answers, acting before thinking, and having trouble waiting for one's turn. Sam reported no more impulsivity than is typically reported by 13-year-olds. Although the scale T-score was in the Average range, it may be informative to review the 2/9 items that had elevated ratings.
- **Emotional Dysregulation** (T-score = 73 [90% CI = 68–78]; Percentile = 98th): The Emotional Dysregulation T-score is in the Very Elevated range. This scale includes items about overreacting, losing temper, and having trouble calming down. Sam reported much more difficulty controlling and managing emotions than is typically reported by 13-year-olds. A total of 7/8 items on this scale had elevated ratings.
- **Depressed Mood** (T-score = 79 [90% CI = 74–84]; Percentile = 99th): The Depressed Mood T-score is in the Very Elevated range. This scale includes items related to feeling sad, not doing things they used to enjoy, and feeling hopeless about the future. Sam reported many more features of depressed mood than are typically reported by 13-year-olds. A total of 6/6 items on this scale had elevated ratings.
- **Anxious Thoughts** (T-score = 77 [90% CI = 72–82]; 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. Sam reported much more anxiety than is typically reported by 13-year-olds. A total of 6/6 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 Sam's average T-score of 59.5 on these scales. Sam's Emotional Dysregulation T-score was significantly higher than their average T-score, suggesting relatively more difficulties in this area. Their Inattention/Executive Dysfunction and Hyperactivity T-scores were consistent with their average T-score. Their Impulsivity T-score was significantly lower than their average T-score, suggesting relatively fewer difficulties in this area.

Impairment & Functional Outcome Scales

This section contains a summary of Sam's Conners 4 Impairment & Functional Outcome Scale results, including (a) a normative sample comparison of their results to the self-report ratings of other 13-year-olds, and (b) a within-profile comparison of Sam's results to their own average score.

Normative Sample Comparisons:

Each of Sam's Impairment & Functional Outcome Scale raw scores was compared with what is typically reported by 13-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. The Items by Scale section of this report displays Sam's ratings to all Impairment & Functional Outcome Scale items and may inform further interpretation of the scale scores; please see this section for a review of specific item-level elevations.

- **Schoolwork** (T-score = 53 [90% CI = 47–59]; Percentile = 78th): The Schoolwork T-score is in the Average range. This scale includes items related to turning in late or incomplete work, losing homework, and not checking their work for mistakes. Sam reported no more impairment in schoolwork than is typically reported by 13-year-olds. Although the scale T-score was in the Average range, it may be informative to review the 1/7 items that had elevated ratings.
- **Peer Interactions** (T-score = 58 [90% CI = 51–65]; Percentile = 83rd): The Peer Interactions T-score is in the Average 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. Sam reported no more impairment when interacting with peers than is typically reported by 13-year-olds. Although the scale T-score was in the Average range, it may be informative to review the 2/6 items that had elevated ratings.
- **Family Life** (T-score = 64 [90% CI = 57–71]; Percentile = 96th): 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 arguing with family members, creating problems for the family, as well as causing the family to be late for appointments. Sam reported slightly more impairment when interacting and getting along with family members than is typically reported by 13-year-olds. A total of 4/6 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 Sam's average T-score of 58.3 on these scales. None of these comparisons were statistically significant, meaning that Sam'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 youth's ratings 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 (13-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.

The Items by Scale section of this report displays Sam's ratings to all DSM Symptom Scale items and may inform further interpretation of the scale scores. Please see this section to review items that contribute to the Symptom Count of each scale and to review item-level elevations.

- **DSM ADHD Inattentive Symptoms** (T-score = 55 [90% CI = 50–60]; Percentile = 78th; Symptom Count = 3/9): This scale includes items representing the DSM symptoms of ADHD Predominantly Inattentive Presentation. The DSM ADHD Inattentive Symptoms T-score is in the Average range. Sam reported no more features of inattentiveness than are typically reported by 13-year-olds. The DSM ADHD Inattentive Symptom Count was 3 (the DSM threshold for children is 6 out of 9 symptoms). This pattern of results suggests that symptoms of ADHD Predominantly Inattentive Presentation are not prominent.
- **DSM ADHD Hyperactive/Impulsive Symptoms** (T-score = 55 [90% CI = 50–60]; Percentile = 77th; Symptom Count = 3/9): 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 Average range. Sam reported no more features of hyperactivity/impulsivity than are typically reported by 13-year-olds. The DSM ADHD Hyperactive/Impulsive Symptom Count was 3 (the DSM threshold for children is 6 out of 9 symptoms). This pattern of results suggests that symptoms of ADHD Predominantly Hyperactive/Impulsive Presentation are not prominent.
- **DSM Total ADHD Symptoms** (T-score = 55 [90% CI = 51–59]; Percentile = 80th): 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 Average range. Sam reported no more ADHD symptoms than what is typically reported by 13-year-olds.
- **DSM Oppositional Defiant Disorder Symptoms** (T-score = 57 [90% CI = 52–62]; Percentile = 80th; Symptom Count = 2/8): This scale includes items representing the DSM symptoms of Oppositional Defiant Disorder. The DSM Oppositional Defiant Disorder Symptoms T-score is in the Average range. Sam reported no more features of opposition and defiance than are typically reported by 13-year-olds. The DSM Oppositional Defiant Disorder Symptom Count was 2 (the DSM threshold is 4 out of 8 symptoms), including symptom(s) related to angry/irritable mood. This pattern of results suggests that symptoms of Oppositional Defiant Disorder are not prominent.
- **DSM Conduct Disorder Symptoms** (T-score = 44 [90% CI = 40–48]; Percentile = 22nd; Symptom Count = 0/15): This scale includes items representing the DSM symptoms of Conduct Disorder. The DSM Conduct Disorder Symptoms T-score is in the Average range. The DSM Conduct Disorder Symptom Count was 0 (the DSM threshold is 3 out of 15 symptoms). These results suggest that symptoms of Conduct Disorder are not present.

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 = 88%): Sam's probability score is in the High range, indicating high similarity with 13-year-olds who have ADHD. This ADHD Index score is dissimilar to scores from the general population.

ADDITIONAL QUESTIONS

The following section displays additional comments that Sam shared about their problems, strengths, and skills.

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

They make my home environment uncomfortable

Do you have any other problems?

No

What are your main strengths or skills?

I don't know



CONNERS 4TM

4th EDITION

Conners 4 Self-Report Single-Rater Report for Sam Sample

Principal Reference Sample: 13-year-olds (Normative)

Admin Date: September 19, 2022

ITEMS BY SCALE

Test users are responsible for ensuring the confidentiality and security of test materials, including test items and scales, in accordance with professional standards and applicable legislation. MHS test materials are protected by various intellectual property laws, including copyright and trademark laws.

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Response Style Analysis

The ratings provided are the original responses. Scores of 2 or 3 are used to calculate the Negative Impression Index (NII) raw score. Item pairs with a difference score (Item Pair Score) of 2 or 3 are used to calculate the Inconsistency Index raw score. Please see the Connors 4 Manual for details.

Negative Impression Index (Raw Score = 6)

Item #	Item Text	Rating	NII Item Score
16	I get a headache when I have to pay attention for a long time.	Pretty much true (Often/Quite a bit)	2
34	It's impossible for me to pay attention to things.	Just a little true (Occasionally)	0
51	I have no control over my behavior.	Just a little true (Occasionally)	0
54	I complain even when I'm having fun.	Just a little true (Occasionally)	0
72	There's no way I can think unless I'm moving around.	Not true at all (Never/Rarely)	0
78	There is nothing I can focus on for a long time.	Pretty much true (Often/Quite a bit)	2
91	It's impossible for me to get my work done because I can't remember how to do it.	Not true at all (Never/Rarely)	0
99	Nothing makes me happy.	Pretty much true (Often/Quite a bit)	2

Inconsistency Index (Raw Score = 2)

Pair	Item #	Item Text	Rating	Item Pair Score
1	104	It's hard for me to pay attention for a long time.	Completely true (Very often/Always)	0
	108	I have trouble focusing for a long time.	Pretty much true (Often/Quite a bit)	
2	46	I get tired because I worry so much.	Pretty much true (Often/Quite a bit)	0
	75	I worry too much about a lot of things.	Pretty much true (Often/Quite a bit)	
3	8	I have too much energy to stay still.	Pretty much true (Often/Quite a bit)	0
	88	It's hard for me to sit still.	Just a little true (Occasionally)	
4	12	I feel sad, gloomy, or irritable for many days at a time.	Pretty much true (Often/Quite a bit)	0
	111	I feel like things are not going well in my life, and I can't do anything about it.	Pretty much true (Often/Quite a bit)	
5	68	I get really angry all of a sudden.	Just a little true (Occasionally)	0
	114	It's hard for me to control how angry I get.	Pretty much true (Often/Quite a bit)	
6	48	I have trouble concentrating.	Pretty much true (Often/Quite a bit)	0
	58	I get so distracted that I can't get things done.	Pretty much true (Often/Quite a bit)	
7	7	I have trouble sleeping because I worry about things.	Pretty much true (Often/Quite a bit)	0
	26	I have trouble controlling my worries.	Pretty much true (Often/Quite a bit)	
8	31	My family gets frustrated with me.	Pretty much true (Often/Quite a bit)	2
	89	I cause problems for my family.	Not true at all (Never/Rarely)	

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The following response key applies to all remaining tables in this section.

Item Score: 0 = Not true at all (Never/Rarely); 1 = Just a little true (Occasionally); 2 = Pretty much true (Often/Quite a bit); 3 = Completely true (Very often/Always)

(R) = Item was reverse scored: 3 = Not true at all (Never/Rarely); 2 = Just a little true (Occasionally); 1 = Pretty much true (Often/Quite a bit); 0 = Completely true (Very often/Always)

Content Scales

Note. Elevated item scores are indicated by a shaded cell.

Inattention/Executive Dysfunction (T-score = 58)			
Item #	Also on DSM ADHD-I	Item Text	Item Score
2	X	I forget to do things.	1
6	X	I don't like doing things that make me think hard for a long time.	3
11		I have trouble getting started on things I'm supposed to do.	2
14	X	I am easily distracted.	2
18	X	People don't think I'm listening to them.	0
22	X	I don't finish things I start, like schoolwork, work, or other tasks.	0
29		It's hard for me to get back to work after I've been interrupted.	1
35	X	I have trouble following instructions.	1
43		It's hard for me to manage my time.	1
48		I have trouble concentrating.	2
60	X	I have trouble keeping my things organized.	1
66	X	It's hard for me to pay attention to details.	1
69	X	I make careless mistakes.	1
74		I have trouble planning ahead.	1
81	X	I lose things that I need.	1
92	X	I avoid doing things that make me think hard for a long time.	0
96		It's hard for me to figure out what to do first.	2
104		It's hard for me to pay attention for a long time.	3
106		I have trouble changing from one task to another.	0
108	X	I have trouble focusing for a long time.	2

DSM ADHD-I = DSM ADHD Inattentive Symptoms

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Hyperactivity (T-score = 58)

Item #	Also on DSM ADHD-HI	Item Text	Item Score
3	X	I get out of my seat when I am not supposed to.	1
8		I have too much energy to stay still.	2
17	X	I feel like I need to be moving around.	1
21		I don't know that I'm being loud until someone tells me.	2
47	X	I talk too much.	1
52	X	I run or climb even when I am not supposed to.	0
64	X	I can't play or do things quietly.	0
88	X	It's hard for me to sit still.	1
98	X	I feel like I am driven by a motor.	2
109	X	I fidget or squirm in my seat.	1
112	X	I feel restless.	2

DSM ADHD-HI = DSM ADHD Hyperactive/Impulsive Symptoms

Impulsivity (T-score = 49)

Item #	Also on DSM ADHD-HI	Item Text	Item Score
13		I say the first thing that I think of.	2
28		I forget to ask before using other people's things.	0
37		I decide quickly without really thinking things through.	0
50	X	I have trouble waiting for my turn.	0
57	X	I interrupt people when they are talking or playing games.	2
90		I do things before thinking about them.	0
100		I talk when it's not my turn.	1
107	X	I blurt out the answer before the question is finished.	0
110		I'm impulsive.	1

DSM ADHD-HI = DSM ADHD Hyperactive/Impulsive Symptoms

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Emotional Dysregulation (T-score = 73)

Item #	Item Text	Item Score
4	I lose my temper.	3
33	It's hard for me to control my feelings.	2
41	I have trouble calming down when I get upset.	2
53	I say or do things I don't mean because I'm angry.	2
68	I get really angry all of a sudden.	1
82	I overreact when I get upset.	2
95	My mood changes quickly.	2
114	It's hard for me to control how angry I get.	2

Depressed Mood (T-score = 79)

Item #	Item Text	Item Score
12	I feel sad, gloomy, or irritable for many days at a time.	2
38	The future seems hopeless to me.	1
56	I feel worthless.	3
84	I am tired.	3
97	I don't feel like doing things that I used to enjoy.	2
111	I feel like things are not going well in my life, and I can't do anything about it.	2

Anxious Thoughts (T-score = 77)

Item #	Item Text	Item Score
7	I have trouble sleeping because I worry about things.	2
26	I have trouble controlling my worries.	2
46	I get tired because I worry so much.	2
75	I worry too much about a lot of things.	2
102	I feel nervous or jumpy.	3
113	I'm scared that people won't like me if they see how nervous I am.	3

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Impairment & Functional Outcome Scales

Note. Elevated item scores are indicated by a shaded cell.

Schoolwork (T-score = 53)

Item #	Item Text	Item Score
5	I have trouble knowing what to do even when it was just explained to me.	1
27	I don't know what my homework is or where I've put it.	1
42	I forget to turn in completed work.	1
58	I get so distracted that I can't get things done.	2
67	I hand things in late.	0
77	I accidentally skip questions in work or tests.	0
115	I check my work for mistakes. (R)	1

Peer Interactions (T-score = 58)

Item #	Item Text	Item Score
1	I get invited to play or go out with others. (R)	1
23	Other kids say I'm annoying.	0
40	Other kids complain about the way I act.	0
59	Making friends is hard for me.	2
76	People don't want to be friends with me.	1
86	I feel like I don't fit in.	2

Family Life (T-score = 64)

Item #	Item Text	Item Score
9	I feel rejected by my family.	2
31	My family gets frustrated with me.	2
55	I make my family late for things.	0
62	I argue with family members.	2
80	I get along well with my family. (R)	2
89	I cause problems for my family.	0

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DSM Symptom Scales

Note. Elevated item scores are indicated by a shaded cell. Checkmarks in the Criterion Status column contribute to the Symptom Count for the scale. Please see the Conners 4 Manual for more details.

DSM ADHD Inattentive Symptoms (T-score = 55, Symptom Count = 3/9 [DSM requires ≥ 6/9 symptoms])				
DSM Symptom Criterion A	Item #	Item Text	Item Score	Criterion Status
1a	66 OR	It's hard for me to pay attention to details.	1	
	69	I make careless mistakes.	1	
1b	108	I have trouble focusing for a long time.	2	✓
1c	18	People don't think I'm listening to them.	0	
1d	22 AND	I don't finish things I start, like schoolwork, work, or other tasks.	0	
	35	I have trouble following instructions.	1	
1e	60	I have trouble keeping my things organized.	1	
1f	6 OR	I don't like doing things that make me think hard for a long time.	3	✓
	92	I avoid doing things that make me think hard for a long time.	0	
1g	81	I lose things that I need.	1	
1h	14	I am easily distracted.	2	✓
1i	2	I forget to do things.	1	

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DSM ADHD Hyperactive/Impulsive Symptoms
(T-score = 55, Symptom Count = 3/9 [DSM requires ≥ 6/9 symptoms])

DSM Symptom Criterion A	Item #	Item Text	Item Score	Criterion Status
2a	88 OR	It's hard for me to sit still.	1	
	109	I fidget or squirm in my seat.	1	
2b	3	I get out of my seat when I am not supposed to.	1	
2c	52 OR	I run or climb even when I am not supposed to.	0	✓
	112	I feel restless.	2	
2d	64	I can't play or do things quietly.	0	
2e	17 OR	I feel like I need to be moving around.	1	✓
	98	I feel like I am driven by a motor.	2	
2f	47	I talk too much.	1	
2g	107	I blurt out the answer before the question is finished.	0	
2h	50	I have trouble waiting for my turn.	0	
2i	57	I interrupt people when they are talking or playing games.	2	✓

DSM Oppositional Defiant Disorder Symptoms
(T-score = 57, Symptom Count = 2/8 [DSM requires ≥ 4/8 symptoms])

DSM Symptom Criterion A	Item #	Item Text	Item Score	Criterion Status
Angry/Irritable Mood				
1	4	I lose my temper.	3	✓
2	49	I am easily annoyed.	2	✓
3	39	People make me angry.	1	
Argumentative/Defiant Behavior				
4	101	I argue with adults.	1	
5	19 OR	I refuse to follow the rules.	0	
	85	I refuse to do what adults ask me to do.	1	
6	63	I annoy people on purpose.	0	
7	94	I blame others for my mistakes or bad behavior.	1	
Vindictiveness				
8	45 OR	When I get mad at someone, I get even with them.	0	
	70	I upset or offend others on purpose.	0	

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DSM Conduct Disorder Symptoms (T-score = 44, Symptom Count = 0/15 [DSM requires ≥ 3/15 symptoms])				
DSM Symptom Criterion A	Item #	Item Text	Item Score	Criterion Status
Aggression to People and Animals				
1	36	I bully, threaten, or scare others.	0	
2	24	I start fights with other people.	0	
3	87	I use a weapon to scare or hurt people.	0	
4	10	I hurt people by doing things like punching, kicking, or scratching.	0	
5	73	I do things to hurt animals.	0	
6	20	I steal from people by robbing them.	0	
7	103	I made someone do something sexual against their will.	0	
Destruction of Property				
8	32	I set things on fire to cause damage.	0	
9	83	I destroy things on purpose that belong to others.	0	
Deceitfulness or Theft				
10	44	I've broken into houses, buildings, or cars.	0	
11	71	I tell lies to get out of doing things or to get stuff.	0	
12	30	I steal valuable things when no one is watching.	0	
Serious Violations of Rules				
13	65	I stay out at night, even though it breaks the rules.	0	
14	105	I have run away from home for at least one night.	0	
15	93	I skip classes.	0	

Conners 4-ADHD Index

Conners 4-ADHD Index (Probability Score = 88%)		
Item #	Item Text	Item Score
5	I have trouble knowing what to do even when it was just explained to me.	1
14	I am easily distracted.	4
21	I don't know that I'm being loud until someone tells me.	2
31	My family gets frustrated with me.	2
37	I decide quickly without really thinking things through.	0
48	I have trouble concentrating.	2
60	I have trouble keeping my things organized.	1
66	It's hard for me to pay attention to details.	1
76	People don't want to be friends with me.	1
86	I feel like I don't fit in.	2
104	It's hard for me to pay attention for a long time.	6
112	I feel restless.	2

Item scores for items 14 and 104 have been doubled (see the Conners 4 Manual for details about weighted scoring for the ADHD Index).

CONNERS 4TH EDITION FEEDBACK HANDOUT FOR SELF-REPORT RATINGS

Child's Name/ID:	Sam Sample
Child's Age:	13
Assessment Date:	September 19, 2022
Examiner's Name:	

This feedback handout provides an overview of the scores from Sam's ratings of their behaviors and feelings as assessed by the Conners 4th Edition (Conners 4) Self-Report form.

What is the Conners 4 and why do youth complete it?

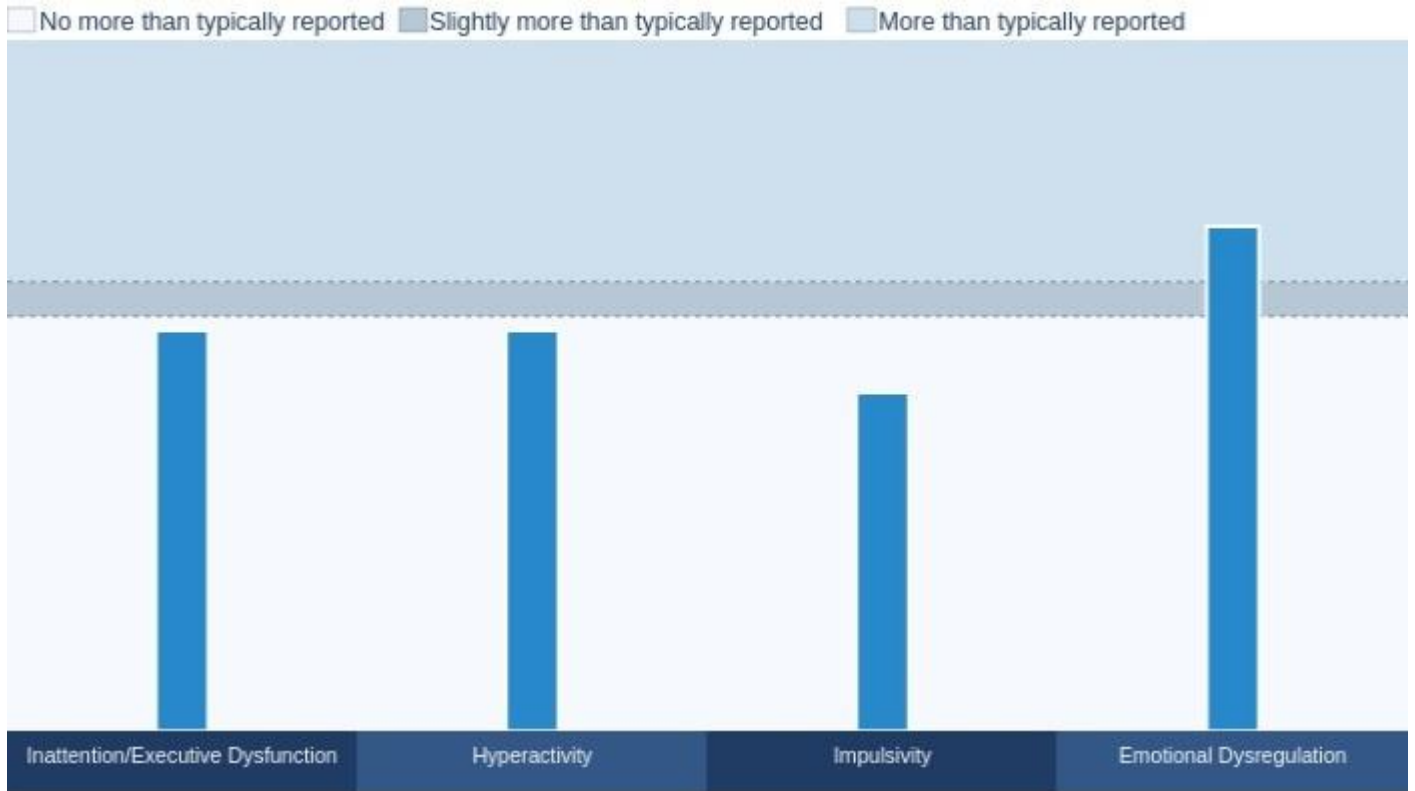
The Conners 4 is a set of rating scales that are used to gather information about symptoms of Attention-Deficit/Hyperactivity Disorder (ADHD) and other related conditions, as well as difficulties experienced by the youth in several domains. The Conners 4 forms are used all over the world and have been 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 the youth about their own behavior and feelings is extremely important, as the youth knows how they feel better than anyone else. Self-reports provide valuable information about the youth's own perceptions, feelings, and attitudes that parents and teachers may not be aware of. Unlike parent and teacher ratings, which provide information about either home or school settings, youth are able to give information about their feelings and behaviors across settings and situations.

Results from the Conners 4 Self-Report 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 Sam to youth of the same age. The results from self-report ratings on the Conners 4 should be combined with other important information, such as interviews with Sam and their parent(s) or guardian(s), other test results, school records, and observations. All of the combined information is used to determine if Sam 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.

DID THE YOUTH REPORT ANY SYMPTOMS OF ADHD?

The following results are based on Sam's report of their behavior related to ADHD symptoms, compared to what is typically reported by 13-year-olds.



Did not report more difficulty with attention and executive functioning than typically reported.

Did not report more hyperactive behavior than typically reported.

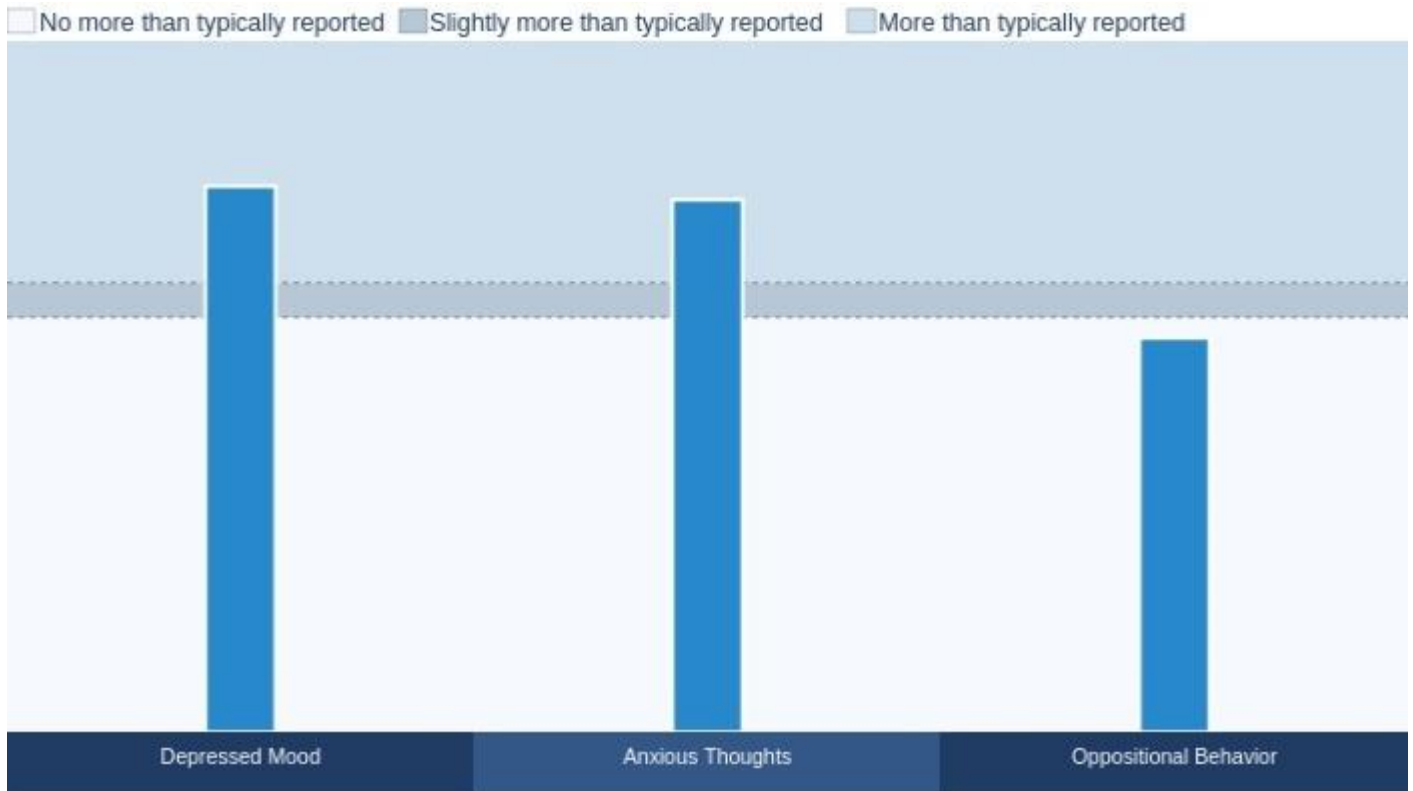
Did not report more impulsivity than typically reported.

Reported more difficulty regulating emotions than typically reported, such as:

- losing their temper
- having trouble controlling their emotions
- having trouble calming down

DID THE YOUTH REPORT ANY OTHER SYMPTOMS MEASURED BY THE CONNERS 4?

The following results are based on Sam’s report of their behavior related to other symptoms measured by the Conners 4, compared to what is typically reported by 13-year-olds.



Reported **more** features of depressed mood than typically reported, such as:

- feeling worthless
- feeling tired
- feeling sad, gloomy, or irritable

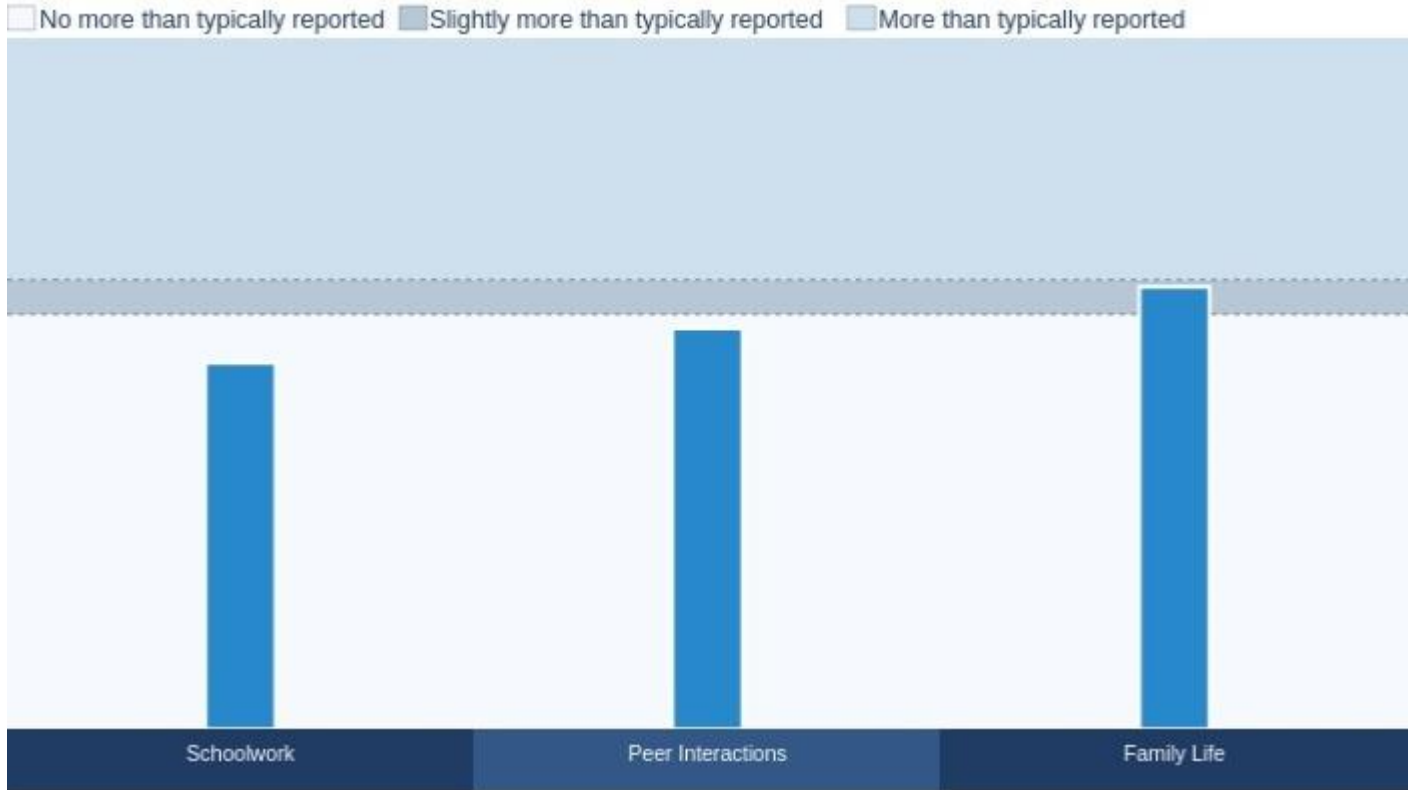
Reported **more** anxiety than typically reported, such as:

- feeling nervous or jumpy
- fearing they'll be embarrassed
- having trouble sleeping because of worry

Did not report more anger, defiance, and/or vindictiveness than typically reported.

IN WHAT SETTINGS DID THE YOUTH REPORT DIFFICULTIES?

The following results are based on Sam’s report of their difficulties with schoolwork, when interacting with peers, and when interacting with family, compared to what is typically reported by 13-year-olds.



Did not report **more** difficulty with schoolwork than typically reported.

Did not report **more** difficulty interacting with peers than typically reported.

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

- feeling rejected by family

- creating stress for the family

- arguing with family