



CONNERS⁴TM

4th EDITION

C. Keith Conners, Ph.D.

PARENT | SINGLE-RATER REPORT

CHILD

Name/ID: **Skylar D/101**
Birth Date: **May 8, 2011**
Age: **11**
Grade: **5**
Gender: **Other (Non-binary)**

RATER

Parent's/Guardian's Name/ID: **Olivia R/101**
Relationship to Child: **Other relative/guardian (Aunt)**

OTHER

Administration Date: **July 5, 2022**
Examiner:
Data Entered By:

NORM OPTIONS

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

The rater is referred to as *the parent* throughout this report.

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. Connors 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

5 NEGATIVE IMPRESSION INDEX RAW SCORE	0 INCONSISTENCY INDEX RAW SCORE	0 OMITTED ITEMS	» 24.4 PACE AVG. #ITEMS/MIN
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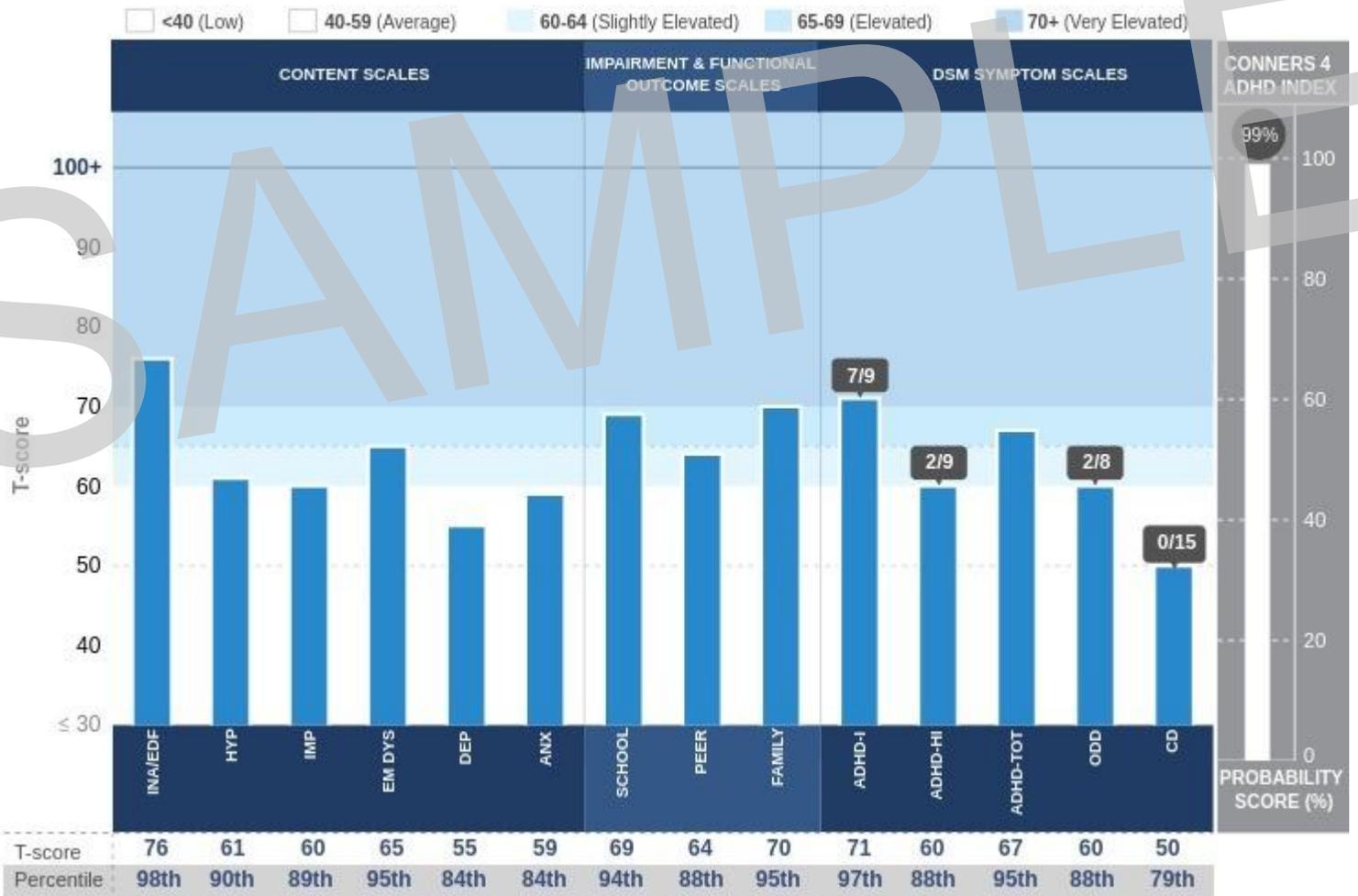
CRITICAL & INDICATOR ITEMS

SEVERE CONDUCT CRITICAL ITEMS No endorsement of Severe Conduct Critical Items.

SELF-HARM CRITICAL ITEMS No endorsement of Self-Harm Critical Items.

» SLEEP PROBLEMS INDICATOR • Having trouble sleeping

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>5 RAW SCORE</p>	<p>Based on the Negative Impression Index score (raw score = 5), there was no indication of exaggerated responding.</p>
<p>INCONSISTENCY INDEX</p> <p>0 RAW SCORE</p>	<p>Based on the Inconsistency Index (raw score = 0), there was no indication of inconsistent responding.</p>
<p>OMITTED ITEMS</p> <p>0</p>	<p>The parent responded to all Conners 4 items.</p>
<p>» PACE</p> <p>24.4 AVG. #ITEMS/MIN</p>	<p>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 parent.</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>Neither of the Self-Harm Critical Items were endorsed by the parent.</p>	<p>Harming self deliberately – Not true at all (Never/Rarely) Talking about, planning, or attempting suicide – Not true at all (Never/Rarely)</p>
<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>	<p>» Having trouble sleeping – Completely true (Very often/Always) » Appearing tired – Just a little true (Occasionally)</p>

CONNERS 4 SCALES

CONTENT SCALES							
	Raw Score	T-score	90% CI	Percentile	Guideline	Within-Profile Comparisons	
						Difference from the youth's average (T = 65.5)	Significant difference ($p < .05$)
Inattention/Executive Dysfunction	47	76	73–79	98 th	Very Elevated	+ 10.5	Higher
Hyperactivity	14	61	57–65	90 th	Slightly Elevated	- 4.5	Lower
Impulsivity	11	60	55–65	89 th	Slightly Elevated	- 5.5	Lower
Emotional Dysregulation	12	65	61–69	95 th	Elevated	- 0.5	Not Significant
Depressed Mood	3	55	50–60	84 th	Average	n/a	n/a
Anxious Thoughts	4	59	54–64	84 th	Average	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 = 67.7)	Significant difference ($p < .05$)
Schoolwork	12	69	64–74	94 th	Elevated	+ 1.3	Not Significant
Peer Interactions	7	64	59–69	88 th	Slightly Elevated	- 3.7	Not Significant
Family Life	10	70	66–74	95 th	Very Elevated	+ 2.3	Not Significant
DSM SYMPTOM SCALES							
	Raw Score	T-score	90% CI	Percentile	Guideline	Symptom Count ⓘ	
ADHD Inattentive Symptoms	23	71	67–75	97 th	Very Elevated	7/9 [DSM requires $\geq 6/9$ symptoms]	
ADHD Hyperactive/Impulsive Symptoms	15	60	56–64	88 th	Slightly Elevated	2/9 [DSM requires $\geq 6/9$ symptoms]	
Total ADHD Symptoms	38	67	63–71	95 th	Elevated	n/a	
Oppositional Defiant Disorder Symptoms	10	60	56–64	88 th	Slightly Elevated	2/8 [DSM requires $\geq 4/8$ symptoms]	
Conduct Disorder Symptoms	2	50	47–53	79 th	Average	0/15 [DSM requires $\geq 3/15$ symptoms]	
CONNERS 4–ADHD INDEX							
	Raw Score	Probability Score		Guideline			
ADHD Index	26	99%		Very 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.

ⓘ 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.

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 Combined.

INTERPRETIVE SUMMARY

Response Style Analysis

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

- **Negative Impression Index:** Based on the Negative Impression Index score (raw score = 5), there was no indication of exaggerated responding.
- **Inconsistency Index:** Based on the Inconsistency Index score (raw score = 0), there was no indication of inconsistent responding.
- **Omitted Items:** The parent responded to all Conners 4 items.
- **Pace:** The parent completed the Conners 4 in 4 minute(s) and 40 second(s), with a Pace of 24.4 item(s) per minute. This is an unusually fast pace. There could be many reasons for this; for example, the parent 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 the parent.
- **Self-Harm Critical Items:** Neither of the Self-Harm Critical Items were endorsed by the parent.
- **Sleep Problems Indicator:** The parent's endorsement of the having trouble sleeping 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 Skylar'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 Skylar's results to their own average score.

Normative Sample Comparisons:

Each of Skylar'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 = 76 [90% CI = 73–79]; Percentile = 98th): The Inattention/Executive Dysfunction T-score is in the Very 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 Skylar exhibits much more difficulty in these areas than is typically reported by parents of 11-year-olds. A total of 17/20 items on this scale had elevated ratings.
- **Hyperactivity** (T-score = 61 [90% CI = 57–65]; Percentile = 90th): The Hyperactivity T-score is in the Slightly Elevated 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 Skylar exhibits slightly more features of hyperactivity than are typically reported by parents of 11-year-olds. A total of 3/11 items on this scale had elevated ratings.
- **Impulsivity** (T-score = 60 [90% CI = 55–65]; Percentile = 89th): The Impulsivity T-score is in the Slightly 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 Skylar displays slightly more impulsivity than is typically reported by parents of 11-year-olds. A total of 2/9 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 Skylar 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 = 55 [90% CI = 50–60]; Percentile = 84th): The Depressed Mood T-score is in the Average 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 Skylar seems to experience no more features of depressed mood than are typically reported by parents of 11-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.
- **Anxious Thoughts** (T-score = 59 [90% CI = 54–64]; Percentile = 84th): The Anxious Thoughts T-score is in the Average 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 Skylar appears to experience no more anxiety than is typically reported by parents of 11-year-olds. Although the scale T-score was in the Average range, it may be informative to review the 2/5 items that 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 Skylar's average T-score of 65.5 on these scales. Based on the parent's ratings, Skylar's Inattention/Executive Dysfunction T-score was significantly higher than their average T-score, suggesting relatively more difficulties in this area. Their Emotional Dysregulation T-score was consistent with their average T-score. Their Hyperactivity and Impulsivity T-scores were significantly lower than their average T-score, suggesting relatively fewer difficulties in these areas.

Impairment & Functional Outcome Scales

This section summarizes Skylar'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 Skylar's results to their own average score.

Normative Sample Comparisons:

Each of Skylar'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 = 69 [90% CI = 64–74]; Percentile = 94th): The Schoolwork T-score is in the 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 Skylar exhibits more impairment in schoolwork than is typically reported by parents of 11-year-olds. A total of 4/6 items on this scale had elevated ratings.
- **Peer Interactions** (T-score = 64 [90% CI = 59–69]; Percentile = 88th): The Peer Interactions T-score is in the Slightly 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 Skylar exhibits slightly 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 = 70 [90% CI = 66–74]; Percentile = 95th): The Family Life T-score is in the Very 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 Skylar exhibits much more impairment when interacting and getting along with family members than is typically reported by parents of 11-year-olds. A total of 4/7 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 Skylar's average T-score of 67.7 on these scales. None of these comparisons were statistically significant, meaning that based on the parent's ratings, Skylar'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 = 71 [90% CI = 67–75]; Percentile = 97th; Symptom Count = 7/9): This scale includes items representing the DSM symptoms of ADHD Predominantly Inattentive Presentation. The DSM ADHD Inattentive Symptoms T-score is in the Very Elevated range. The parent reported that Skylar exhibits many more features of inattentiveness than are typically reported by parents of 11-year-olds. The DSM ADHD Inattentive Symptom Count was 7 (the DSM threshold for children is 6 out of 9 symptoms). Clinically significant symptoms of ADHD Predominantly Inattentive Presentation are present because numerous inattentive symptoms were endorsed, and the parent's ratings far exceeded what is typically reported by parents of similarly-aged youth.
- **DSM ADHD Hyperactive/Impulsive Symptoms** (T-score = 60 [90% CI = 56–64]; Percentile = 88th; Symptom Count = 2/9): 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 Slightly Elevated range. The parent reported that Skylar exhibits slightly more features of hyperactivity/impulsivity than are typically reported by parents of 11-year-olds. The DSM ADHD Hyperactive/Impulsive Symptom Count was 2 (the DSM threshold for children is 6 out of 9 symptoms). Given that the parent's ratings slightly exceeded what is typically reported by parents of similarly-aged youth, further investigation of possible symptoms of ADHD Predominantly Hyperactive/Impulsive Presentation is warranted despite the low symptom count.
- **DSM Total ADHD Symptoms** (T-score = 67 [90 CI = 63–71]; Percentile = 95th): 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 Elevated range. The parent reported that Skylar exhibits more ADHD symptoms than what is typically reported by parents of 11-year-olds.
- **DSM Oppositional Defiant Disorder Symptoms** (T-score = 60 [90% CI = 56–64]; Percentile = 88th; 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 Slightly Elevated range. The parent reported that Skylar exhibits slightly more features of opposition and defiance than are typically reported by parents of 11-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 and vindictiveness. Given that the parent's ratings slightly exceeded what is typically reported by parents of similarly-aged youth, further investigation of possible symptoms of Oppositional Defiant Disorder is warranted despite the low symptom count.
- **DSM Conduct Disorder Symptoms** (T-score = 50 [90% CI = 47–53]; Percentile = 79th; 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 = 99%): The parent's ratings of Skylar 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 Skylar'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.

Skylar is amazing kid - babysat since she was a baby. But lately her school performance has been dropping and she seems to have a hard time with schoolwork and with her relationships with her school mates.

Do you have any other concerns about your child?

She used to be a happy go lucky kid but now it seems like she's just absent-minded or a bit forgetful.

What strengths or skills does your child have?

She's very friendly and enjoys getting to know others.

SAMPLE

CONNERS 4TH EDITION FEEDBACK HANDOUT FOR PARENT RATINGS

Child's Name/ID:	Skylar D/101
Child's Age:	11
Parent's Name:	Olivia R/101
Assessment Date:	July 5, 2022
Examiner's Name:	

This feedback handout provides an overview of the scores from the parent's (or guardian's) ratings of Skylar'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?

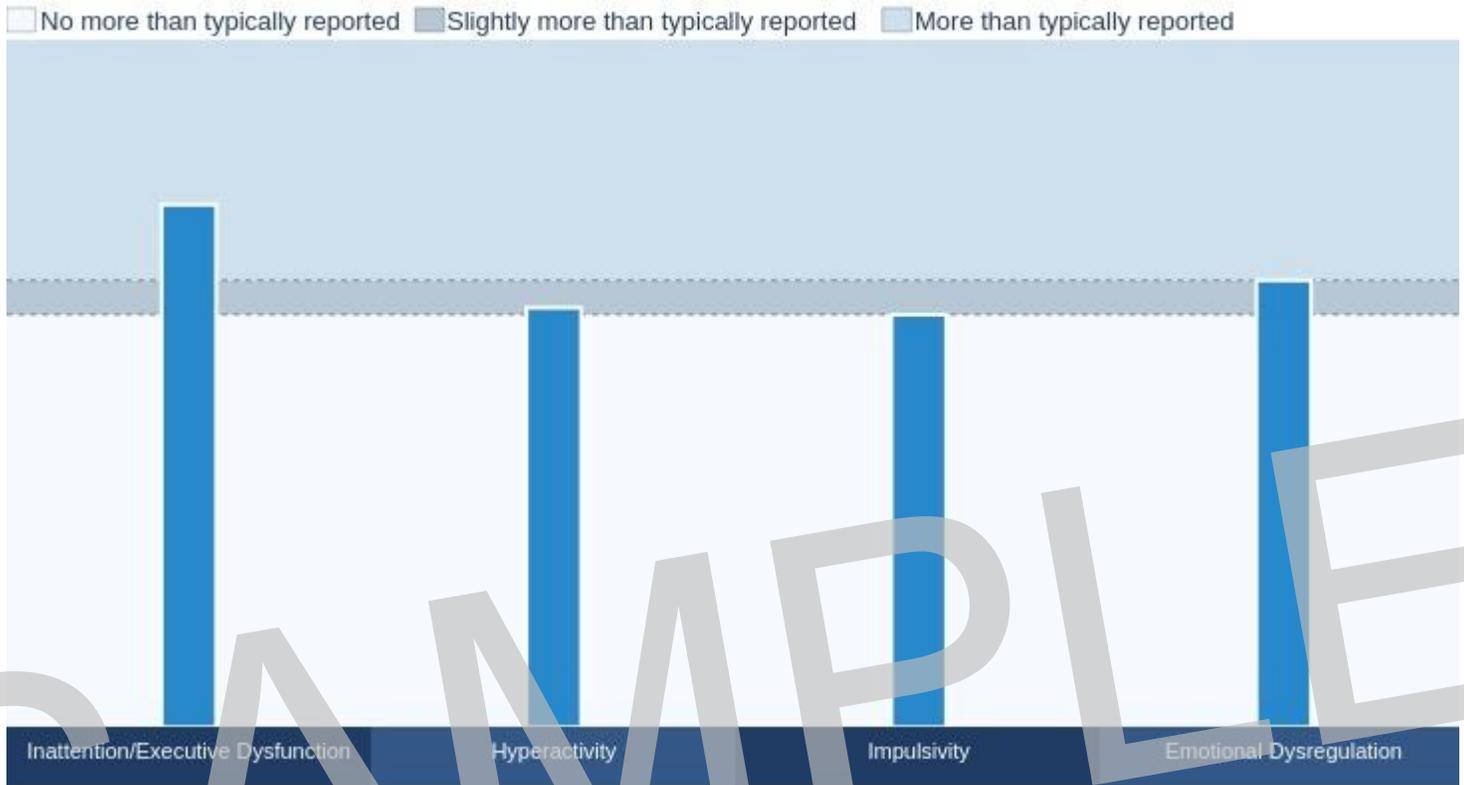
The Conners 4 is a set of rating scales that are used to gather information about symptoms of Attention-Deficit/Hyperactivity Disorder (ADHD) and other related conditions, as well as difficulties experienced by the youth in several domains. The Conners 4 forms are used all over the world and have been 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 Skylar 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 Skylar and their parent(s), other test results, school records, and observations. All of the combined information is used to determine if Skylar 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 Skylar'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:

- having trouble getting started
- being distracted
- having trouble finishing tasks

Engages in **slightly more** hyperactive behavior than typically reported, such as:

- running or climbing when not supposed to
- having trouble doing things quietly
- getting overly excited

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

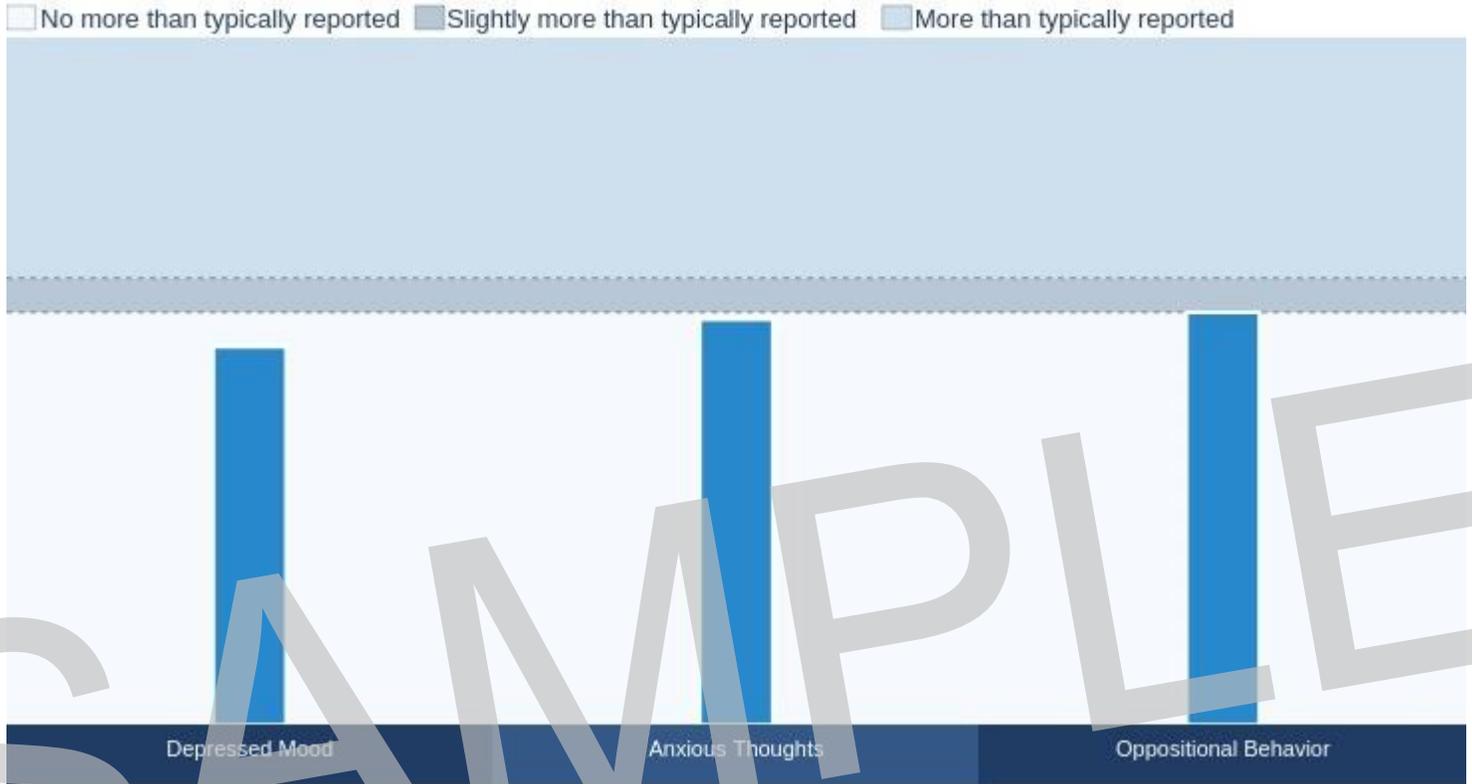
- blurting out what comes to mind
- acting before thinking
- using other people's things without permission

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

- having trouble controlling their emotions
- having trouble calming down
- changing mood quickly

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

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



Does not seem to experience more features of depressed mood than typically reported.

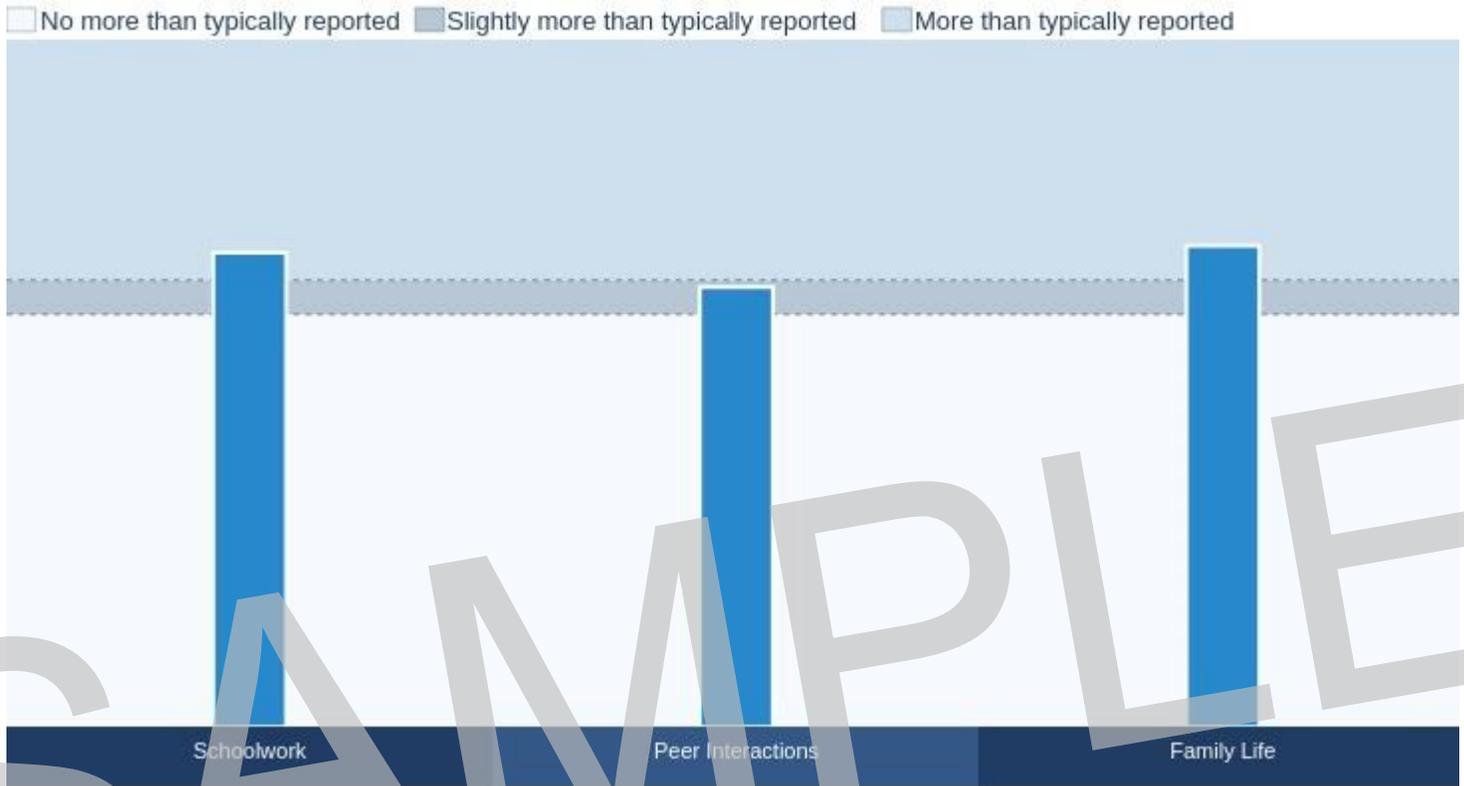
Does not appear to experience more anxiety than typically reported.

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

- being easily annoyed
- feeling angry and resentful
- upsetting others

IN WHAT SETTINGS DOES THE YOUTH EXPERIENCE DIFFICULTIES?

The following results are based on the parent's report of Skylar'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 **more** difficulty with schoolwork than typically reported, such as:

- having trouble completing work
- forgetting to turn in work
- handing things in late

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

- not getting invited to play or go out
- having peers complain about them
- people don't want to be friends with them

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

- creating stress for the family
- causing the family to be late
- having trouble getting along with family