



# CONNERS

3rd Edition™

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

## Connors 3–Self-Report Assessment Report

<b>Name/ID:</b>	<b>Romaric S</b>
Age:	13 years
Gender:	Male
Birth Date:	avril 05, 2007
Grade:	8
Administration Date:	décembre 21, 2020
Assessor Name:	J.D
Data Entered By:	E.V
Normative Option:	Gender-specific norms
Report Options:	Standard report options are being used for this report (these options are designed for the typical user and are recommended for most applications). Optional Assessment report features are available: Standard Error of Measurement, Percentiles, and 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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ver. 1.2

## Summary of Results

### Response Style Analysis

Scores on the Validity scales do not indicate a positive, negative or inconsistent response style.

### Summary of Elevated Scores

The following section summarizes areas of concern for Romaric S based on his ratings on the Conners 3-SR. Note that areas that are not a concern are not reported in this summary.

#### Conners 3-SR Content Scales

Romaric S's *T*-scores for the following Conners 3-SR Content scales were **very elevated** (i.e., *T*-score  $\geq 70$ ), indicating many more concerns than are typically reported: Inattention (*T* = 80), Hyperactivity/Impulsivity (*T* = 72), Defiance/Aggression (*T* = 89) and Family Relations (*T* = 77).

#### DSM-IV-TR Symptom Scales

The Symptom Counts were **probably met** and the *T*-scores were **elevated or very elevated** (i.e., *T*-score  $\geq 65$ ) for the following DSM-IV-TR Symptom scales: ADHD Predominantly Inattentive Type (*T* = 86), Conduct Disorder (*T* = 74) and Oppositional Defiant Disorder (*T* = 82). These diagnoses should be given strong consideration.

The Symptom Count was **probably not met**; however, the *T*-score was **elevated or very elevated** (i.e., *T*-score  $\geq 65$ ) for the following DSM-IV-TR Symptom scale: ADHD Predominantly Hyperactive-Impulsive Type (*T* = 74). Although the current presentation is atypical for 13-year-old boys, there are insufficient symptoms reported to meet DSM-IV-TR symptomatic criteria for this disorder. Consider alternative explanations for why the *T*-score could be elevated in the absence of this diagnosis (e.g., another diagnosis may be producing these types of concerns in that particular setting).

#### Impairment

Romaric S reports that his problems seriously affect his functioning **often** (rating = 2) in the academic setting, and **occasionally** (rating = 1) in the social and home settings.

#### Conners 3 Index Scores

Based on Romaric S's ratings, an ADHD classification is strongly indicated (83% probability), but other clinically relevant information should also be carefully considered in the assessment process.

#### Screener Items

Based on Romaric S's ratings, further investigation was suggested/recommended for issues with anxiety. Based on Romaric S's ratings, further investigation was suggested/recommended for issues with depression.

#### Severe Conduct Critical Items

Based on Romaric S's ratings to the Severe Conduct Critical Items on the Conners 3-SR, **immediate attention is required** for the following issue(s): uses a weapon (rating = 1).

#### Conners 3-SR Results and IDEA

Scores on the Conners 3-SR suggest possible consideration for IDEA 2004 eligibility in the following area(s): Emotional Disturbance, Other Health Impairment and Specific Learning Disability.

### Cautionary Remark

This Summary of Results section only provides information about areas that are a concern. Please refer to the remainder of the Assessment Report for further information regarding areas that are not elevated or could not be scored due to omitted items.

## Introduction

The Conners 3rd Edition–Self-Report (Conners 3–SR) is an assessment tool that prompts the youth to provide valuable information about himself. This instrument is designed to assess Attention Deficit/Hyperactivity Disorder (ADHD) and its most common co-morbid problems in children and adolescents aged 8 to 18 years old. When used in combination with other information, results from the Conners 3–SR can provide valuable information to guide assessment decisions. This report provides information about the youth's score, how he compares to other youth, and which scales are elevated. See the *Conners 3 Manual* (published by MHS) for more information.

This computerized report is an interpretive aid and should not be provided to youths or 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, review of available records, and discussion with youth 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 youth's responses to specific items to ensure that these interpretations apply.

## Response Style Analysis

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

### Positive Impression

The Positive Impression score (raw score = 0) does not indicate an overly positive response style.

### Negative Impression

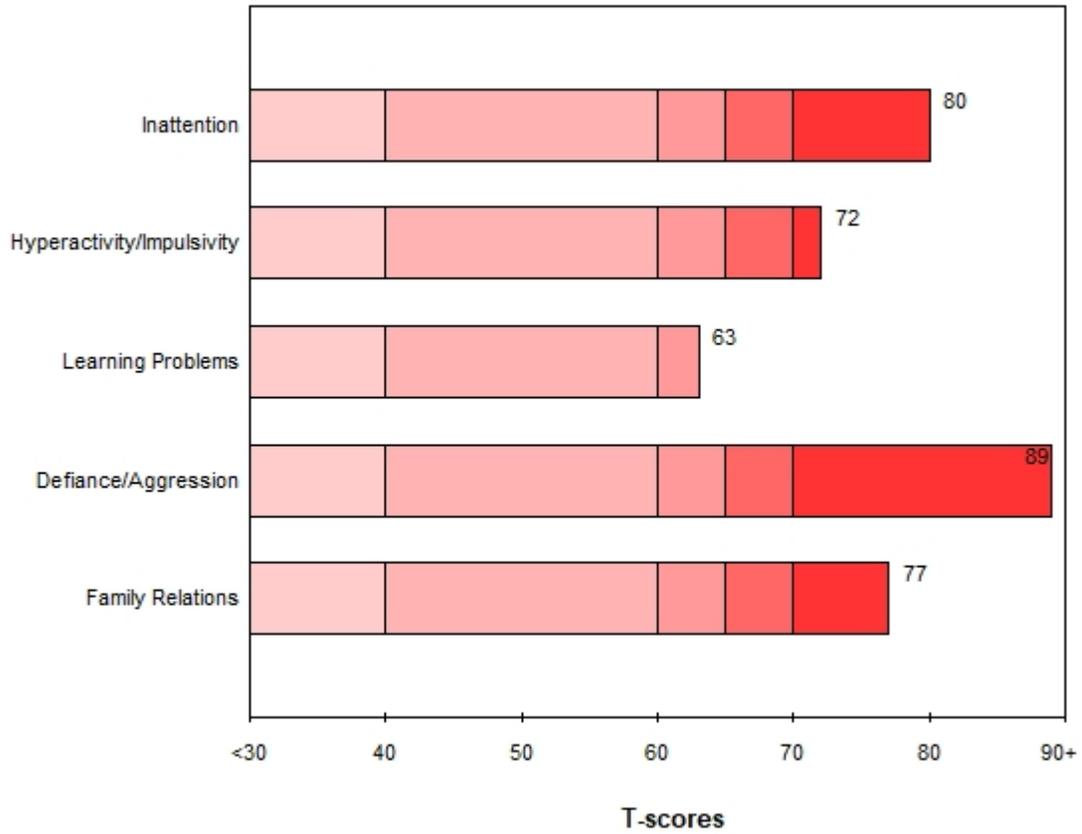
The Negative Impression score (raw score = 4) does not indicate an overly negative response style.

### Inconsistency Index

The Inconsistency Index score (raw score = 8, number of differentials  $\geq 2 = 2$ ) does not indicate an inconsistent response style.

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

The following graph provides T-scores for each of the Conners 3-SR Content scales.



## Conners 3–SR Content Scales: Detailed Scores

The following table summarizes the results of Romaric S’s self-assessment 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.

Scale	Raw Score	T-score	Guideline	Common Characteristics of High Scorers
Inattention	22	80	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. May have difficulty starting and/or finishing tasks.
Hyperactivity/ Impulsivity	21	72	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 or talk too much. May be easily excited.
Learning Problems	9	63	High Average Score (Slightly more concerns than are typically reported)	Academic struggles (reading, spelling, and/or math). May have difficulty learning and/or remembering concepts. May need extra help.
Defiance/ Aggression	13	89	Very Elevated Score (Many more concerns than are typically reported)	May have poor control of anger; may break rules; may be physically and/or verbally aggressive; may show violent or destructive tendencies; may bully others; may be manipulative or cruel; may have legal issues.
Family Relations	17	77	Very Elevated Score (Many more concerns than are typically reported)	May feel that parents do not love or notice him/her. May feel unjustly criticized and/or punished at home.

## DSM-IV-TR Overview

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

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–SR 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.

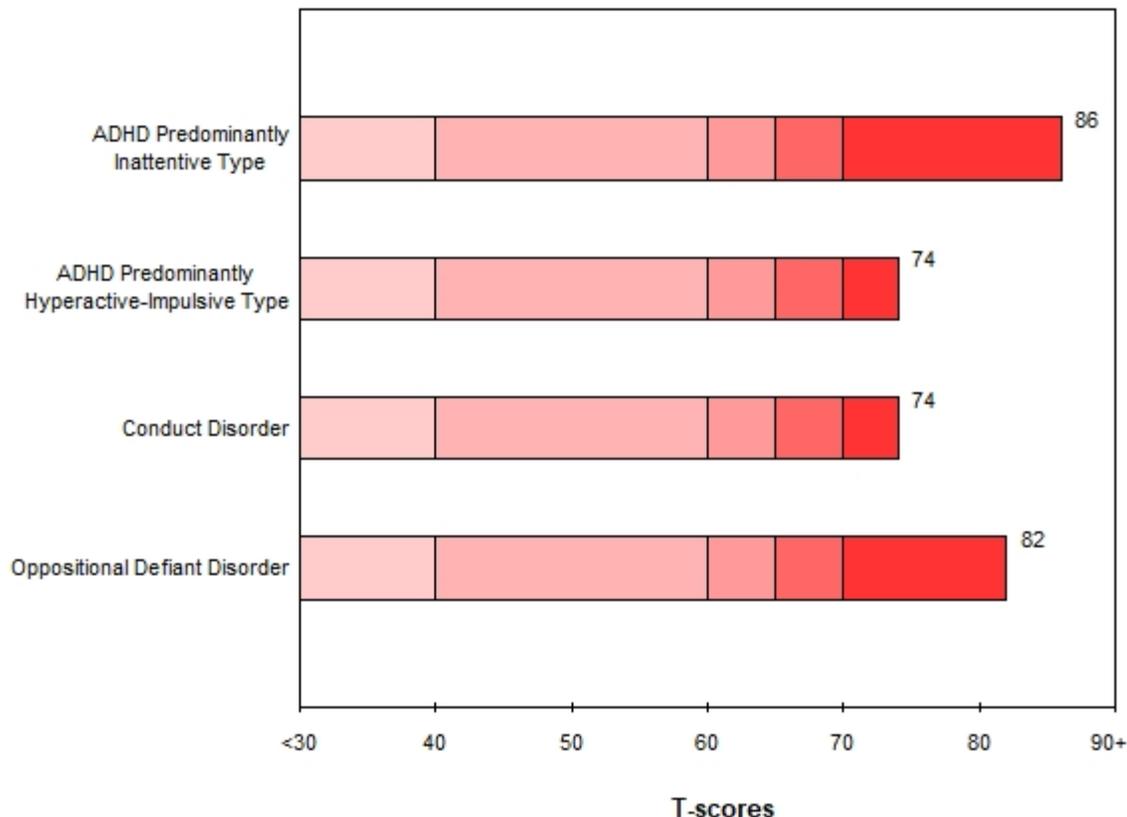
### *Interpretive Considerations*

Results from the Conners 3–SR are a useful component of DSM-IV-TR based diagnosis, but cannot be relied upon in isolation. When interpreting the Conners 3–SR 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–SR 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–SR items are approximations of the DSM-IV-TR Symptoms that are intended to represent the main clinical construct in a format that most youth 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–SR.
- The Conners 3–SR provides information relevant to the DSM-IV-TR diagnoses from two different perspectives: absolute (Symptom Count) and relative (*T*-score). Results of the DSM-IV-TR Symptom Counts can contribute to 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 or her peers. At times there may be discrepancies between the Symptom Count and *T*-score for a given diagnosis. This is to be expected, given that they are based on different metrics (i.e., absolute versus relative). The following points provide some concrete guidelines for 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  $\geq 65$ ): 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  $< 65$ ): 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  $< 65$ ): 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  $\geq 65$ ): Although the current presentation is atypical for the youth's age and gender, there are not sufficient 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.



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

The following table summarizes the results of Romaric S's self-assessment 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.

Scale	Raw Score	T-score	Guideline
ADHD Predominantly Inattentive Type	24	86	Very Elevated Score (Many more concerns than are typically reported)
ADHD Predominantly Hyperactive-Impulsive Type	17	74	Very Elevated Score (Many more concerns than are typically reported)
Conduct Disorder	7	74	Very Elevated Score (Many more concerns than are typically reported)
Oppositional Defiant Disorder	17	82	Very Elevated Score (Many more concerns than are typically reported)

## DSM-IV-TR Total Symptom Counts

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

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

Scale	DSM-IV-TR Symptom Count Requirements	Symptom Count as indicated by Conners 3–SR
ADHD Predominantly Inattentive Type (ADHD In)	At least 6 out of 9 symptoms	8
Conduct Disorder <sup>‡</sup>	At least 3 out of 15 symptoms	6
Oppositional Defiant Disorder	At least 4 out of 8 symptoms	6

<sup>‡</sup>Note: The Conners 3–SR does not assess Criterion A7 (i.e., forced sexual activity) due to the sensitive nature of this criterion.

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

Scale	DSM-IV-TR Symptom Count Requirements	Symptom Count as indicated by Conners 3–SR
ADHD Predominantly Hyperactive-Impulsive Type (ADHD Hyp-Imp)	At least 6 out of 9 symptoms	4
ADHD Combined Type	Criteria must be met for both ADHD In and ADHD Hyp-Imp	ADHD In: 8 ADHD Hyp-Imp: 4

## DSM-IV-TR Symptom Tables

This section of the report provides information about how Romaric S rated 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.

**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	Rating					Criterion Status
		0	1	2	3	?	
A1a.	31 -or- 39				✓		<b>Indicated</b>
				✓			
A1b.	63			✓			<b>Indicated</b>
A1c.	42			✓			<b>Indicated</b>
A1d.	61 -and- 17			✓			<b>Indicated</b>
				✓			
A1e.	21				✓		<b>Indicated</b>
A1f.	51			✓			May be Indicated
A1g.	5		✓				Not Indicated
A1h.	77				✓		<b>Indicated</b>
A1i.	32			✓			May be Indicated

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

DSM-IV-TR Symptoms: Criterion A	Item Number	Rating					Criterion Status
		0	1	2	3	?	
<b>Hyperactivity</b>							
A2a.	60		✓				Not Indicated
A2b.	64		✓				Not Indicated
A2c.	20 -or- 7			✓			<b>Indicated</b>
				✓			
A2d.	84		✓				Not Indicated
A2e.	66 -or- 55	✓				✓	<b>Indicated</b>
A2f.	34		✓				Not Indicated
<b>Impulsivity</b>							
A2g.	9			✓			<b>Indicated</b>
A2h.	27				✓		<b>Indicated</b>
A2i.	6		✓				Not Indicated

### 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	Rating					Criterion Status
		0	1	2	3	?	
A1.	25	✓					Not Indicated
A2.	38		✓				May be Indicated
A3.	59		✓				<b>Indicated</b>
A4.	86		✓				<b>Indicated</b>
A5.	47	✓					Not Indicated
A6.	13	✓					Not Indicated
A8.	72	✓					Not Indicated
A9.	82	✓					Not Indicated
A10.	78	✓					Not Indicated
A11.	16			✓			<b>Indicated</b>
A12.	52	✓					Not Indicated
A13.	91		✓				May be Indicated <sup>1</sup>
A14	8		✓				<b>Indicated</b>
A15.	33	✓					Not Indicated

<sup>1</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.

**Note:** The Conners 3–SR does not assess Criterion A7 (i.e., forced sexual activity) due to the sensitive nature of this criterion.

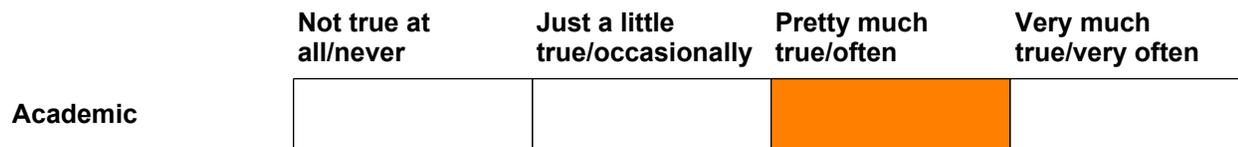
### DSM-IV-TR Oppositional Defiant Disorder

DSM-IV-TR Symptoms: Criterion A	Item Number	Rating					Criterion Status
		0	1	2	3	?	
A1.	67			✓			May be Indicated
A2.	24			✓			<b>Indicated</b>
A3.	1R			✓			Not Indicated
A4.	3			✓			<b>Indicated</b>
A5.	62		✓				Not Indicated
A6.	74				✓		<b>Indicated</b>
A7.	87				✓		<b>Indicated</b>
A8.	94				✓		<b>Indicated</b>

R = This item is reverse scored for score calculations.

## Impairment

Romaric S’s report of his level of impairment in academic, social, and home settings is presented below.



Romaric S indicated that his problems seriously affect his schoolwork or grades often (score of 2).



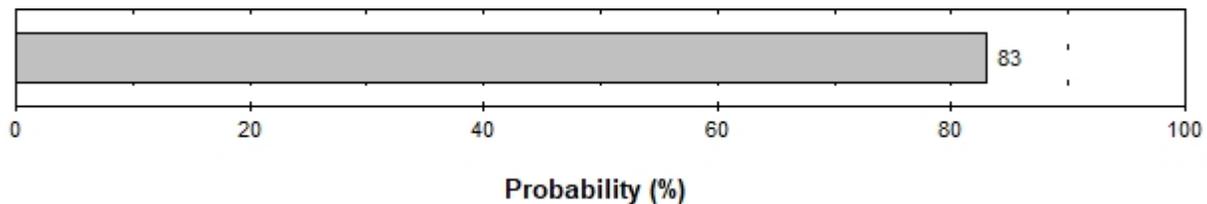
Romaric S indicated that his problems seriously affect his friendships and relationships occasionally (score of 1).



Romaric S indicated that his problems seriously affect his home life occasionally (score of 1).

## Conners 3 ADHD Index

The following graph summarizes Romaric S’s ratings with respect to the Conners 3 ADHD Index.



Among ADHD and general population cases, individuals with ADHD obtained this score 83% 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.

## Anxiety Screener Items

The following table displays the results of Romaric S’s behavior with regard to specific items that are related to generalized anxiety.

**Guideline based on Romaric S’s ratings to these items: Further investigation is recommended**

Item Number	Item Content	Rating				
		0	1	2	3	?
2	Nervous or jumpy				✓	
29	Irritable when anxious			✓		
46	Trouble controlling worries			✓		
90	Worries				✓	

**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 of Romaric S’s behavior with regard to specific items that are related to depression. Endorsement of these items may indicate the need for further investigation.

**Guideline based on Romaric S’s ratings to these items: Further investigation is recommended**

Item Number	Item Content	Rating				
		0	1	2	3	?
36	Worthlessness				✓	
44	Loss of interest or pleasure			✓		
68	Sad, gloomy, or irritable				✓	
80	Low energy	✓				

**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 Romaric S’s ratings of his behavior with regard to several Severe Conduct Critical items. Endorsement of any Critical item indicates the need for immediate follow-up.

Item Number	Item Content	Rating					Recommendation
		0	1	2	3	?	
13	Confrontational stealing	✓					No need for further investigation is indicated
22	Trouble with police	✓					No need for further investigation is indicated
47	Mean to animals	✓					No need for further investigation is indicated
59	Uses a weapon		✓				 Requires immediate attention
72	Fire setting	✓					No need for further investigation is indicated
78	Breaking and entering	✓					No need for further investigation is indicated

**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 that Romaric S has about himself.

Item Number	Item Content	Rating
98	Additional problems	Non
99	Strengths or skills	Mathématique

## Conners 3–SR Results and IDEA

The Conners 3–SR 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–SR 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–SR. Checkmarks indicate which areas of the Conners 3–SR 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–SR content.

Content Areas	Follow-up Recommended	Possible IDEA Eligibility Category
<b>Conners 3–SR Content Scales</b>		
Inattention	✓	ED, LD, OHI
Hyperactivity/Impulsivity	✓	ED, OHI
Learning Problems		LD
Defiance/Aggression	✓	ED
Family Relations	✓	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

ED = Emotional Disturbance; LD = Specific Learning Disability; OHI = Other Health Impairment.

## Item Responses

Romaric S entered the following response values for the items on the Conners 3–SR.

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

**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: avril 14, 2021

**End of Report**

## Conners 3rd Edition Feedback Handout for Self-Report Ratings

**Child's Name:** Romaric S  
**Child's Age:** 13  
**Date of Assessment:** décembre 21, 2020  
**Assessor's Name:** J.D

***This feedback handout explains scores from ratings of this youth's behaviors and feelings as assessed by the Conners 3–Self-Report Form (Conners 3–SR). 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 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 scales are reliable and valid, which means that you can trust the scores that are produced by the youth's ratings.

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

Information from youth about his or her own behavior and feelings is extremely important, as the youth knows how he or she feels better than anyone else. Self-reports provide invaluable information about the youth's own perceptions, feelings, and attitudes about his or her behavior 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. They know how they feel and behave all of the time.

The most common reason for using the Conners 3 scales is to better understand a youth who is having difficulty, and to determine how to help. The Conners 3 scales can also be used to make sure that treatment services are helping, or to see if the youth is improving. Sometimes the Conners 3 scales are 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 the youth was asked to complete the Conners 3, please ask the assessor listed at the top of this feedback form.

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

Romaric S read 99 items, and decided how well each statement described himself, or how often each behavior happened in the past month ("not at all/never," "just a little true/occasionally," "pretty much true/often," or "very much true/very frequently"). Romaric S's responses to these 99 statements were combined into several groups of items. Each group of items describes a certain type of behavior (for example, inattention, aggression). Romaric S's responses were compared with what is expected for 13-year-old boys. The scores for each group of items show how similar Romaric S is to his peers. This information helps the assessor know if Romaric S is having more difficulty in a certain area than other 13-year-old boys.

### **Results from the Conners 3–Self-Report Form**

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

Romaric S’s responses to the 99 items were combined into groups of possible problem areas. The following table lists the main topics covered by the Conners 3–Self-Report Form. These scores were compared with other 13-year-old boys. This gives you information about whether Romaric S described typical or average levels of concern (that is, “not an area of concern”) or if he described “more concerns than average” for 13-year-old boys. The table also gives you a short description of the types of difficulties that are included in each possible problem area. Romaric S 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. Also, it is possible that Romaric S may describe typical or average levels of concern even if Romaric S 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 Self-Report form. A checkmark in the “more concerns than average” box does not necessarily mean that Romaric S 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 that an actual problem exists is made.

**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; difficulty starting and/or finishing tasks.

**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; talks too much; 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.

**Family 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
	✓	Feelings that parents do not love or notice him/her; feelings of being unjustly criticized or punished at home.

**Defiance/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
	✓	Poor control of anger; breaks rules; physically and/or verbally aggressive; violent behaviors, including bullying or destructive tendencies; 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.

### Response Style Analysis

Information about the rater’s response style should be considered when the assessor reviews the results with you.

### Additional Topics for Discussion

In addition to the results described above, some of Romaric S’s responses on the Conners 3 suggest it is important to consider the following topics in further evaluation. 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 that are commonly seen in youth who have inattention, hyperactivity, and/or impulsivity

### When asked to rate whether the problems described on the Conners 3 Self-Report Form affected Romaric S’s functioning, he responded:

Romaric S indicated that his problems often seriously affect his schoolwork or grades.  
 Romaric S indicated that his problems occasionally seriously affect his friendships and relationships.  
 Romaric S indicated that his problems occasionally seriously affect his home life.