



# CONNERS 4™

4th EDITION

C. Keith Conners, Ph.D.

## CONNERS 4–SHORT SELF-REPORT | SINGLE-RATER REPORT

### YOUTH

Name/ID: Desi A./2189  
Birth Date: May 3, 2009  
Age: 13  
Grade: 8  
Gender: Other (Non-Binary)

### OTHER

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

### NORM OPTIONS

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

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–Short 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

» Follow-Up ? Could Not Be Scored

### RESPONSE STYLE ANALYSIS

**NEGATIVE IMPRESSION INDEX**

Based on the Negative Impression Index score (raw score = 2), there was no indication of exaggerated responding.

**2 RAW SCORE**

**OMITTED ITEMS**

The youth responded to all Conners 4–Short items.

**0**

» **PACE**

This is an unusually fast pace.

**20.9 AVG. #ITEMS/MIN**

### CONNERS 4–SHORT SCALES



**Note(s).** Inattention/Executive Dysfunction (INA/EDF), Hyperactivity (HYP), Impulsivity (IMP), Emotional Dysregulation (EM DYS), Schoolwork (SCHOOL), Peer Interactions (PEER), Family Life (FAMILY).

## CONNERS 4–SHORT SCALES

CONTENT SCALES							
	Raw Score	T-score	90% CI	Percentile	Guideline	Within-Profile Comparisons	
						Difference from the youth's average (T = 63.5)	Significant difference (p < .05)
Inattention/Executive Dysfunction	22	75	70–80	99 <sup>th</sup>	Very Elevated	+ 11.5	Higher
Hyperactivity	5	52	45–59	68 <sup>th</sup>	Average	- 11.5	Lower
Impulsivity	5	56	48–64	75 <sup>th</sup>	Average	- 7.5	Lower
Emotional Dysregulation	8	71	64–78	98 <sup>th</sup>	Very Elevated	+ 7.5	Higher

IMPAIRMENT & FUNCTIONAL OUTCOME SCALES							
	Raw Score	T-score	90% CI	Percentile	Guideline	Within-Profile Comparisons	
						Difference from the youth's average (T = 57)	Significant difference (p < .05)
Schoolwork	9	77	70–84	99 <sup>th</sup>	Very Elevated	+ 20.0	Higher
Peer Interactions	2	50	42–58	58 <sup>th</sup>	Average	- 7.0	Lower
Family Life	1	44	37–51	35 <sup>th</sup>	Average	- 13.0	Lower

CONNERS 4–ADHD INDEX			
	Raw Score	Probability Score	Guideline
ADHD Index	20	82%	High

Note(s).  
CI = Confidence Interval

## INTERPRETIVE SUMMARY

### Response Style Analysis

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

- **Negative Impression Index:** Based on the Negative Impression Index score (raw score = 2), there was no indication of exaggerated responding.
- **Omitted Items:** Desi responded to all Conners 4—Short items.
- **Pace:** Desi completed the Conners 4—Short in 2 minute(s) and 18 second(s), with a Pace of 20.9 item(s) per minute. This is an unusually fast pace. There could be many reasons for this; for example, Desi may have rushed through the task, or they may not have spent enough time reading the items or thinking about their responses.

### Content Scales

This section contains a summary of Desi's Conners 4—Short 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 Desi's results to their own average score.

#### Normative Sample Comparisons:

Each of Desi'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—Short Content Scales indicate more frequent or severe problems in the domain covered by that scale.

- **Inattention/Executive Dysfunction** (T-score = 75 [90% CI = 70–80]; Percentile = 99th): 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 staying organized and time management. Desi reported much more difficulty in these areas than is typically reported by 13-year-olds. A total of 9/10 items on this scale had elevated ratings.
- **Hyperactivity** (T-score = 52 [90% CI = 45–59]; Percentile = 68th): The Hyperactivity T-score is in the Average range. This scale includes items about restlessness, difficulty staying seated, needing to move around, and talking too much. Desi reported no more features of hyperactivity than are typically reported by 13-year-olds. None of the items on this scale had elevated ratings.
- **Impulsivity** (T-score = 56 [90% CI = 48–64]; Percentile = 75th): The Impulsivity T-score is in the Average range. This scale includes items about interrupting others, acting before thinking, and having trouble waiting for one's turn. Desi reported no more impulsivity than is typically reported by 13-year-olds. None of the items on this scale had elevated ratings.
- **Emotional Dysregulation** (T-score = 71 [90% CI = 64–78]; Percentile = 98th): The Emotional Dysregulation T-score is in the Very Elevated range. This scale includes items about having trouble controlling emotions, mood changing quickly, and having trouble calming down. Desi reported much more difficulty controlling and managing emotions than is typically reported by 13-year-olds. A total of 3/4 items on this scale had elevated ratings.

**Within-Profile Comparisons:**

Within-profile comparisons were conducted on the Conners 4–Short Content Scales. Each scale's T-score was compared to Desi's average T-score of 63.5 on these scales. Desi's Inattention/Executive Dysfunction and Emotional Dysregulation T-scores were significantly higher than their average T-score, suggesting relatively more difficulties in these areas. 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 contains a summary of Desi's Conners 4–Short 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 Desi's results to their own average score.

**Normative Sample Comparisons:**

Each of Desi'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–Short Impairment & Functional Outcome Scales indicate more frequent or severe impairment in the domain covered by that scale.

- **Schoolwork** (T-score = 77 [90% CI = 70–84]; Percentile = 99th): The Schoolwork T-score is in the Very Elevated range. This scale includes items related to turning in late or incomplete work and losing homework. Desi reported much more impairment in schoolwork than is typically reported by 13-year-olds. A total of 4/4 items on this scale had elevated ratings.
- **Peer Interactions** (T-score = 50 [90% CI = 42–58]; Percentile = 58th): The Peer Interactions T-score is in the Average range. This scale includes items related to the youth annoying their peers and others not wanting to be friends with them. Desi reported no more impairment when interacting with peers than is typically reported by 13-year-olds. None of the items on this scale had elevated ratings.
- **Family Life** (T-score = 44 [90% CI = 37–51]; Percentile = 35th): The Family Life T-score is in the Average range. The items on this scale reflect family disruptions caused by the youth, such as arguing with family members and creating problems for the family. Desi reported no more impairment when interacting and getting along with family members than is typically reported by 13-year-olds. None of the items on this scale had elevated ratings.

**Within-Profile Comparisons:**

Within-profile comparisons were conducted on the Conners 4–Short Impairment & Functional Outcome Scales. Each scale's T-score was compared to Desi's average T-score of 57.0 on these scales. Desi's Schoolwork T-score was significantly higher than their average T-score, suggesting relatively more impairment in this area. Their Peer Interactions and Family Life T-scores were significantly lower than their average T-score, suggesting relatively less impairment in these areas.

**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 = 82%): Desi'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 Desi 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.**

I know I can do better at school, but I can't show what I know.

**Do you have any other problems?**

No, I think I'm ok.

**What are your main strengths or skills?**

I'm really good at painting. I want to be an artist.

SAMPLE

## ITEM RESPONSES

Desi entered the following responses for the items on the **Conners 4–Short Self-Report** form.

Item #	Rating	Item #	Rating
1.	1	25.	1
2.	2	26.	0
3.	2	27.	3
4.	0	28.	0
5.	0	29.	2
6.	1	30.	1
7.	2	31.	2
8.	0	32.	2
9.	2	33.	0
10.	2	34.	3
11.	3	35.	1
12.	0	36.	0
13.	0	37.	1
14.	1	38.	0
15.	2	39.	1
16.	1	40.	0
17.	3	41.	2
18.	2	42.	2
19.	1	43.	2
20.	2	44.	1
21.	0	45.	1
22.	2	46.	2
23.	1	47.	0
24.	3	48.	1

### Response Key:

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

## CONNERS 4TH EDITION SHORT FEEDBACK HANDOUT FOR SELF-REPORT RATINGS

Child's Name/ID: Desi A./2189  
Child's Age: 13  
Assessment Date: July 5, 2022  
Examiner's Name:

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

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

The Conners 4–Short is a set of rating scales that are used to gather information about symptoms of Attention-Deficit/Hyperactivity Disorder (ADHD), as well as difficulties experienced by the youth in several domains. The Conners 4–Short forms are used all over the world and have been through extensive research, development, and validation processes. Results from the Conners 4–Short 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.

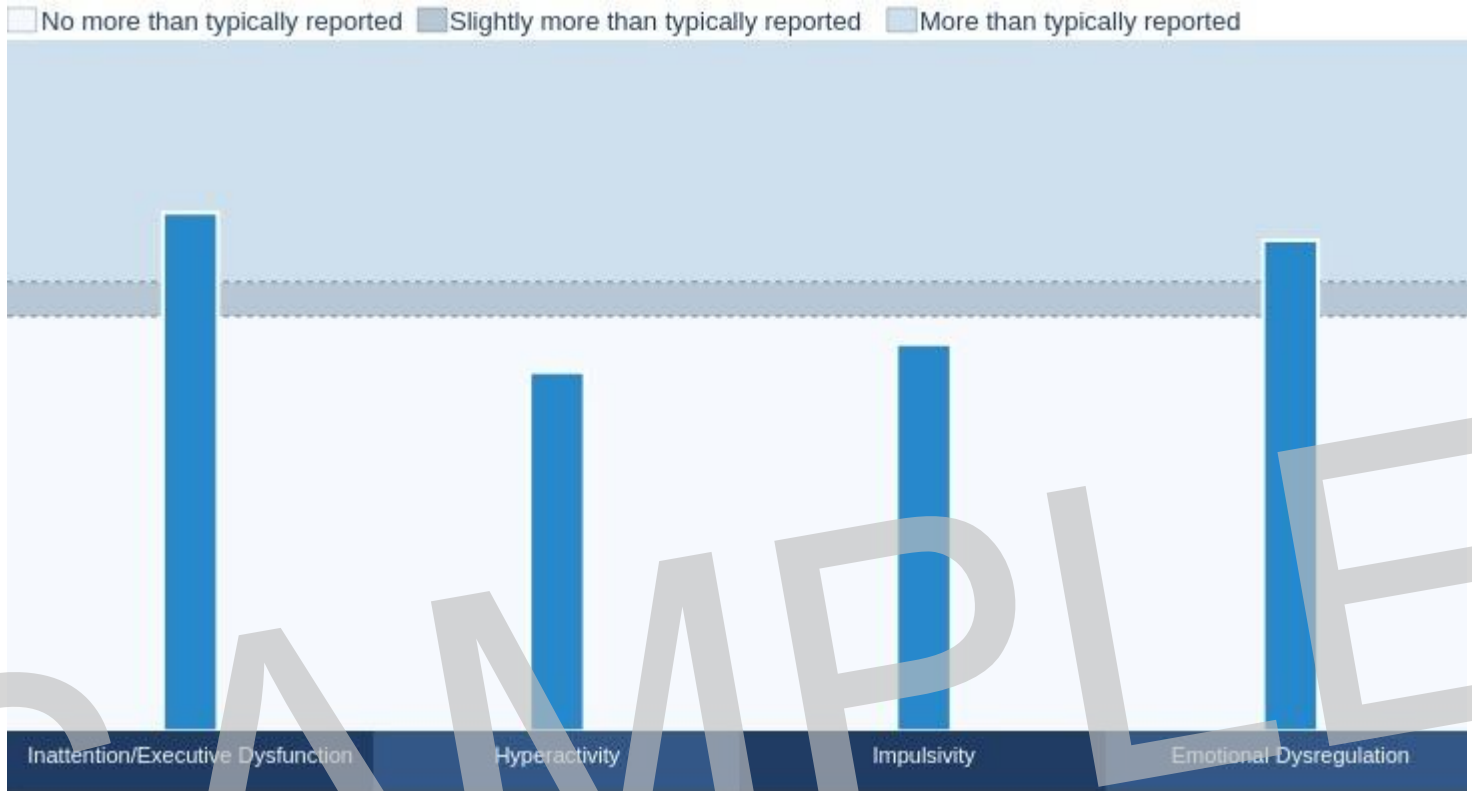
### Results from the Conners 4–Short Self-Report form

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 Desi to youth of the same age. The results from self-report ratings on the Conners 4–Short should be combined with other important information, such as interviews with Desi and their parent(s) or guardian(s), other test results, school records, and observations. All of the combined information is used to determine if Desi 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–Short 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 Desi's report of their behavior related to ADHD symptoms, compared to what is typically reported by 13-year-olds.



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

- having trouble staying focused
- losing things
- having trouble changing tasks

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:

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

## IN WHAT SETTINGS DID THE YOUTH REPORT DIFFICULTIES?

The following results are based on Desi’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.



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

- having trouble completing work
- not knowing where or what their homework is
- forgetting to turn in work

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

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