



C. Keith Conners, Ph.D.

PARENT | SINGLE-RATER REPORT

CHILD

Name/ID: **Harrison Lucas/HL20v2**
Birth Date: **September 2, 2011**
Age: **13**
Grade: **7**
Gender: **Male**

RATER

Parent's/Guardian's Name/ID: **Heather Lucas**
Relationship to Child: **Biological parent**

OTHER

Administration Date: **February 26, 2025**
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**
ADHD Reference Sample Gender Specific–Males

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 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

0 Negative Impression Index Raw Score	0 Inconsistency Index Raw Score	0 Omitted Items	» 20.8 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	Typical endorsement of Sleep Problems Indicator items.

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>0 Raw Score</p>	<p>Based on the Negative Impression Index score (raw score = 0), 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>20.8 Avg. # Items / Min</p>	<p>The parent completed the Conners 4 in 5 minute(s) and 29 second(s), with a pace of 20.8 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 parent.</p>	<p>Stealing while confronting someone – Not true at all (Never/Rarely)</p> <p>Setting fires to cause damage – Not true at all (Never/Rarely)</p> <p>Breaking and entering – Not true at all (Never/Rarely)</p> <p>Cruelty to animals – Not true at all (Never/Rarely)</p> <p>Using a weapon – Not true at all (Never/Rarely)</p> <p>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)</p> <p>Talking about, planning, or attempting suicide – Not true at all (Never/Rarely)</p>
<p>Sleep Problems Indicator</p> <p>Compared to ratings of 13-year-olds, the parent's responses to the Sleep Problems Indicator items were typical.</p>	<p>Having trouble sleeping – Not true at all (Never/Rarely)</p> <p>Appearing tired – Just a little true (Occasionally)</p>

CONNERS 4 SCALES

CONTENT SCALES							
	Raw Score	T-score	95% CI	Percentile	Guideline	Within-Profile Comparisons	
						Difference from the youth's average (T = 47.8)	Significant difference (p < .05)
Inattention/Executive Dysfunction	30	63	60–66	87 th	Slightly Elevated	+ 15.2	Higher
Hyperactivity	5	48	43–53	61 st	Average	+ 0.2	Not Significant
Impulsivity	0	39	34–44	7 th	Low	- 8.8	Lower
Emotional Dysregulation	0	41	37–45	12 th	Average	- 6.8	Lower
Depressed Mood	1	47	41–53	55 th	Average	n/a	n/a
Anxious Thoughts	0	44	38–50	25 th	Average	n/a	n/a
IMPAIRMENT & FUNCTIONAL OUTCOME SCALES							
	Raw Score	T-score	95% CI	Percentile	Guideline	Within-Profile Comparisons	
						Difference from the youth's average (T = 52.3)	Significant difference (p < .05)
Schoolwork	12	69	63–75	90 th	Elevated	+ 16.7	Higher
Peer Interactions	0	42	37–47	18 th	Average	- 10.3	Lower
Family Life	1	46	42–50	47 th	Average	- 6.3	Lower
DSM SYMPTOM SCALES							
	Raw Score	T-score	95% CI	Percentile	Guideline	Symptom Count ⓘ	
ADHD Inattentive Symptoms	17	63	59–67	87 th	Slightly Elevated	5/9 [DSM requires ≥ 6/9 symptoms]	
ADHD Hyperactive/Impulsive Symptoms	5	47	42–52	58 th	Average	1/9 [DSM requires ≥ 6/9 symptoms]	
Total ADHD Symptoms	22	56	52–60	80 th	Average	n/a	
Oppositional Defiant Disorder Symptoms	0	42	38–46	13 th	Average	0/8 [DSM requires ≥ 4/8 symptoms]	
Conduct Disorder Symptoms	0	45	41–49	30 th	Average	0/15 [DSM requires ≥ 3/15 symptoms]	
CONNERS 4–ADHD INDEX							
	Raw Score		Probability Score		Guideline		
ADHD Index	17		74%		Moderate		

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 ADHD Combined.

ⓘ 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 the parent approached completing the Conners 4.

- **Negative Impression Index:** Based on the Negative Impression Index score (raw score = 0), 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 5 minute(s) and 29 second(s), with a Pace of 20.8 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:** Compared to ratings of 13-year-olds, the parent's responses to the Sleep Problems Indicator items were typical.

Content Scales

This section summarizes Harrison's Conners 4 Content Scale results, including: (a) a normative sample comparison of their results to parent ratings of 13-year-olds, and (b) a within-profile comparison of Harrison's results to their own average score.

Normative Sample Comparisons:

Each of Harrison's Content Scale raw scores was compared with what is typically reported by parents of 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 the parent'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 = 63 [95% CI = 60–66]; Percentile = 87th): The Inattention/Executive Dysfunction T-score is in the Slightly 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 Harrison exhibits slightly more difficulty in these areas than is typically reported by parents of 13-year-olds. A total of 12/20 items on this scale had elevated ratings.
- **Hyperactivity** (T-score = 48 [95% CI = 43–53]; Percentile = 61st): 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. The parent reported that Harrison exhibits no more features of hyperactivity than are typically reported by parents of 13-year-olds. Although the scale T-score was in the Average range, it may be informative to review the 1/11 items that had elevated ratings.
- **Impulsivity** (T-score = 39 [95% CI = 34–44]; Percentile = 7th): The Impulsivity T-score is in the Low 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 Harrison displays less impulsivity than is typically reported by parents of 13-year-olds. None of the items on this scale had elevated ratings.
- **Emotional Dysregulation** (T-score = 41 [95% CI = 37–45]; Percentile = 12th): The Emotional Dysregulation T-score is in the Average range. This scale includes items about overreacting, losing temper, and having trouble calming down. The parent reported that Harrison exhibits no more difficulty controlling and managing emotions than is typically reported by parents of 13-year-olds. None of the items on this scale had elevated ratings.
- **Depressed Mood** (T-score = 47 [95% CI = 41–53]; Percentile = 55th): 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 Harrison seems to experience no more features of depressed mood than are typically reported by parents of 13-year-olds. None of the items on this scale had elevated ratings.
- **Anxious Thoughts** (T-score = 44 [95% CI = 38–50]; Percentile = 25th): 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 Harrison appears to experience no more anxiety than is typically reported by parents of 13-year-olds. None of the 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 Harrison's average T-score of 47.8 on these scales. Based on the parent's ratings, Harrison's Inattention/Executive Dysfunction T-score was significantly higher than their average T-score, suggesting relatively more difficulties in this area. Their Hyperactivity T-score was consistent with their average T-score. Their Impulsivity and Emotional Dysregulation T-scores were significantly lower than their average T-score, suggesting relatively fewer difficulties in these areas.

Impairment & Functional Outcome Scales

This section summarizes Harrison's Conners 4 Impairment & Functional Outcome Scale results, including: (a) a normative sample comparison of their results to parent ratings of 13-year-olds, and (b) a within-profile comparison of Harrison's results to their own average score.

Normative Sample Comparisons:

Each of Harrison's Impairment & Functional Outcome Scale raw scores was compared with what is typically reported by parents of 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 the parent'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 = 69 [95% CI = 63–75]; Percentile = 90th): 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 Harrison exhibits more impairment in schoolwork than is typically reported by parents of 13-year-olds. A total of 5/6 items on this scale had elevated ratings.
- **Peer Interactions** (T-score = 42 [95% CI = 37–47]; Percentile = 18th): 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. The parent reported that Harrison exhibits no more impairment when interacting with peers than is typically reported by parents of 13-year-olds. None of the items on this scale had elevated ratings.
- **Family Life** (T-score = 46 [95% CI = 42–50]; Percentile = 47th): The Family Life T-score is in the Average 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 Harrison exhibits no more impairment when interacting and getting along with family members than is typically reported by parents of 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.

Within-Profile Comparisons:

Within-profile comparisons were conducted on the Conners 4 Impairment & Functional Outcome Scales. Each scale's T-score was compared to Harrison's average T-score of 52.3 on these scales. Based on the parent's ratings, Harrison'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.

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 (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 the parent'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 = 63 [95% CI = 59–67]; Percentile = 87th; Symptom Count = 5/9): This scale includes items representing the DSM symptoms of ADHD Predominantly Inattentive Presentation. The DSM ADHD Inattentive Symptoms T-score is in the Slightly Elevated range. The parent reported that Harrison exhibits slightly more features of inattentiveness than are typically reported by parents of 13-year-olds. The DSM ADHD Inattentive Symptom Count was 5 (the DSM threshold for children is 6 out of 9 symptoms). Because the parent's ratings slightly exceeded what is typically reported by parents of similarly-aged youth and numerous inattentive symptoms were endorsed, further investigation of ADHD Predominantly Inattentive Presentation is recommended.
- **DSM ADHD Hyperactive/Impulsive Symptoms** (T-score = 47 [95% CI = 42–52]; Percentile = 58th; Symptom Count = 1/9): 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. The parent reported that Harrison exhibits no more features of hyperactivity/impulsivity than are typically reported by parents of 13-year-olds. The DSM ADHD Hyperactive/Impulsive Symptom Count was 1 (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 = 56 [95% CI = 52–60]; 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. The parent reported that Harrison exhibits no more ADHD symptoms than what is typically reported by parents of 13-year-olds.
- **DSM Oppositional Defiant Disorder Symptoms** (T-score = 42 [95% CI = 38–46]; Percentile = 13th; Symptom Count = 0/8): 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. The parent reported that Harrison exhibits no more features of opposition and defiance than are typically reported by parents of 13-year-olds. The DSM Oppositional Defiant Disorder Symptom Count was 0 (the DSM threshold is 4 out of 8 symptoms). This pattern of results suggests that symptoms of Oppositional Defiant Disorder are not present.
- **DSM Conduct Disorder Symptoms** (T-score = 45 [95% CI = 41–49]; Percentile = 30th; 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 = 74%): The parent’s ratings of Harrison produced a probability score in the Moderate range, indicating slightly more similarity with 13-year-olds who have ADHD compared to those from the general population. Scores in this range require careful examination of scale- and item-level elevations from the remaining Conners 4 Scales.

ADDITIONAL QUESTIONS

The following section displays additional comments that the parent shared about Harrison'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.

I would not classify any of this as a "serious" problem. I just worry that it's difficult for him to concentrate on homework and tasks without someone making sure he doesn't lose focus. Often times he forgets he has homework or a test. He sometimes does homework and forgets to turn it in. Seems to have trouble with breaking down projects into individual tasks.

Do you have any other concerns about your child?

No

What strengths or skills does your child have?

Harrison is a very happy kid who is well-liked by his friends, teachers, and other parents. At school he is generally well-behaved beyond some chatter and goofing off in the classroom. He likes playing sports (lacrosse, basketball, surfing, skiing), watching sports, video games, investing in stocks, and rockets. He is kind to others, funny, and super chill.

ITEM RESPONSES

The parent entered the following responses for the items on the **Conners 4** Parent form.

Item #	Rating	Item #	Rating	Item #	Rating	Item #	Rating
1.	3	30.	0	59.	0	88.	0
2.	2	31.	0	60.	0	89.	0
3.	2	32.	2	61.	0	90.	0
4.	0	33.	0	62.	2	91.	0
5.	1	34.	0	63.	3	92.	0
6.	0	35.	3	64.	2	93.	2
7.	2	36.	0	65.	0	94.	0
8.	0	37.	0	66.	2	95.	0
9.	0	38.	0	67.	0	96.	0
10.	2	39.	0	68.	0	97.	0
11.	0	40.	2	69.	0	98.	0
12.	0	41.	0	70.	0	99.	0
13.	0	42.	2	71.	1	100.	0
14.	1	43.	3	72.	0	101.	0
15.	0	44.	0	73.	0	102.	1
16.	0	45.	0	74.	1	103.	0
17.	0	46.	0	75.	0	104.	0
18.	0	47.	0	76.	0	105.	0
19.	2	48.	2	77.	0	106.	0
20.	0	49.	0	78.	0	107.	1
21.	0	50.	0	79.	1	108.	1
22.	0	51.	0	80.	0	109.	0
23.	0	52.	0	81.	0	110.	0
24.	2	53.	1	82.	1	111.	0
25.	0	54.	0	83.	0	112.	0
26.	2	55.	0	84.	0	113.	0
27.	0	56.	2	85.	3	114.	0
28.	0	57.	2	86.	1		
29.	0	58.	0	87.	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 4[®]

4th EDITION

Conners 4 Parent Single-Rater Report for Harrison Lucas/HL20v2

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

Admin Date: February 26, 2025

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. These ratings are reverse scored (when applicable) and 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 Conners 4 Manual for details.

Negative Impression Index (Raw Score = 0)

Item #	Item Text	Rating	NII Item Score
12	Gets a headache when they have to pay attention for a long time.	Not true at all (Never/Rarely)	0
31	It's impossible for them to pay attention to things.	Not true at all (Never/Rarely)	0
35	Wants good things to happen to them. (R)	Completely true (Very often/Always)	0
43	Enjoys doing their favorite activity. (R)	Completely true (Very often/Always)	0
77	There is nothing they can pay attention to for a long time.	Not true at all (Never/Rarely)	0
85	Has at least one happy memory. (R)	Completely true (Very often/Always)	0
96	Is impossible to please.	Not true at all (Never/Rarely)	0
103	Writes reminders that they don't remember writing.	Not true at all (Never/Rarely)	0

(R) = Item was reverse scored.

Inconsistency Index (Raw Score = 0)

Pair	Item #	Item Text	Rating	Item Pair Score
1	34	Makes impulsive decisions.	Not true at all (Never/Rarely)	0
	109	Is impulsive.	Not true at all (Never/Rarely)	
2	14	Needs to be moving around.	Just a little true (Occasionally)	0
	86	Has trouble sitting still.	Just a little true (Occasionally)	
3	28	Creates stress for the family.	Not true at all (Never/Rarely)	0
	88	Creates a chaotic family life.	Not true at all (Never/Rarely)	
4	16	Actively refuses to follow the rules.	Not true at all (Never/Rarely)	0
	83	Actively refuses to do what adults tell them to do.	Not true at all (Never/Rarely)	
5	40	Forgets to turn in completed work.	Pretty much true (Often/Quite a bit)	0
	64	Hands things in late.	Pretty much true (Often/Quite a bit)	
6	55	Interrupts other people's conversations, games, or activities.	Not true at all (Never/Rarely)	0
	97	Talks out of turn.	Not true at all (Never/Rarely)	
7	73	People don't want to be friends with them.	Not true at all (Never/Rarely)	0
	100	Has trouble making or keeping friends.	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 = 63)			
Item #	Also on DSM ADHD-I	Item Text	Item Score
2	X	Is forgetful in daily activities.	2
5	X	Avoids or dislikes things that take a lot of effort and are not fun.	1
7		Has trouble getting started on tasks or projects.	2
10	X	Is easily distracted.	2
15	X	Doesn't seem to listen to what people are saying to them.	0
19	X	Doesn't finish schoolwork, work, or other tasks.	2
26		Has trouble getting back on task after being interrupted.	2
32	X	Fails to follow through on instructions.	2
42		Has difficulty managing their time.	2
48		Has trouble concentrating.	2
57	X	Has trouble organizing tasks or activities.	2
62	X	Fails to pay close attention to details.	2
66	X	Makes careless mistakes in schoolwork or other activities.	2
71		Has trouble planning ahead.	1
79	X	Loses or misplaces things that they need.	1
87		Gets so focused on something that they lose track of what is going on around them.	1
93		Has a hard time prioritizing tasks.	2
102		Has a short attention span.	1
105		Has trouble changing from one task to another.	0
107	X	Has trouble staying focused on work or play for a long time.	1

DSM ADHD-I = DSM ADHD Inattentive Symptoms

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Hyperactivity (T-score = 48)

Item #	Also on DSM ADHD-HI	Item Text	Item Score
3	X	Leaves their seat when they should stay seated.	2
14	X	Needs to be moving around.	1
18		Isn't aware that they are being loud.	0
47	X	Talks too much.	0
51	X	Runs or climbs when they are not supposed to.	0
60	X	Is unable to be quiet when playing or using free time.	0
69		Gets overly excited.	0
86	X	Has trouble sitting still.	1
95	X	Acts as if driven by a motor.	0
108	X	Fidgets or squirms in their seat.	1
111	X	Is restless.	0

DSM ADHD-HI = DSM ADHD Hyperactive/Impulsive Symptoms

Impulsivity (T-score = 39)

Item #	Also on DSM ADHD-HI	Item Text	Item Score
9		Blurts out the first thing that comes to mind.	0
25		Uses other people's things without asking permission.	0
50	X	Has difficulty waiting for their turn.	0
55	X	Interrupts other people's conversations, games, or activities.	0
75	X	Intrudes on or takes over what others are doing.	0
89		Acts before thinking.	0
97		Talks out of turn.	0
106	X	Blurts out answers before the question has been completed.	0
109		Is impulsive.	0

DSM ADHD-HI = DSM ADHD Hyperactive/Impulsive Symptoms

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Emotional Dysregulation (T-score = 41)

Item #	Item Text	Item Score
4	Loses temper.	0
30	Has trouble controlling their emotions.	0
39	Has trouble calming down when upset.	0
52	Says or does things they don't mean to because they are angry.	0
65	Gets really angry all of a sudden.	0
80	Overreacts when they get upset.	0
92	Mood changes quickly and drastically.	0
113	Has trouble controlling their anger.	0

Depressed Mood (T-score = 47)

Item #	Item Text	Item Score
8	Is sad, gloomy, or irritable.	0
36	Seems hopeless about the future.	0
54	Feels worthless.	0
82	Seems tired.	1
94	Doesn't enjoy things like they used to.	0
110	Feels helpless.	0

Anxious Thoughts (T-score = 44)

Item #	Item Text	Item Score
22	Has trouble controlling their worries.	0
46	Gets tired or worn out from worrying.	0
72	Worries too much about many different things.	0
99	Appears tense, nervous, or jumpy.	0
112	Fears they will act in a way that could lead to embarrassment or rejection.	0

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Impairment & Functional Outcome Scales

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

Schoolwork (T-score = 69)		
Item #	Item Text	Item Score
24	Doesn't know what their homework is or where they put it.	2
40	Forgets to turn in completed work.	2
56	Has trouble completing schoolwork or work because of distractions.	2
64	Hands things in late.	2
74	Hands in incomplete work or tests.	1
114	Checks their work for mistakes. (R)	3

Peer Interactions (T-score = 42)		
Item #	Item Text	Item Score
1	Gets invited to play or go out with others. (R)	0
20	Is annoying to peers.	0
38	Peers complain about their behavior.	0
63	Interacts well with peers. (R)	0
73	People don't want to be friends with them.	0
100	Has trouble making or keeping friends.	0

Family Life (T-score = 46)		
Item #	Item Text	Item Score
13	Disrupts family activities.	0
28	Creates stress for the family.	0
41	Makes it hard for the family to have fun together.	0
53	Causes the family to be late for appointments or activities.	1
58	Argues with family members.	0
78	Doesn't get along well with family members.	0
88	Creates a chaotic family life.	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 = 63, Symptom Count = 5/9 [DSM requires ≥ 6/9 symptoms])				
DSM Symptom Criterion A	Item #	Item Text	Item Score	Criterion Status
1a	62 OR	Fails to pay close attention to details.	2	✓
	66	Makes careless mistakes in schoolwork or other activities.	2	
1b	107	Has trouble staying focused on work or play for a long time.	1	
1c	15	Doesn't seem to listen to what people are saying to them.	0	
1d	19 AND	Doesn't finish schoolwork, work, or other tasks.	2	✓
	32	Fails to follow through on instructions.	2	
1e	57	Has trouble organizing tasks or activities.	2	✓
1f	5	Avoids or dislikes things that take a lot of effort and are not fun.	1	
1g	79	Loses or misplaces things that they need.	1	
1h	10	Is easily distracted.	2	✓
1i	2	Is forgetful in daily activities.	2	✓

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DSM ADHD Hyperactive/Impulsive Symptoms
(T-score = 47, Symptom Count = 1/9 [DSM requires ≥ 6/9 symptoms])

DSM Symptom Criterion A	Item #	Item Text	Item Score	Criterion Status
2a	86 OR	Has trouble sitting still.	1	
	108	Fidgets or squirms in their seat.	1	
2b	3	Leaves their seat when they should stay seated.	2	✓
2c	51 OR	Runs or climbs when they are not supposed to.	0	
	111	Is restless.	0	
2d	60	Is unable to be quiet when playing or using free time.	0	
2e	14 OR	Needs to be moving around.	1	
	95	Acts as if driven by a motor.	0	
2f	47	Talks too much.	0	
2g	106	Blurts out answers before the question has been completed.	0	
2h	50	Has difficulty waiting for their turn.	0	
2i	55 OR	Interrupts other people's conversations, games, or activities.	0	
	75	Intrudes on or takes over what others are doing.	0	

DSM Oppositional Defiant Disorder Symptoms
(T-score = 42, Symptom Count = 0/8 [DSM requires ≥ 4/8 symptoms])

DSM Symptom Criterion A	Item #	Item Text	Item Score	Criterion Status
Angry/Irritable Mood				
1	4	Loses temper.	0	
2	49	Is irritable or easily annoyed by others.	0	
3	37	Is angry and resentful.	0	
Argumentative/Defiant Behavior				
4	98	Argues with adults.	0	
5	16 OR	Actively refuses to follow the rules.	0	
	83	Actively refuses to do what adults tell them to do.	0	
6	59	Annoys other people on purpose.	0	
7	91	Blames their mistakes or misbehaviors on others.	0	
Vindictiveness				
8	45 OR	Tries to get even with people.	0	
	67	Upsets or offends others on purpose.	0	

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DSM Conduct Disorder Symptoms (T-score = 45, 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	33	Bullies, threatens, or scares others.	0	
2	21	Starts fights with people.	0	
3	84	Uses a weapon to scare or hurt people.	0	
4	6	Physically hurts people.	0	
5	70	Is cruel to animals.	0	
6	17	Steals while confronting a person (for example, mugging, purse snatching, or armed robbery).	0	
7	101	Has forced someone into sexual activity.	0	
Destruction of Property				
8	29	Has intentionally set fires for the purpose of causing damage.	0	
9	81	Intentionally damages or destroys things that belong to others.	0	
Deceitfulness or Theft				
10	44	Has broken into someone else's house, building, or car.	0	
11	68	Lies to avoid having to do something or to get things.	0	
12	27	Steals valuable things secretly (for example, through shoplifting or forgery).	0	
Serious Violations of Rules				
13	61	Stays out at night, even though it breaks the rules.	0	
14	104	Has run away from home for at least one night.	0	
15	90	Skips classes.	0	

Conners 4–ADHD Index

Conners 4–ADHD Index (Probability Score = 74%)		
Item #	Item Text	Item Score
10	Is easily distracted.	2
26	Has trouble getting back on task after being interrupted.	2
32	Fails to follow through on instructions.	2
48	Has trouble concentrating.	2
57	Has trouble organizing tasks or activities.	2
93	Has a hard time prioritizing tasks.	2
102	Has a short attention span.	1
105	Has trouble changing from one task to another.	0
107	Has trouble staying focused on work or play for a long time.	1
109	Is impulsive.	0
111	Is restless.	0
114	Checks their work for mistakes. (R)	3

CONNERS 4TH EDITION FEEDBACK HANDOUT FOR PARENT RATINGS

Child's Name/ID: **Harrison Lucas/HL20v2**

Child's Age: **13**

Parent's Name: **Heather Lucas**

Assessment Date: **February 26, 2025**

Examiner's Name:

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

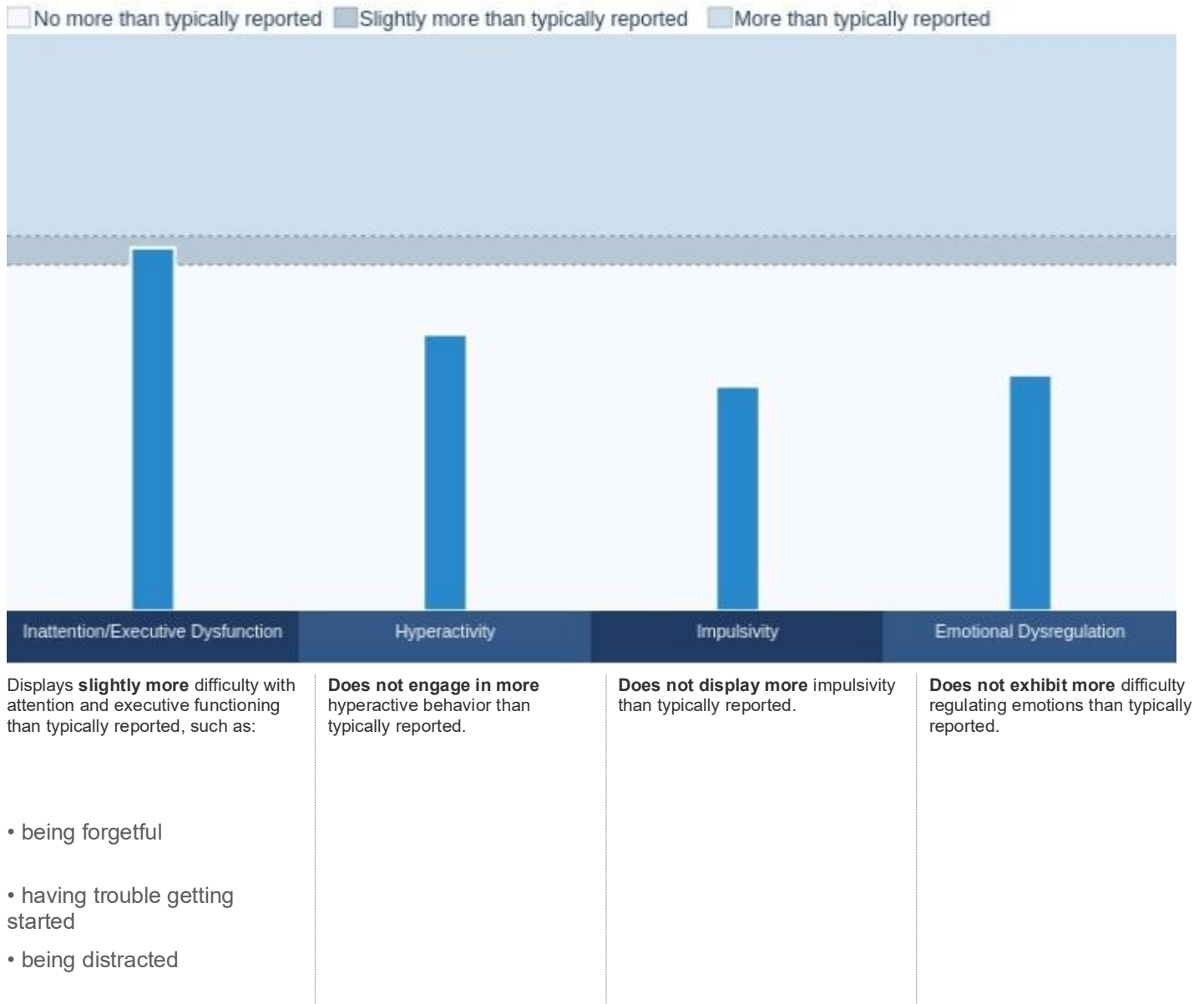
The Conners 4 is a set of rating scales that are used to gather information about symptoms of Attention-Deficit/Hyperactivity Disorder (ADHD) and other related conditions, as well as difficulties experienced by the youth in several domains. The Conners 4 forms are used all over the world and have been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

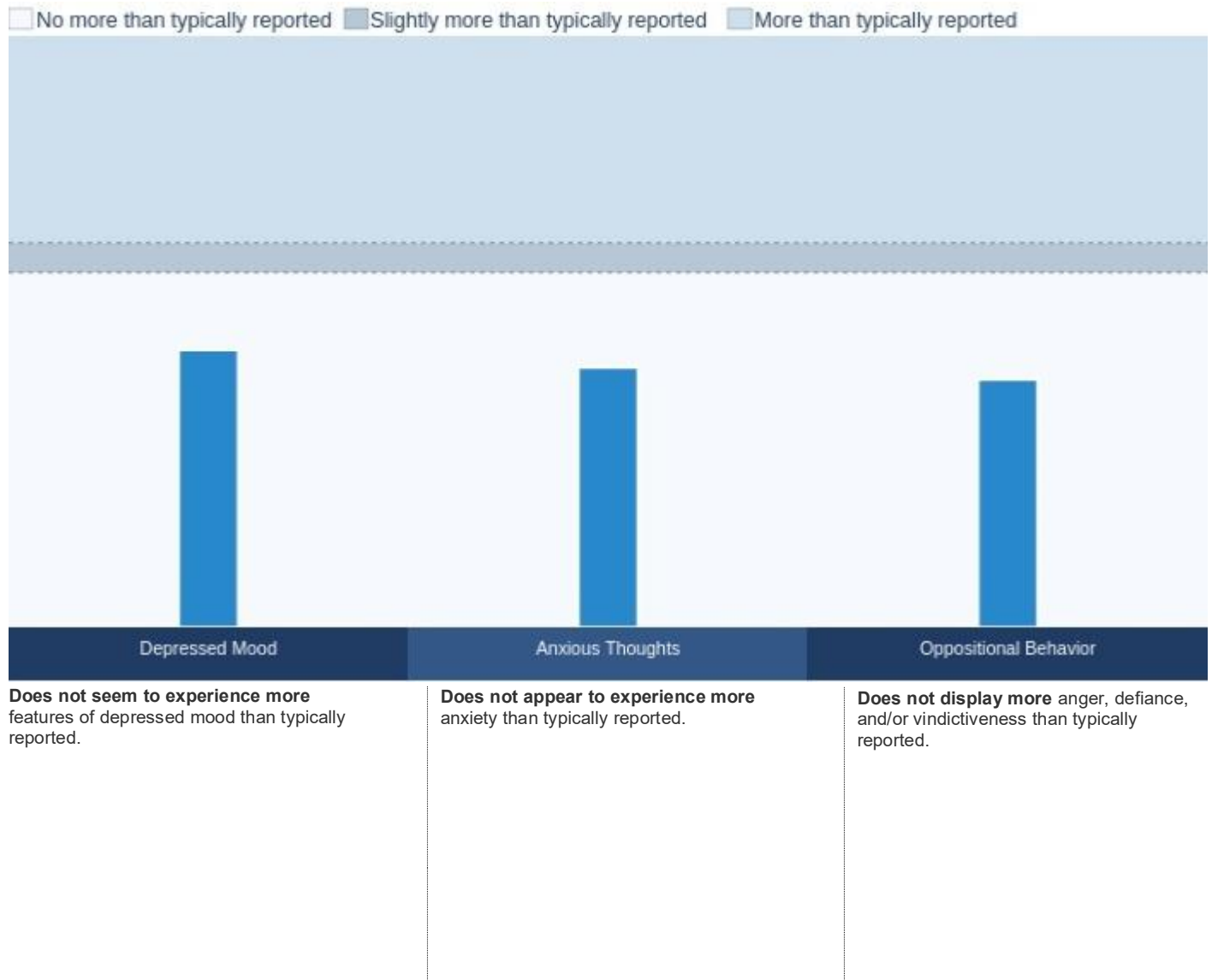
DOES THE YOUTH EXHIBIT ANY SYMPTOMS OF ADHD?

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



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

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



IN WHAT SETTINGS DOES THE YOUTH EXPERIENCE DIFFICULTIES?

The following results are based on the parent's report of Harrison's difficulties with schoolwork, when interacting with peers, and when interacting with family, compared to what is typically reported by parents of 13-year-olds.

