



# CONNERS<sup>4</sup><sup>TM</sup>

4th EDITION

C. Keith Conners, Ph.D.

## SELF-REPORT | SINGLE-RATER REPORT

### YOUTH

Name/ID: Calvin M./54895  
Birth Date: February 8, 2007  
Age: 15  
Grade: 10  
Gender: Male

### 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 results should be combined with information gathered from other psychometric measures, interviews, observations, and review of available records. This report is based on algorithms that produce the most common interpretations for the scores that have been obtained. The youth's responses to specific items should be reviewed to ensure that these typical interpretations apply to them. **This report is intended for use by qualified individuals. Parts of this report contain copyrighted material, including test items. If it is necessary to provide a copy of this report to anyone other than the examiner, sections containing copyrighted material must be removed.**

**OVERVIEW**

! Critical » Follow-Up ? Could Not Be Scored

**RESPONSE STYLE ANALYSIS**

<b>4</b> NEGATIVE IMPRESSION INDEX RAW SCORE	<b>4</b> INCONSISTENCY INDEX RAW SCORE	<b>0</b> OMITTED ITEMS	<b>10.4</b> PACE AVG. #ITEMS/MIN
--	--	------------------------	----------------------------------

**CRITICAL & INDICATOR ITEMS**

- ! SEVERE CONDUCT CRITICAL ITEMS** • Stealing while confronting someone
- ! SELF-HARM CRITICAL ITEMS** • Thinking about harming self
- » SLEEP PROBLEMS INDICATOR** • Having trouble sleeping • Feeling tired

**CONNERS 4 SCALES**



**Note.** • DSM Symptom Count. Inattention/Executive Dysfunction (INA/EDF), Hyperactivity (HYP), Impulsivity (IMP), Emotional Dysregulation (EM DYS), Depressed Mood (DEP), Anxious Thoughts (ANX), Schoolwork (SCHOOL), Peer Interactions (PEER), Family Life (FAMILY), DSM ADHD Inattentive Symptoms (ADHD-I), DSM ADHD Hyperactive/Impulsive Symptoms (ADHD-HI), DSM Total ADHD Symptoms (ADHD-TOT), DSM Oppositional Defiant Disorder Symptoms (ODD), DSM Conduct Disorder Symptoms (CD). Although not sufficient for a diagnosis, the DSM requires a Symptom Count of at least 6/9 for both ADHD-I and ADHD-HI, a Symptom Count of at least 4/8 for ODD, and a Symptom Count of at least 3/15 for CD. For ADHD Combined, a Symptom Count of at least 6/9 is required for both ADHD-I and ADHD-HI.

## RESPONSE STYLE ANALYSIS

<p>NEGATIVE IMPRESSION INDEX</p> <p>4 RAW SCORE</p>	<p>Based on the Negative Impression Index score (raw score = 4), there was no indication of exaggerated responding.</p>
<p>INCONSISTENCY INDEX</p> <p>4 RAW SCORE</p>	<p>Based on the Inconsistency Index (raw score = 4), there was no indication of inconsistent responding.</p>
<p>OMITTED ITEMS</p> <p>0</p>	<p>The youth responded to all Conners 4 items.</p>
<p>PACE</p> <p>10.4 AVG. #ITEMS/MIN</p>	<p>This pace is consistent with expectations for this form.</p>

## CRITICAL & INDICATOR ITEMS

<p><b>! SEVERE CONDUCT CRITICAL ITEMS</b></p> <p>One or more of the Severe Conduct Critical Items were endorsed by the youth. <b>Immediate follow-up is strongly recommended.</b></p>	<ul style="list-style-type: none"> <li>! Stealing while confronting someone – Pretty much true (Often/Quite a bit)</li> <li>Setting fires to cause damage – Not true at all (Never/Rarely)</li> <li>Breaking and entering – Not true at all (Never/Rarely)</li> <li>Cruelty to animals – Not true at all (Never/Rarely)</li> <li>Using a weapon – Not true at all (Never/Rarely)</li> <li>Forcing sexual activity – Not true at all (Never/Rarely)</li> </ul>
<p><b>! SELF-HARM CRITICAL ITEMS</b></p> <p>One or more of the Self-Harm Critical Items were endorsed by the youth. <b>Immediate follow-up is strongly recommended.</b></p>	<ul style="list-style-type: none"> <li>Harming self deliberately – Not true at all (Never/Rarely)</li> <li>! Thinking about harming self – Just a little true (Occasionally)</li> <li>Planning or attempting to harm self – Not true at all (Never/Rarely)</li> </ul>
<p><b>» SLEEP PROBLEMS INDICATOR</b></p> <p>Based on the youth's responses to the Sleep Problems Indicator items, a more in-depth assessment of sleep problems is recommended.</p>	<ul style="list-style-type: none"> <li>» Having trouble sleeping – Pretty much true (Often/Quite a bit)</li> <li>» Feeling tired – Pretty much true (Often/Quite a bit)</li> </ul>

## 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	39	70	67–73	96 <sup>th</sup>	Very Elevated	+ 4.5	Higher
Hyperactivity	12	58	53–63	82 <sup>nd</sup>	Average	- 7.5	Lower
Impulsivity	11	61	56–66	87 <sup>th</sup>	Slightly Elevated	- 4.5	Not Significant
Emotional Dysregulation	16	73	68–78	95 <sup>th</sup>	Very Elevated	+ 7.5	Higher
Depressed Mood	7	59	54–64	81 <sup>st</sup>	Average	n/a	n/a
Anxious Thoughts	6	55	51–59	70 <sup>th</sup>	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 = 76.3)	Significant difference (p < .05)
Schoolwork	18	85	79–91	99 <sup>th</sup>	Very Elevated	+ 8.7	Higher
Peer Interactions	8	65	58–72	94 <sup>th</sup>	Elevated	- 11.3	Lower
Family Life	13	79	74–84	98 <sup>th</sup>	Very Elevated	+ 2.7	Not Significant

DSM SYMPTOM SCALES						
	Raw Score	T-score	90% CI	Percentile	Guideline	Symptom Count ⓘ
ADHD Inattentive Symptoms	25	73	69–77	97 <sup>th</sup>	Very Elevated	7/9 [DSM requires ≥ 6/9 symptoms]
ADHD Hyperactive/Impulsive Symptoms	13	59	54–64	88 <sup>th</sup>	Average	4/9 [DSM requires ≥ 6/9 symptoms]
Total ADHD Symptoms	38	68	64–72	92 <sup>nd</sup>	Elevated	n/a
Oppositional Defiant Disorder Symptoms	12	63	58–68	86 <sup>th</sup>	Slightly Elevated	5/8 [DSM requires ≥ 4/8 symptoms]
Conduct Disorder Symptoms	7	60	57–63	87 <sup>th</sup>	Slightly Elevated	3/15 [DSM requires ≥ 3/15 symptoms]

CONNERS 4–ADHD INDEX			
	Raw Score	Probability Score	Guideline
ADHD Index	30	93%	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 Calvin approached completing the Conners 4.

- **Negative Impression Index:** Based on the Negative Impression Index score (raw score = 4), there was no indication of exaggerated responding.
- **Inconsistency Index:** Based on the Inconsistency Index score (raw score = 4), there was no indication of inconsistent responding.
- **Omitted Items:** Calvin responded to all Conners 4 items.
- **Pace:** Calvin completed the Conners 4 in 11 minute(s) and 5 second(s), with a Pace of 10.4 item(s) per minute. This pace is consistent with expectations for this form.

### 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:** Calvin endorsed the following Severe Conduct Critical Item(s) for which immediate follow-up is recommended: stealing while confronting someone.
- **Self-Harm Critical Items:** Calvin endorsed the following Self-Harm Critical Item(s) for which immediate follow-up is recommended: thinking about harming self.
- **Sleep Problems Indicator:** Calvin's endorsement of the having trouble sleeping and feeling tired items were higher than typically reported by 15-year-olds. A more in-depth assessment of sleep difficulties is recommended as such difficulties can mimic or aggravate other symptoms assessed on the Conners 4.

### Content Scales

This section contains a summary of Calvin's Conners 4 Content Scale results, including (a) a normative sample comparison of their results to the self-report ratings of other 15-year-olds, and (b) a within-profile comparison of Calvin's results to their own average score.

#### Normative Sample Comparisons:

Each of Calvin's Content Scale raw scores was compared with what is typically reported by 15-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 = 70 [90% CI = 67–73]; Percentile = 96th): 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. Calvin reported much more difficulty in these areas than is typically reported by 15-year-olds. A total of 14/20 items on this scale had elevated ratings.
- **Hyperactivity** (T-score = 58 [90% CI = 53–63]; Percentile = 82nd): 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. Calvin reported no more features of hyperactivity than are typically reported by 15-year-olds. Although the scale T-score was in the Average range, it may be informative to review the 5/11 items that had elevated ratings.
- **Impulsivity** (T-score = 61 [90% CI = 56–66]; Percentile = 87th): 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. Calvin reported slightly more impulsivity than is typically reported by 15-year-olds. A total of 2/9 items on this scale had elevated ratings.
- **Emotional Dysregulation** (T-score = 73 [90% CI = 68–78]; Percentile = 95th): The Emotional Dysregulation T-score is in the Very Elevated range. This scale includes items about overreacting, losing temper, and having trouble calming down. Calvin reported much more difficulty controlling and managing emotions than is typically reported by 15-year-olds. A total of 6/8 items on this scale had elevated ratings.
- **Depressed Mood** (T-score = 59 [90% CI = 54–64]; Percentile = 81st): The Depressed Mood T-score is in the Average range. This scale includes items related to feeling sad, not doing things they used to enjoy, and feeling hopeless about the future. Calvin reported no more features of depressed mood than are typically reported by 15-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 = 55 [90% CI = 51–59]; Percentile = 70th): 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. Calvin reported no more anxiety than is typically reported by 15-year-olds. Although the scale T-score was in the Average range, it may be informative to review the 1/6 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 Calvin's average T-score of 65.5 on these scales. Calvin'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 Impulsivity T-score was consistent with their average T-score. Their Hyperactivity T-score was significantly lower than their average T-score, suggesting relatively fewer difficulties in this area.

## Impairment & Functional Outcome Scales

This section contains a summary of Calvin's Conners 4 Impairment & Functional Outcome Scale results, including (a) a normative sample comparison of their results to the self-report ratings of other 15-year-olds, and (b) a within-profile comparison of Calvin's results to their own average score.

#### Normative Sample Comparisons:

Each of Calvin's Impairment & Functional Outcome Scale raw scores was compared with what is typically reported by 15-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 = 85 [90% CI = 79–91]; Percentile = 99th): The Schoolwork T-score is in the Very Elevated range. This scale includes items related to turning in late or incomplete work, losing homework, and not checking their work for mistakes. Calvin reported much more impairment in schoolwork than is typically reported by 15-year-olds. A total of 7/7 items on this scale had elevated ratings.
- **Peer Interactions** (T-score = 65 [90% CI = 58–72]; Percentile = 94th): The Peer Interactions T-score is in the 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. Calvin reported more impairment when interacting with peers than is typically reported by 15-year-olds. A total of 2/6 items on this scale had elevated ratings.
- **Family Life** (T-score = 79 [90% CI = 74–84]; Percentile = 98th): 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 arguing with family members, creating problems for the family, as well as causing the family to be late for appointments. Calvin reported much more impairment when interacting and getting along with family members than is typically reported by 15-year-olds. A total of 6/6 items on this scale had elevated ratings.

#### Within-Profile Comparisons:

Within-profile comparisons were conducted on the Conners 4 Impairment & Functional Outcome Scales. Each scale's T-score was compared to Calvin's average T-score of 76.3 on these scales. Calvin's Schoolwork T-score was significantly higher than their average T-score, suggesting relatively more impairment in this area. Their Family Life T-score was consistent with their average T-score. Their Peer Interactions T-score was significantly lower than their average T-score, suggesting relatively less impairment in this area.

#### DSM Symptom Scales

Results from the Conners 4 DSM Symptom Scales describe the youth's ratings on items that correspond with DSM Criterion A for ADHD, Oppositional Defiant Disorder, and Conduct Disorder. Conners 4 DSM T-scores and percentiles provide a relative comparison with the Principal Reference Sample (15-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 = 73 [90% CI = 69–77]; 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. Calvin reported many more features of inattentiveness than are typically reported by 15-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 Calvin's ratings far exceeded what is typically reported by similarly-aged youth.
- **DSM ADHD Hyperactive/Impulsive Symptoms** (T-score = 59 [90% CI = 54–64]; Percentile = 88th; Symptom Count = 4/9): 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. Calvin reported no more features of hyperactivity/impulsivity than are typically reported by 15-year-olds. The DSM ADHD Hyperactive/Impulsive Symptom Count was 4 (the DSM threshold for children is 6 out of 9 symptoms). Given this pattern of results, symptoms of ADHD Predominantly Hyperactive/Impulsive Presentation do not appear to be prominent. However, Calvin's endorsement of a number of hyperactive/impulsive symptoms may warrant further investigation.
- **DSM Total ADHD Symptoms** (T-score = 68 [90% CI = 64–72]; Percentile = 92nd): 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. Calvin reported more ADHD symptoms than what is typically reported by 15-year-olds.
- **DSM Oppositional Defiant Disorder Symptoms** (T-score = 63 [90% CI = 58–68]; Percentile = 86th; Symptom Count = 5/8): 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. Calvin reported slightly more features of opposition and defiance than are typically reported by 15-year-olds. The DSM Oppositional Defiant Disorder Symptom Count was 5 (the DSM threshold is 4 out of 8 symptoms), including symptom(s) related to angry/irritable mood, argumentative/defiant behavior, and vindictiveness. Because Calvin's ratings slightly exceeded what is typically reported by similarly-aged youth and several symptoms were endorsed, further investigation of Oppositional Defiant Disorder is recommended.
- **DSM Conduct Disorder Symptoms** (T-score = 60 [90% CI = 57–63]; Percentile = 87th; Symptom Count = 3/15): This scale includes items representing the DSM symptoms of Conduct Disorder. The DSM Conduct Disorder Symptoms T-score is in the Slightly Elevated range. The DSM Conduct Disorder Symptom Count was 3 (the DSM threshold is 3 out of 15 symptoms), including symptoms related to aggression to people and animals, deceitfulness or theft, and serious violations of rules. Further investigation of Conduct Disorder is recommended given that several symptoms were endorsed. Note that item(s) endorsed by Calvin may require immediate attention due to the severity of the item content.

## 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 = 93%): Calvin's probability score is in the Very High range, indicating very high similarity with 15-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 Calvin 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.**

No response provided.

**Do you have any other problems?**

No response provided.

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

No response provided.

SAMPLE

## ITEM RESPONSES

Calvin entered the following responses for the items on the **Conners 4 Self-Report** form.

Item #	Rating	Item #	Rating	Item #	Rating	Item #	Rating
1.	0	30.	2	59.	1	88.	2
2.	2	31.	2	60.	2	89.	2
3.	2	32.	0	61.	1	90.	1
4.	3	33.	1	62.	2	91.	0
5.	3	34.	2	63.	0	92.	2
6.	2	35.	2	64.	0	93.	1
7.	0	36.	0	65.	2	94.	0
8.	0	37.	1	66.	2	95.	0
9.	2	38.	3	67.	2	96.	2
10.	0	39.	2	68.	3	97.	0
11.	2	40.	1	69.	2	98.	0
12.	0	41.	3	70.	0	99.	0
13.	1	42.	2	71.	0	100.	1
14.	3	43.	2	72.	0	101.	2
15.	2	44.	0	73.	0	102.	3
16.	2	45.	2	74.	2	103.	0
17.	0	46.	1	75.	0	104.	2
18.	3	47.	1	76.	1	105.	0
19.	2	48.	2	77.	3	106.	2
20.	2	49.	0	78.	0	107.	0
21.	2	50.	1	79.	0	108.	1
22.	3	51.	0	80.	0	109.	2
23.	0	52.	0	81.	1	110.	1
24.	0	53.	2	82.	2	111.	2
25.	0	54.	0	83.	0	112.	3
26.	1	55.	2	84.	2	113.	1
27.	2	56.	0	85.	1	114.	2
28.	3	57.	2	86.	2	115.	0
29.	0	58.	3	87.	0		

### 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 FEEDBACK HANDOUT FOR SELF-REPORT RATINGS

Child's Name/ID: Calvin M./54895  
Child's Age: 15  
Assessment Date: July 5, 2022  
Examiner's Name:

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

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

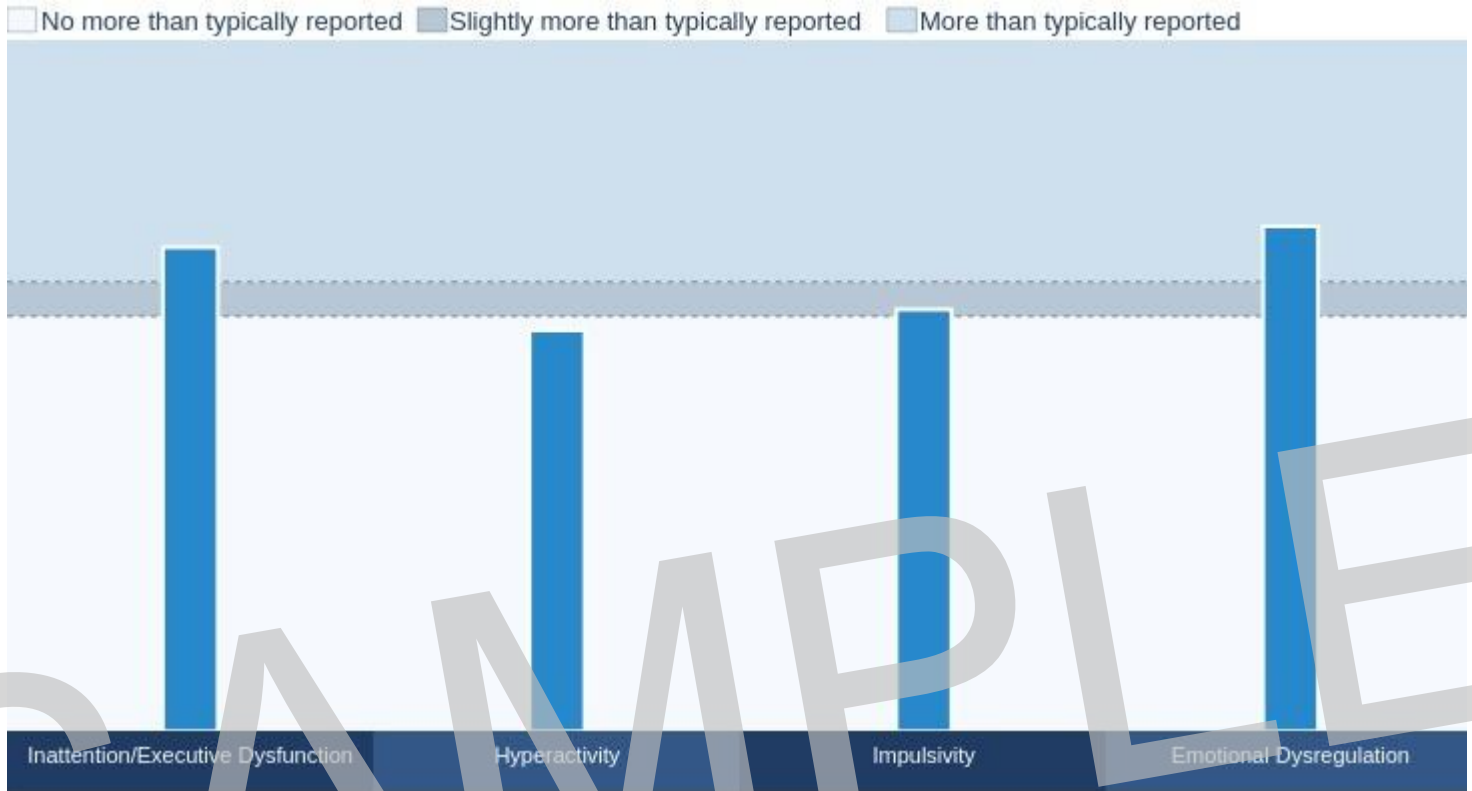
The Conners 4 is a set of rating scales that are used to gather information about symptoms of Attention-Deficit/Hyperactivity Disorder (ADHD) and other related conditions, as well as difficulties experienced by the youth in several domains. The Conners 4 forms are used all over the world and have been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

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

The professional who asked for this form to be completed will help explain these results and answer any questions. These scores were calculated based on a comparison of Calvin to youth of the same age. The results from self-report ratings on the Conners 4 should be combined with other important information, such as interviews with Calvin and their parent(s) or guardian(s), other test results, school records, and observations. All of the combined information is used to determine if Calvin needs help in a certain area and what kind of help is needed. Please keep in mind that not all areas assessed on the Conners 4 are reflected in this handout. The professional who is working with you may wish to communicate with you regarding other areas of concern, and in some cases may recommend further evaluation or follow-up. As you review the results, it may be helpful for you to share any additional insights that you might have, make notes, and freely discuss the results with the professional. If you have difficulty understanding this information, you should seek clarity from the professional.

## DID THE YOUTH REPORT ANY SYMPTOMS OF ADHD?

The following results are based on Calvin's report of their behavior related to ADHD symptoms, compared to what is typically reported by 15-year-olds.



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

- being distracted
- having trouble listening
- having trouble finishing tasks

Did not report more hyperactive behavior than typically reported.

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

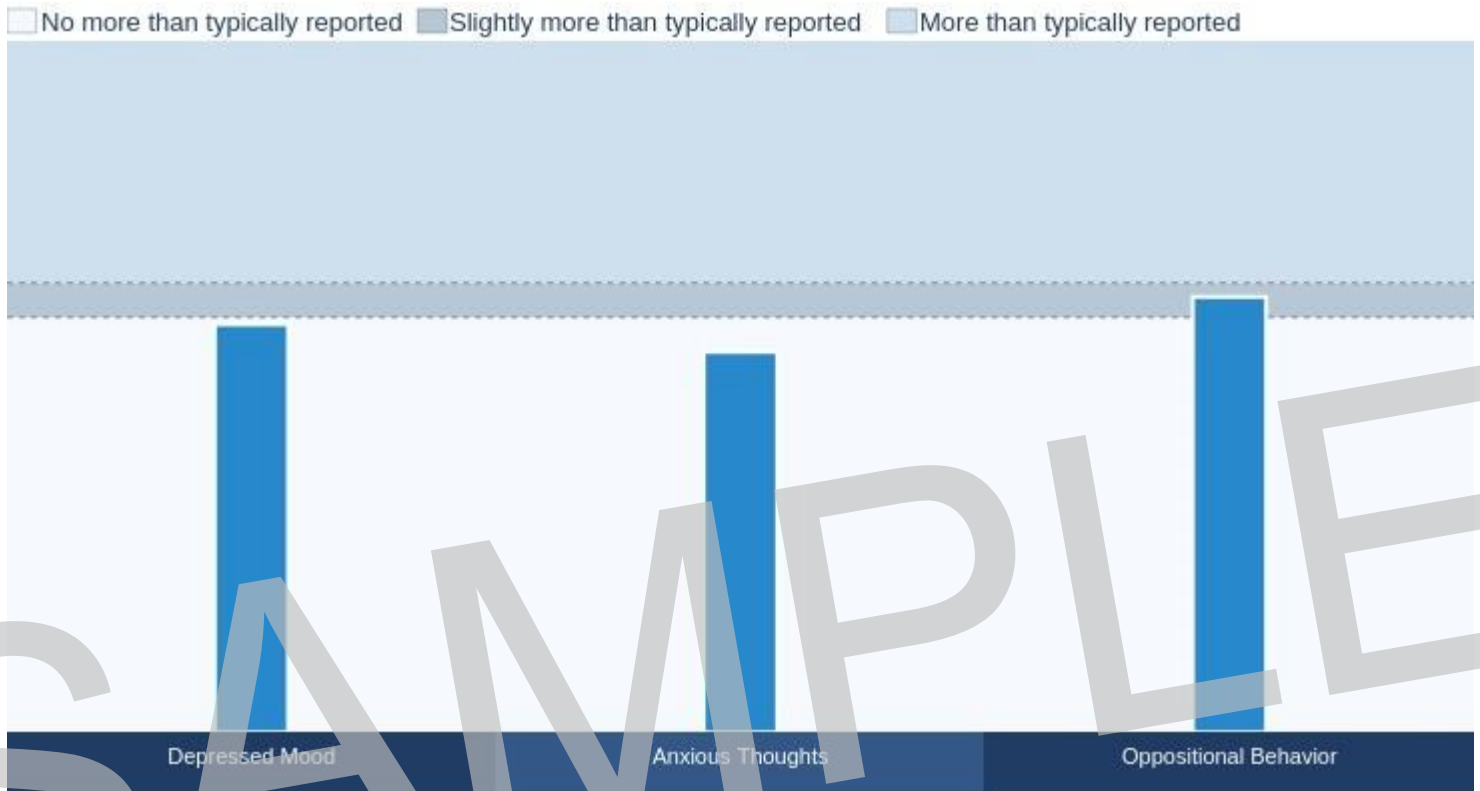
- using other people's things without permission
- interrupting others
- blurting out what comes to mind

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

- losing their temper
- having trouble calming down
- getting really angry

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

The following results are based on Calvin's report of their behavior related to other symptoms measured by the Conners 4, compared to what is typically reported by 15-year-olds.



Did not report more features of depressed mood than typically reported.

Did not report more anxiety than typically reported.

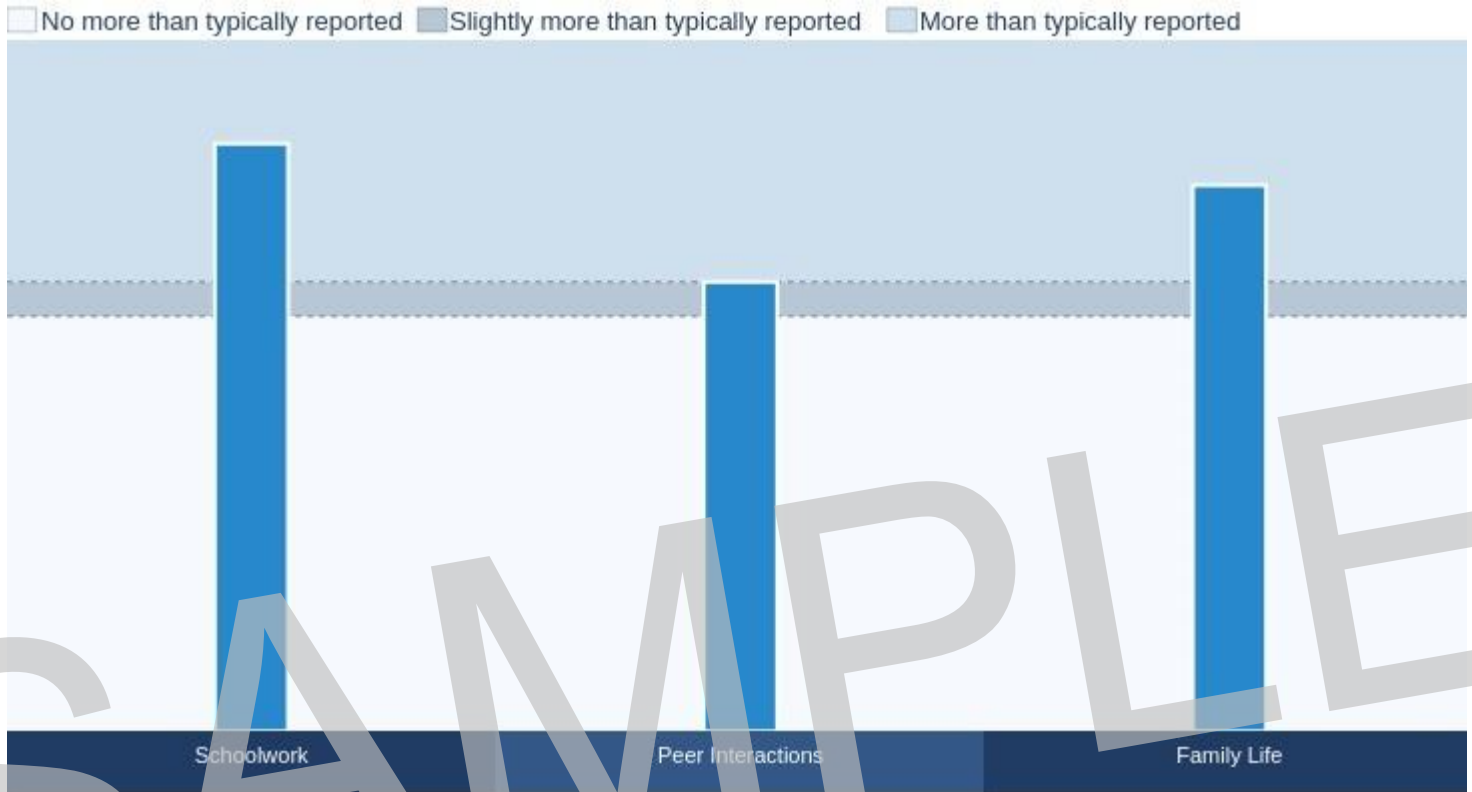
Reported **slightly more** anger, defiance, and/or vindictiveness than typically reported, such as:

- losing their temper
- refusing to follow the rules
- feeling that people make them angry

**Note.** Calvin reported behaviors related to aggression to people and animals, deceitfulness or theft, and serious violations of rules. It is important to review this information with the professional who is working with you.

## IN WHAT SETTINGS DID THE YOUTH REPORT DIFFICULTIES?

The following results are based on Calvin's report of their difficulties with schoolwork, when interacting with peers, and when interacting with family, compared to what is typically reported by 15-year-olds.



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

- having trouble knowing what to do
- having trouble completing work
- handing in incomplete work

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

- not getting invited to play or go out
- feeling like they don't fit in
- having peers complain about them

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

- having trouble getting along with family
- feeling rejected by family
- creating stress for the family