CONNERS
3rd Edition™

PARENT Short Form

by C. Keith Conners, Ph.D.

Child's Name: _____ ***Today's Date:*** ____/____/____

Gender: ☐ M ☐ F **Birthdate:** ____/____/____ **Age:** _____ Years _____ Months **Grade:** _____

Parent's Name: _____

Instructions: *Here are some things parents might say about their children. Please tell us about* ***your*** *child and what he/she has been like in the* ***PAST MONTH****. Read each item carefully, then decide how well it describes your child or how frequently it has happened:*

In the ***PAST MONTH****, this was . . .* ***NOT TRUE AT ALL*** *about my child. It never (or seldom) happened.*
JUST A LITTLE TRUE *about my child. It happened occasionally.*
PRETTY MUCH TRUE *about my child. It happened often (or quite a bit).*
VERY MUCH TRUE *about my child. It happened very often (very frequently).*

Please circle only one number for each statement. The numbers are for physician's scoring only—be sure to circle your choice based on the truth of the statement.

It is important to respond to every item. For items that you find difficult to answer, please give your best guess.

Rate your child on the following in the ***PAST MONTH***:	NOT TRUE AT ALL	JUST A LITTLE TRUE	PRETTY MUCH TRUE	VERY MUCH TRUE	PHYSICIAN ONLY Transfer the circled number into the unshaded box across each row. IN	HY	LP	EF	AG	PR	PI	NI
1. Forgets to turn in completed work.	0	1	2	3								
2. Is perfect in every way.	0	0	0	1								
3. Fidgets or squirms in seat.	0	1	2	3								
4. Is one of the last to be picked for teams or games.	0	1	2	3								
5. Restless or overactive.	0	1	2	3								
6. Does not know how to make friends.	0	1	2	3								
7. Runs or climbs when he/she is not supposed to.	0	1	2	3								
8. Cannot grasp arithmetic.	0	1	2	3								
9. Is difficult to please or amuse.	0	0	1	1								
10. Needs extra explanation of instructions.	0	1	2	3								
11. Is hard to motivate (even with rewards like candy or money).	0	0	1	1								
12. Makes mistakes.	1	0	0	0								
13. Acts as if driven by a motor.	0	1	2	3								
14. Starts fights with others on purpose.	0	1	2	3								
15. Has trouble getting started on tasks or projects.	0	1	2	3								
16. Is happy, cheerful, and has a positive attitude.	1	1	0	0								
17. Does not pay attention to details; makes careless mistakes.	0	1	2	3								
18. Has trouble keeping friends.	0	1	2	3								
19. Bullies, threatens, or scares others.	0	1	2	3								
20. Loses things (for example, schoolwork, pencils, books, tools, or toys).	0	1	2	3								
21. Tells lies to hurt other people.	0	1	2	3								
22. I cannot figure out what makes him/her happy.	0	0	1	1								
PHYSICIAN ONLY Subtotal raw scores and continue to back page												

© 2008 Multi-Health Systems Inc. North Tonawanda, New York. All rights reserved. Reproduced with permission.

Produced by Jones and Bartlett Publishers, LLC

Rate your child on the following in the ***PAST MONTH***:	NOT TRUE AT ALL	JUST A LITTLE TRUE	PRETTY MUCH TRUE	VERY MUCH TRUE	IN	HY	LP	EF	AG	PR	PI	NI
					PHYSICIAN ONLY Transfer the circled number into the unshaded box across each row.							
23. Threatens to hurt others.	0	1	2	3					2			
24. Is constantly moving.	0	1	2	3		1						
25. Has trouble with reading.	0	1	2	3			2					
26. Is angry and resentful.	0	1	2	3					2			
27. Has a short attention span.	0	1	2	3	1							
28. Excitable, impulsive.	0	1	2	3		1						
29. Cannot do things right.	0	0	1	1								1
30. Has trouble concentrating.	0	1	2	3	1							
31. Tells the truth; does not even tell "little white lies."	0	0	0	1							1	
32. Has trouble organizing tasks or activities.	0	1	2	3				2				
33. Is fun to be around.	1	1	0	0								1
34. Inattentive, easily distracted.	0	1	2	3	1							
35. Is messy or disorganized.	0	1	2	3		1		2				
36. Spelling is poor.	0	1	2	3			2					
37. Is patient and content, even when waiting in a long line.	0	0	0	1							1	
38. Has no friends.	0	1	2	3						2		
39. Does not understand what he/she reads.	0	1	2	3			2					
40. Behaves like an angel.	0	0	0	1							1	
41. Has trouble keeping his/her mind on work or on play for long.	0	1	2	3	1							
42. Has to struggle to complete hard tasks.	1	0	0	0							1	
43. Does not get invited to play or go out with others.	0	1	2	3						2		
					PHYSICIAN ONLY Subtotal raw scores							
					Subtotal raw scores from previous page							
					TOTAL RAW SCORES							
Please refer to the Physician's Instruction Booklet					T-scores							
					Response Bias Indicted?							

Think about your answers so far, then answer the next three items:

44. Your child's problems seriously affect schoolwork or grades.	0	1	2	3
45. Your child's problems seriously affect home life.	0	1	2	3
46. Your child's problems seriously affect friendships and relationships.	0	1	2	3

Additional Questions:

47. Do you have any other concerns about your child? _____

48. What strengths or skills does your child have? _____

© 2008 Multi-Health Systems Inc. North Tonawanda, New York. All rights reserved. Reproduced with permission.

Produced by Jones and Bartlett Publishers, LLC