



CONNERS

3rd Edition[™]

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DSM-5 UPDATE

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Conners 3rd Edition™ (Conners 3™) DSM-5 Update

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Overview

The Conners 3rd Edition™ (Conners 3™), a revision of the Conners' Rating Scales–Revised (CRS–R; Conners, 1997), included a number of new features. One of these new features was direct links between scale content on the full-length forms (i.e., Conners 3–Parent [Conners 3–P], Conners 3–Teacher [Conners 3–T], and Conners 3–Self-Report [Conners 3–SR]) and symptom criteria in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR; American Psychiatric Association [APA], 2000), for Attention-Deficit/Hyperactivity Disorder (ADHD), and its most common comorbid disorders, Conduct Disorder (CD) and Oppositional Defiant Disorder (ODD).

A new edition of the DSM was released in May, 2013: The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5; APA, 2013). Accordingly, a review of the Conners 3 Manual and associated materials, including the full-length QuikScore™ forms, the Conners 3 Software Program, and online components (e.g., the Assessment, Progress, and Comparative Reports) was undertaken in order to determine the changes required to scoring and interpretation.

This update outlines the revisions to symptom criteria for ADHD, CD, and ODD made in the DSM-5, as well as any changes made to forms, scoring, and interpretative considerations in the Conners 3. Much of what is required for administration, scoring, and interpretation of this assessment is still found in the Conners 3 Manual. The main computerized **scoring** update to the Conners 3 assessment is a report option featuring DSM-5 scoring. Correspondingly, for hand-scoring, DSM Symptom Scales on the Conners 3 QuikScore forms are updated with DSM-5 criteria. The DSM-5 scoring option incorporates the following:

- i. An update to the ADHD Symptom Count for 17- to 18-year-olds;
- ii. An amendment to the order of ODD Criterion A symptoms; and
- iii. A change to the symptom count requirements on the self-report form for ODD Criterion A8 (**Note:** symptom count requirements on the parent and teacher forms were not impacted by the modification to Criterion A8).

Any revisions or additions to **interpretative considerations** in the Conners 3 Manual and Assessment Reports (see *Appendix E, Scoring DSM-IV-TR Symptom Scales* in the Conners 3 Manual) are outlined in this update and printed in bold below Tables 1a through 3 (**Note:** The original interpretative considerations are included in this update to facilitate scoring and interpretation of the DSM-5 Symptom Scales). Further, interpretative considerations appear where relevant as notes in the Assessment Reports.

Changes to the Conners 3 Corresponding to DSM Criteria Updates

Conners 3 DSM Scales are comprised of items that approximate symptom-level criteria from the DSM; full diagnostic criteria (e.g., course, age of onset, differential diagnosis, level of impairment, and pervasiveness) are not represented. (See the DSM-5 for full diagnostic criteria.) The itemized list of changes provided in this update details only those changes in the DSM-5 to ADHD, CD, and ODD symptom criteria that are measured, scored, and interpreted on the Conners 3. (**Note:** None of the changes to diagnostic criteria for CD impact scoring or interpretation of the Conners 3.)

Only the Conners 3 full-length forms include the DSM-IV-TR Symptom Scales. As a result, any changes to scoring involve only the Conners 3 full-length forms (i.e., Conners 3–Parent [Conners 3–P], Conners 3–Teacher [Conners 3–T], and Conners 3–Self-Report [Conners 3–SR]). These can be scored by hand, software, or online (see the Conners 3 Manual for further information about scoring). For **hand-scoring**, the DSM Symptom Scales on the Conners 3 QuikScore forms are updated with DSM-5 criteria. With respect to **computerized scoring**, a DSM scoring option is now included that allows the assessor to choose either DSM-IV-TR scoring or DSM-5 scoring:

- Reports produced using the DSM-IV-TR scoring option are identical to the original Conners 3 reports.

- Reports produced using the DSM-5 scoring option include DSM-5 Symptom Counts and interpretative considerations.

ADHD

The following is a list of changes made in the DSM-5 to the diagnostic criteria for ADHD that required corresponding updates to the Conners 3 assessment. Tables 1a and 1b show the DSM-5 criteria for ADHD, the associated Conners 3 form items, and the response choices for when symptoms are *Indicated*, *May be Indicated*, or *Not Indicated*.

Scoring and Reporting Adjustments:

- In the DSM-5, the symptom count was reduced for older adolescents and adults (17 years and older), from 6 to 5 symptoms from each of Inattentive and/or Hyperactive-Impulsive presentations.
- The change to the symptom count for older adolescents (17–18-year-olds) is incorporated into scoring algorithms for the Conners 3 reports, such that 5 symptoms are required for the Symptom Count to be *probably met* for ADHD Predominantly Inattentive Presentation and ADHD Predominantly Hyperactive-Impulsive Presentation. ADHD Combined Presentation requires 5 symptoms each from inattentive and hyperactive-impulsive symptom criteria. For hand-scoring, the QuikScore forms are updated to note the different symptom count requirements for individuals 16 years of age and younger, versus those 17 years of age and older (see Figure 1).

Interpretative Considerations:

- Inattentive, Hyperactive-Impulsive, and Combined subtypes were reclassified as presentations in the DSM-5.
- The names of the Conners 3 DSM Scales for ADHD were updated to reflect this reclassification.
- A statement was added in the DSM-5 to the pre-amble for both ADHD Predominantly Inattentive Presentation (Criterion A1) and ADHD Predominantly Hyperactive-Impulsive Presentation (Criterion A2) that explicitly requires the diagnostician to rule out “oppositional behavior, defiance, hostility, or failure to understand tasks or instructions,” as the primary causes of ADHD symptoms.
- To address the differential diagnosis consideration added to Criterion A1 and Criterion A2, if the Symptom Count is *probably met* for any of the ADHD presentations, the assessor must rule out these behaviors as the primary cause of the ADHD symptoms. This interpretative consideration automatically appears in the Conners 3 Assessment Reports when the Symptom Count is *probably met* for any of the ADHD presentations (see the Interpretative Considerations for Table 1a and 1b, *DSM-5 Symptom Count and Criterion Status Score Requirements for ADHD*).
- A lifespan-specific example was added to Criterion A1h in the DSM-5, illustrating how the symptom of distraction may present in older adolescents.
- An interpretative consideration is included in the Conners 3 Assessment Report to account for this change (see Interpretative Considerations for Table 1a).

Figure 1. Conners 3–Teacher QuikScore Form - Symptom Count Requirements

ADHD Inattentive						ADHD Hyperactive-Impulsive					
DSM-5 Criterion	Item Number	Item Score	Required Score		(✓)	DSM-5 Criterion	Item Number	Item Score	Required Score		(✓)
			May be Indicated	Indicated					May be Indicated	Indicated	
A1a	37			2 3		A2a	4		2 3		
A1b	111			2 3		A2b	1		2 3		
A1c	69			2 3		A2c	24		1 2 3	EITHER item circled	
A1d	73			2 3	BOTH items circled	7			1 2 3		
	57			2 3		A2d	32			2 3	
A1e	103			2 3		A2e	17		1 2 3	EITHER item circled	
A1f	60		2	3		78		1	2 3		
A1g	92			2 3		A2f	50			2 3	
A1h	23			2 3		A2g	9			2 3	
A1i	88			2 3		A2h	76			2 3	
Total Symptom Count (sum all checkmarks)						Total Symptom Count (sum all checkmarks)					
<input type="checkbox"/> Age ≤ 16; Symptom criteria probably met if Total Symptom Count ≥ 6						<input type="checkbox"/> Age ≤ 16; Symptom criteria probably met if Total Symptom Count ≥ 6					
<input type="checkbox"/> Age ≥ 17; Symptom criteria probably met if Total Symptom Count ≥ 5						<input type="checkbox"/> Age ≥ 17; Symptom criteria probably met if Total Symptom Count ≥ 5					

Statements for determining if the Total Symptom Count is *probably met*.

CD

Revisions made in the DSM-5 to the diagnostic criteria for CD did not impact Criterion A symptoms (those symptoms assessed by the Conners 3); they are essentially identical to those printed in the DSM-IV-TR. Table 2 shows the DSM-5 criteria for CD, the associated Conners 3 form items, and the response choices for when symptoms are *Indicated*, *May be Indicated*, or *Not Indicated*.

Scoring and Reporting Adjustments:

None.

Interpretative Considerations:

No changes were made to the interpretative considerations for CD. Table 2 includes interpretative considerations for CD that apply to the DSM-5 Symptom Scales; however, these notes are identical to the interpretative considerations for the DSM-IV-TR Symptom Scales. The notes are provided in this supplement to facilitate interpretation of the Symptom Count for DSM-5 scoring.

ODD

Table 3 shows the DSM-5 criteria for ODD, the associated Conners 3 form items, and the response choices for when symptoms are *Indicated*, *May be Indicated*, or *Not Indicated*. There are two changes that affected the reporting and scoring of the Conners 3 scales, and some other interpretative considerations.

Scoring and Reporting Adjustments:

- Criterion A in the DSM-5 divides ODD symptom criteria into three types of behaviors, including Angry/Irritable Mood, Argumentative/Defiant Behavior, and Vindictiveness. As a result of this change, diagnostic criteria for ODD were reordered as follows:
 - Criterion A1 in the DSM-5 is in the same order it was in the DSM-IV-TR
 - Criterion A2 in the DSM-5 was Criterion A6 in the DSM-IV-TR
 - Criterion A3 in the DSM-5 was Criterion A7 in the DSM-IV-TR
 - Criterion A4 in the DSM-5 was Criterion A2 in the DSM-IV-TR
 - Criterion A5 in the DSM-5 was Criterion A3 in the DSM-IV-TR
 - Criterion A6 in the DSM-5 was Criterion A4 in the DSM-IV-TR
 - Criterion A7 in the DSM-5 was Criterion A5 in the DSM-IV-TR
 - Criterion A8 in the DSM-5 is in the same order it was in the DSM-IV-TR
- In the Conners 3, symptom criteria are reordered and labeled as they are in the DSM-5 (i.e., Angry/Irritable Mood, Argumentative/Defiant Behavior, and Vindictiveness; see Figure 2) in all of the ODD tables in the reports. Similarly, the change to the order of symptom criteria for ODD is incorporated into the ODD table in the *DSM-5 Symptom Counts* section of the QuikScore forms (see Figure 3).

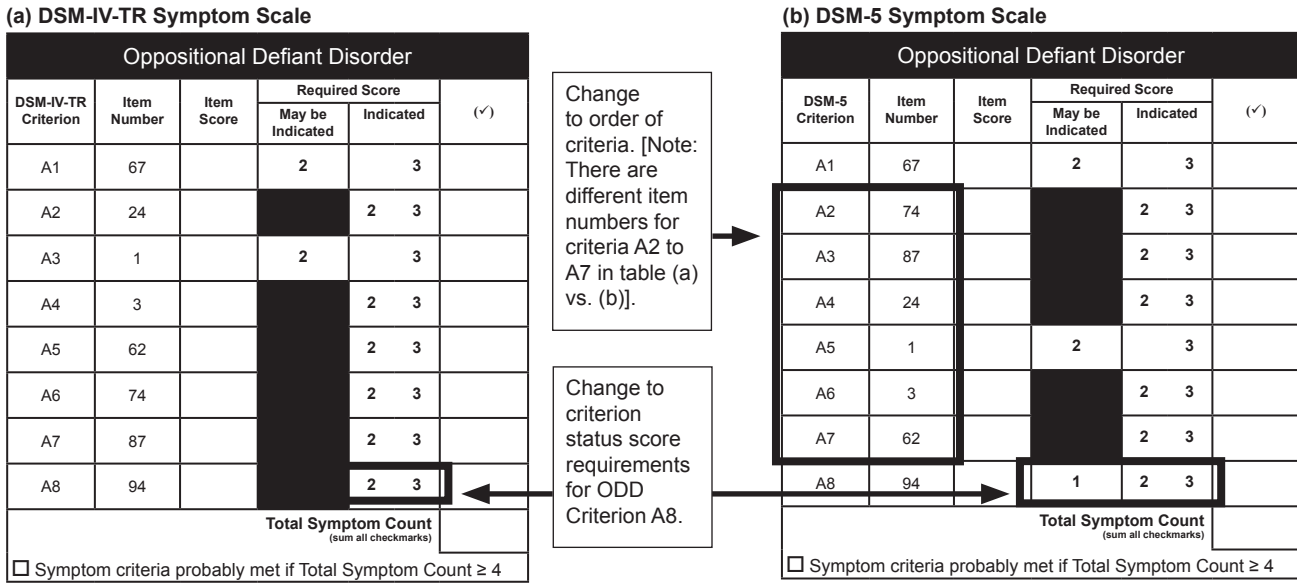
Figure 2. Conners 3–Teacher Assessment Report - DSM-5 Symptom Table

DSM-5 Symptoms: Criterion A	Item Number	Teacher's Rating					Criterion Status
		0	1	2	3	?	
Angry/Irritable Mood							
A1.	62				✓		Indicated
A2.	56				✓		Indicated
A3.	38				✓		Indicated
Argumentative/Defiant Behavior							
A4.	47				✓		Indicated
A5.	71				✓		Indicated
A6.	59				✓		Indicated
A7.	64				✓		Indicated
Vindictiveness							
A8.	51				✓		Indicated

↑

Symptom criteria reordered and labeled.

Figure 3. Conners 3–Self-Report QuikScore Form
Change to Order of Symptom Criteria and Criterion Status Score Requirements



- In the DSM-5, a frequency qualifier was added to Criterion A8 of “at least twice within the past 6 months,” for spiteful or vindictive behavior.
- Criterion status score requirements are updated on the Conners 3–SR to accommodate the frequency qualifier added to Criterion A8 (see Figure 3). Specifically, for the symptom of spiteful or vindictive behavior to be classified as *May be Indicated* on the Conners 3–SR, a response of 1 [Just a little true (Occasionally)] is required. Previously, a response of 1 was classified as *Not Indicated*. However, it was determined that the frequency of “Just a little true (Occasionally)” applies better to a behavior that meets symptom criteria if it occurs at least twice within the past 6 months. Symptom count requirements did not change on the Conners 3–P and Conners 3–T; existing criterion status score requirements account for this frequency of spiteful or vindictive behavior.

Summary

With the release of the DSM-5, it was necessary to review the Conners 3 Manual and associated materials (i.e., the QuikScore forms, Conners 3 Software Program, and online components, including reports) to assess the need to update the DSM Symptom Scales. This review led to the determination that with some small modifications scoring and interpretation of the DSM Symptom Scales could be aligned with the diagnostic criteria in the DSM-5. The Conners 3 Manual contains most of the material required to administer, score, and interpret the assessment. This update details reporting and scoring changes, and interpretative considerations that need to be taken into account when using DSM-5 symptom criteria to score and interpret the DSM Symptom Scales on the Conners 3.

Interpretative Considerations:

- Criterion A now states that the symptoms that define ODD must be “exhibited during interaction with at least one individual who is not a sibling.”
- To address this change, the following interpretative consideration should be taken into account when the Symptom Count is *probably met* for ODD: “ODD Criterion A states that symptoms must be exhibited during interaction with at least one individual who is not a sibling. If the Symptom Count is *probably met* for ODD, follow-up is recommended to ensure this requirement is satisfied” (see Interpretative Considerations for Table 3). This interpretative consideration automatically appears in the Conners 3 Assessment Reports when the Symptom Count is *probably met*.

Table 1a. DSM-5 Symptom Count and Criterion Status Score Requirements for ADHD

DSM-5 Symptom Count Requirements:

- ADHD Predominantly Inattentive Presentation: At least 6 of the 9 symptoms for individuals ≤ 16 years of age; at least 5 of the 9 symptoms for individuals ≥ 17 years of age.
- ADHD Combined Presentation: Meets criteria for both Inattentive and Hyperactive-Impulsive presentations.

DSM-5 Criterion A		Form	Item	Item #	Indicated	May be Indicated	Not Indicated
Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or during other activities (e.g., overlooks or misses details, work is inaccurate).	1a	P	Doesn't pay attention to details; makes careless mistakes.	47	3, 2	–	1, 0
		T	Doesn't pay attention to details; makes careless mistakes.	37	3, 2	–	1, 0
		SR	It is hard for me to pay attention to details. I make mistakes by accident.	31 -or- 39	3, 2 -or- 3	– 2	1, 0 -and- 1, 0
Often has difficulty sustaining attention in tasks or play activities (e.g., has difficulty remaining focused during lectures, conversations, or lengthy reading).	1b	P	Has trouble keeping his/her mind on work or on play for long.	95	3, 2	–	1, 0
		T	Has trouble keeping his/her mind on work or play for long.	111	3, 2	–	1, 0
		SR	I have trouble keeping my mind on what I am doing.	63	3, 2	–	1, 0
Often does not seem to listen when spoken to directly (e.g., mind seems elsewhere, even in the absence of any obvious distraction).	1c	P	Does not seem to listen to what is being said to him/her.	35	3, 2	–	1, 0
		T	Does not seem to listen to what is being said to him/her.	69	3, 2	–	1, 0
		SR	I have trouble keeping my mind on what people are saying to me.	42	3, 2	–	1, 0
Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., starts tasks but quickly loses focus and is easily sidetracked).	1d	P	Does not follow through on instructions (even when he/she understands and is trying to cooperate). Fails to complete schoolwork, chores, or tasks (even when he/she understands and is trying to cooperate).	68 -and- 79	3, 2 -and- 3, 2	– –	1, 0 -or- 1, 0
		T	Does not follow through on instructions (even when he/she understands and is trying to cooperate). Fails to complete schoolwork or tasks (even when he/she understands and is trying to cooperate).	73 -and- 57	3, 2 -and- 3, 2	– –	1, 0 -or- 1, 0
		SR	I have trouble following instructions. I have trouble finishing things.	61 -and- 17	3, 2 -and- 3, 2	– –	1, 0 -or- 1, 0
Often has difficulty organizing tasks and activities (e.g., difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized, work; has poor time management; fails to meet deadlines).	1e	P	Has trouble organizing tasks or activities.	84	3, 2	–	1, 0
		T	Has difficulty organizing tasks or activities.	103	3, 2	–	1, 0
		SR	I have trouble keeping myself organized.	21	3	2	1, 0
Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework; for older adolescents and adults, preparing reports, completing forms, reviewing lengthy papers).	1f	P	Avoids or dislikes things that take a lot of effort and are not fun.	28	3	2	1, 0
		T	Avoids or dislikes things that take a lot of effort and are not fun.	60	3	2	1, 0
		SR	I don't like doing things that make me think hard.	51	3	2	1, 0
Often loses things necessary for tasks or activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).	1g	P	Loses things (for example, schoolwork, pencils, books, tools, or toys).	97	3, 2	–	1, 0
		T	Loses things (e.g., schoolwork, pencils, books, tools, or toys).	92	3, 2	–	1, 0
		SR	I lose stuff that I need.	5	3, 2	–	1, 0

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Table 1a. (Continued) DSM-5 Symptom Count and Criterion Status Score Requirements for ADHD

DSM-5 Criterion A	Form	Item	Item #	Indicated	May be Indicated	Not Indicated
Is often easily distracted by extraneous stimuli (for older adolescents and adults, may include unrelated thoughts).	P	Is easily distracted by sights or sounds.	101	3, 2	–	1, 0
	T	Is easily distracted by sights or sounds.	23	3, 2	–	1, 0
	SR	I get distracted by things that are going on around me.	77	3	2	1, 0
Is often forgetful in daily activities (e.g., doing chores, running errands; for older adolescents and adults, returning calls, paying bills, and keeping appointments).	P	Is forgetful in daily activities.	2	3, 2	–	1, 0
	T	Is forgetful in daily activities.	88	3, 2	–	1, 0
	SR	I forget stuff.	32	3	2	1, 0

DSM-5 Symptom Criteria reprinted with permission from the Diagnostic and Statistical Manual of Mental Disorders, Copyright, 2013. American Psychiatric Association.

Notes:

P = parent; T = teacher; SR = self-report.

The following response key applies to the criterion status score requirements noted in the *Indicated*, *May be Indicated*, and *Not Indicated* columns: 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).

Interpretative Considerations:

ADHD Criterion A states that symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or failure to understand tasks or instructions. If the Symptom Count is *probably met* for ADHD Predominantly Inattentive, Hyperactive-Impulsive, or Combined Presentation, follow-up is recommended to ensure this requirement is satisfied.

*Criterion A1h states that in older adolescents, the tendency to be easily distracted by extraneous stimuli may include unrelated thoughts as the source of distraction. Follow-up is recommended to check if Criterion A1h has been met for older adolescents.

Table 1b. DSM-5 Symptom Count and Criterion Status Score Requirements for ADHD

DSM-5 Symptom Count Requirements:

- ADHD Predominantly Hyperactive-Impulsive Presentation: At least 6 of the 9 symptoms for individuals ≤ 16 years of age; at least 5 of the 9 symptoms for those ≥ 17 years of age.
- ADHD Combined Presentation: Meets criteria for both Inattentive and Hyperactive-Impulsive presentations.

DSM-5 Criterion A	Form	Item	Item #	Indicated	May be Indicated	Not Indicated
Often fidgets with or taps hands or feet or squirms in seat.	P	Fidgets or squirms in seat.	98	3, 2	-	1, 0
	T	Fidgets or squirms in seat.	4	3, 2	-	1, 0
	SR	It is hard for me to sit still.	60	3	2	1, 0
Often leaves seat in situations when remaining seated is expected (e.g., leaves his or her place in the classroom, in the office or other workplace, or in other situations that require remaining in place).	P	Leaves seat when he/she should stay seated.	93	3, 2	-	1, 0
	T	Leaves seat when he/she should stay seated.	1	3, 2	-	1, 0
	SR	I get out of my seat when I am not supposed to.	64	3, 2	-	1, 0
Often runs about or climbs in situations where it is inappropriate. (Note: In adolescents or adults, may be limited to feeling restless.)	P	Runs or climbs when he/she is not supposed to.	69	3, 2	1	0
		Restless or overactive.	99	3, 2	1	0
	T	Runs or climbs when he/she is not supposed to.	24	3, 2	1	0
		Restless or overactive.	7	3, 2	1	0
	SR	I run or climb even when I am not supposed to.	20	3, 2	-	1, 0
		I am restless.	7	3, 2	-	1, 0
Often unable to play or engage in leisure activities quietly.	P	Is noisy and loud when playing or using free time.	71	3, 2	-	1, 0
	T	Is noisy and loud when playing or using free time.	32	3, 2	-	1, 0
	SR	I have trouble playing or doing things quietly.	84	3, 2	-	1, 0
Is often "on the go," acting as if "driven by a motor" (e.g., is unable to be or uncomfortable being still for extended time, as in restaurants, meetings; may be experienced by others as being restless or difficult to keep up with).	P	Acts as if driven by a motor.	54	3, 2	1	0
		Is constantly moving	45	3, 2	1	0
	T	Acts as if driven by a motor.	17	3, 2	1	0
		Is constantly moving.	78	3, 2	1	0
	SR	I feel like I am driven by a motor.	66	3, 2	1	0
		I like to be on the go rather than being in one place.	55	3	2	1, 0
Often talks excessively.	P	Talks too much.	3	3, 2	-	1, 0
	T	Talks too much.	50	3, 2	-	1, 0
	SR	I talk too much.	34	3, 2	-	1, 0

Table continued next page...

Table 1b. (Continued) DSM-5 Symptom Count and Criterion Status Score Requirements for ADHD

DSM-5 Criterion A	Form	Item	Item #	Indicated	May be Indicated	Not Indicated
Often blurts out an answer before a question has been completed (e.g., completes people's sentences; cannot wait for turn in conversation).	P	Blurts out answers before the question has been completed.	43	3, 2	-	1, 0
	T	Blurts out answers before the question has been completed.	9	3, 2	-	1, 0
	SR	I blurt out the answer before the question is finished.	9	3, 2	-	1, 0
Often has difficulty waiting his or her turn (e.g., while waiting in line).	P	Has difficulty waiting for his/her turn.	61	3, 2	-	1, 0
	T	Has difficulty waiting for his/her turn.	76	3, 2	-	1, 0
	SR	I have trouble waiting for my turn.	27	3, 2	-	1, 0
Often interrupts or intrudes on others (e.g., butts into conversations, games, or activities; may start using other people's things without asking or receiving permission; for adolescents and adults, may intrude into or take over what others are doing).	P	Interrupts others (for example, butts into conversations or games).	104	3, 2	-	1, 0
	T	Interrupts others (e.g., butts into conversations or games).	29	3, 2	-	1, 0
	SR	I interrupt other people.	6	3, 2	-	1, 0

DSM-5 Symptom Criteria reprinted with permission from the Diagnostic and Statistical Manual of Mental Disorders, Copyright, 2013. American Psychiatric Association.

Notes:

P = parent; T = teacher; SR = self-report.

The following response key applies to the criterion status score requirements noted in the *Indicated*, *May be Indicated*, and *Not Indicated* columns: 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).

Interpretative Considerations:

ADHD Criterion A states that symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or failure to understand tasks or instructions. If the Symptom Count is *probably met* for ADHD Predominantly Inattentive, Hyperactive-Impulsive, or Combined Presentation, follow-up is recommended to ensure this requirement is satisfied.

^aCriterion A2c states that in adolescents, overactivity may be experienced as subjective feelings of restlessness. Follow-up is recommended to ensure criterion A2c has been met for the self-report of younger children.

Table 2. DSM-5 Symptom Count and Criterion Status Score Requirements for CD
 DSM-5 Symptom Count Requirements: At least 3 of the 15 symptoms.

DSM-5 Criterion A		Form	Item	Item #	Indicated	May be Indicated	Not Indicated
Aggression to People and Animals							
Often bullies, threatens, or intimidates others.	1	P	Bullies, threatens, or scares others.	16	3, 2	1	0
		T	Bullies, threatens, or scares others.	98	3, 2	1	0
		SR	I bully or threaten other people.	25	3, 2	1	0
Often initiates physical fights.	2	P	Starts fights with others on purpose.	30	3, 2	1	0
		T	Intentionally starts fights with others.	105	3, 2	1	0
		SR	I start fights with other people.	38	3, 2	1	0
Has used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, gun).	3	P	Uses a weapon (for example, a bat, brick, broken bottle, knife, or gun).	27	3, 2, 1	–	0
		T	Uses a weapon (e.g., a bat, brick, broken bottle, knife, or gun).	14	3, 2, 1	–	0
		SR	I use a weapon (like a bat, brick, broken glass, knife, or gun) to scare or hurt people.	59	3, 2, 1	–	0
		P	Physically hurts people.	39	3, 2, 1	–	0
Has been physically cruel to people.	4	T	Physically hurts people.	35	3, 2, 1	–	0
		SR	I do things to hurt people.	86	3, 2, 1	–	0
Has been physically cruel to animals.	5	P	Is cruel to animals.	41	3, 2, 1	–	0
		T	Is cruel to animals.	21	3, 2, 1	–	0
		SR	I am mean to animals.	47	3, 2, 1	–	0
Has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery).	6	P	Steals while confronting a person (for example, mugging, purse snatching or armed robbery).	96	3, 2, 1	–	0
		T	Steals while confronting a person (e.g., mugging, purse snatching, or armed robbery).	27	3, 2, 1	–	0
		SR	I steal from other people (by mugging, purse snatching, or armed robbery).	13	3, 2, 1	–	0
Has forced someone into sexual activity.	7 ^a	P	Has forced someone into sexual activity.	11	3, 2, 1	–	0
		T	Has forced someone into sexual activity.	33	3, 2, 1	–	0
		SR	–	–	–	–	–
Destruction of Property							
Has deliberately engaged in fire setting with the intention of causing serious damage.	8 ^b	P	Has intentionally set fires for the purpose of causing damage.	78	3, 2, 1	–	0
		T	Has intentionally set fires for the purpose of causing damage.	61	3, 2, 1	–	0
		SR	I like to set things on fire.	72	3, 2	1	0

Table continued next page...

Table 2. (Continued) DSM-5 Symptom Count and Criterion Status Score Requirements for CD

DSM-5 Criterion A	Form	Item	Item #	Indicated	May be Indicated	Not Indicated
Has deliberately destroyed others' property (other than by fire setting).	P	Intentionally damages or destroys things that belong to others.	65	3, 2, 1	–	0
	T	Intentionally damages or destroys things that belong to others.	10	3, 2, 1	–	0
	SR	I destroy stuff that belongs to other people.	82	3, 2, 1	–	0
Deceitfulness or Theft						
Has broken into someone else's house, building, or car.	P	Has broken into someone else's house, building, or car.	89	3, 2, 1	–	0
	T	Has broken into someone else's house, building, or car.	90	3, 2, 1	–	0
	SR	I break into houses, buildings, or cars.	78	3, 2, 1	–	0
Often lies to obtain goods or favors or to avoid obligations (i.e., "cons" others).	P	Lies to avoid having to do something or to get things.	56	3, 2	–	1, 0
	T	Lies to avoid having to do something or to get things.	40	3, 2	–	1, 0
	SR	I tell lies to get out of doing things or to get stuff.	16	3, 2	–	1, 0
Has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery).	P	Steals secretly (for example, shoplifting or forgery).	58	3, 2, 1	–	0
	T	Steals secretly (e.g., shoplifting or forgery).	31	3, 2, 1	–	0
	SR	I steal important things when no one is watching.	52	3, 2, 1	–	0
Serious Violations of Rules						
Often stays out at night despite parental prohibitions, beginning before age 13 years.	P	Goes out at night even though it breaks the rules.	91	3, 2	1	0
	T	–	–	–	–	–
	SR	I go out at night even when I am supposed to be at home.	91	3, 2	1	0
Has run away from home overnight at least twice while living in the parental or parental surrogate home, or once without returning for a lengthy period.	P	Runs away from home for at least one night.	76	3, 2, 1	–	0
	T	–	–	–	–	–
	SR	I run away from home.	8	3, 2, 1	–	0
Is often truant from school, beginning before age 13 years.	P	Skips classes.	6	3, 2	1	0
	T	Skips classes.	54	3, 2	1	0
	SR	I skip classes.	33	3, 2	1	0

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Notes: P = parent; T = teacher; SR = self-report. The following response key applies to the criterion status score requirements noted in the *Indicated*, *May be Indicated*, and *Not Indicated* columns: 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).

Interpretative Considerations:

^aThe Conners 3–SR does not assess Criterion A7 (forced sexual activity) due to the sensitive nature of this criterion.

^bIf both Criterion A8 (fire setting) and A9 (destruction of property) are indicated, in order to meet Criterion A9, the assessor must confirm that property was destroyed other than by fire-setting.

^cThe Conners 3–T does not assess Criterion A13 (staying out at night without permission) or Criterion A14 (running away from home), as teachers generally would not be directly aware of these infractions.

^dIn order for DSM-5 Criterion A13 (staying out at night) to be indicated, the assessor needs to ensure this criterion occurred before the age of 13 years.

^eIn order for DSM-5 Criterion A15 (truancy) to be indicated, the assessor must ensure that the truancy occurred before the age of 13 years.

Table 3. DSM-5 Symptom Count and Criterion Status Score Requirements for ODD
 DSM-5 Symptom Count Requirements: At least 4 of the 8 symptoms.

DSM-5 Criterion A		Form	Item	Item #	Indicated	May be Indicated	Not Indicated
Angry/Irritable Mood							
Often loses temper.	1	P	Loses temper.	14	3, 2	-	1, 0
		T	Loses temper.	62	3, 2	1	0
		SR	I lose my temper.	67	3	2	1, 0
Is often touchy or easily annoyed.	2	P	Is irritable and easily annoyed by others.	73	3, 2	-	1, 0
		T	Is irritable and easily annoyed by others.	56	3, 2	1	0
		SR	I am easily annoyed by others.	74	3, 2	-	1, 0
Is often angry and resentful.	3	P	Is angry and resentful.	48	3, 2	1	0
		T	Is angry and resentful.	38	3, 2	1	0
		SR	People make me angry.	87	3, 2	-	1, 0
Argumentative/Defiant Behavior							
Often argues with authority figures or, for children and adolescents, with adults.	4	P	Argues with adults.	102	3, 2	-	1, 0
		T	Argues with adults.	47	3, 2	-	1, 0
		SR	I argue with adults.	24	3, 2	-	1, 0
Often actively defies or refuses to comply with requests from authority figures or with rules.	5	P	Actively refuses to do what adults tell him/her to do.	94	3, 2	-	1, 0
		T	Actively refuses to do what adults tell him/her to do.	71	3, 2	1	0
		SR	I do what my parents or other adults ask me to do. (R)	1 (R)	3	2	1, 0
Often deliberately annoys others.	6	P	Annoys other people on purpose.	59	3, 2	-	1, 0
		T	Annoys other people on purpose.	59	3, 2	-	1, 0
		SR	I try to annoy other people.	3	3, 2	-	1, 0
Often blames others for his or her mistakes or misbehavior.	7	P	Blames others for his/her mistakes or misbehavior.	21	3, 2	-	1, 0
		T	Blames others for his/her mistakes or misbehavior.	64	3, 2	1	0
		SR	I blame others for things I do wrong.	62	3, 2	-	1, 0

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Table 3. (Continued) DSM-5 Symptom Count and Criterion Status Score Requirements for ODD

DSM-5 Criterion A	Form	Item	Item #	Indicated	May be Indicated	Not Indicated
Vindictiveness						
Has been spiteful or vindictive at least twice within the past 6 months.	P	Tries to get even with people.	57	3, 2	1	0
	T	Tries to get even with people.	51	3, 2	1	0
	SR	When I get mad at someone, I get even with them.	94	3, 2	1	0

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Notes:

(R) = Item is reverse scored.

P = parent; T = teacher; SR = self-report.

The following response key applies to the criterion status score requirements noted in the *Indicated*, *May be Indicated*, and *Not Indicated* columns: 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).

Interpretative Considerations:

ODD Criterion A states that symptoms must be exhibited during interaction with at least one individual who is not a sibling. If the Symptom Count is *probably met* for ODD, follow-up is recommended to ensure this requirement is satisfied.

References

- American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev.)*. Washington, DC: American Psychiatric Publishing.
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