Overview

The Conners Comprehensive Behavior Rating Scales™ (Conners CBRS™) features direct links between scale content on the full-length forms (i.e., Conners CBRS Parent [Conners CBRS–P], Conners CBRS Teacher [Conners CBRS–T], and Conners CBRS Self-Report [Conners CBRS–SR]), and symptom criteria in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR; American Psychiatric Association, 2000). The symptom criteria assessed on the Conners CBRS correspond to the following disorders: Attention-Deficit/Hyperactivity Disorder (ADHD), Conduct Disorder (CD), Oppositional Defiant Disorder (ODD), Major Depressive Episode, Manic Episode, Generalized Anxiety Disorder (GAD), Separation Anxiety Disorder, Social Phobia, Obsessive-Compulsive Disorder (OCD), Autistic Disorder, and Asperger’s Disorder. Items on the Conners CBRS DSM Symptom Scales approximate symptom-level criteria from the DSM; diagnostic criteria (e.g., course, age of onset, differential diagnosis, level of impairment, and pervasiveness) are not represented in its entirety. (See the DSM for full diagnostic criteria.)

The American Psychiatric Association released a new edition of the DSM in May, 2013: The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5; APA, 2013). As a result, the Conners CBRS was reviewed to evaluate essential changes to scoring and interpretation of the assessment, including updates to software and online components (e.g., the Assessment, Progress, and Comparative reports). A few minor changes bring scoring and interpretation of the DSM Symptom Scales on the Conners CBRS in line with new diagnostic criteria. One substantial update in the DSM-5, the reconceptualization of the Pervasive Developmental Disorders, informed scoring and interpretation of a new DSM Symptom Scale for Autism Spectrum Disorder (ASD); however, essentially the same items comprise this scale as were represented on the Conners CBRS for Autistic Disorder and Asperger’s Disorder (with the exception of items related to delayed communication, which is no longer a criterion of ASD; see Table 1 for details).

Changes to the Conners CBRS Corresponding to DSM-5 Criteria Updates

The main source for administration, scoring, and interpretation information is still the Conners CBRS Manual. Updates to symptom criteria for ADHD, ODD, Major Depressive Episode, Manic Episode, Social Phobia, Obsessive-Compulsive Disorder (OCD), Autistic Disorder, and Asperger’s Disorder are outlined in this update, as are changes made to scoring and interpretative considerations in the Conners CBRS (see Table 1 for a summary of changes; see Tables 2a to 13 for DSM-5 criteria, the associated Conners CBRS form items, and the response choices for when symptoms are Indicated, May be Indicated, or Not Indicated). Psychometric properties for any of the DSM Symptom Scales with items that were added or deleted (i.e., Major Depressive Episode, Social Anxiety Disorder [Social Phobia]), OCD, and ASD) are also provided in this update (see Standardization and Reliability of the Conners CBRS DSM-5 Symptom Scales). Symptom criteria covered by the Conners CBRS for CD, GAD, and Separation Anxiety Disorder did not change (see Tables 3, 9 and 10).

A DSM scoring option is now included among the report options to allow the assessor to choose either DSM-IV-TR scoring or DSM-5 scoring:

- Selecting the DSM-IV-TR scoring option will produce reports identical to the original Conners CBRS reports.
- Selecting the DSM-5 scoring option will produce reports that include DSM-5 raw scores, T-scores, Symptom Counts and interpretative considerations.

The DSM-5 scoring option includes the following changes:

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, as well as to the symptom count requirements on the self-report form for ODD Criterion A8 (Note: parent and teacher forms were not impacted by the modification to Criterion A8).
iii. An additional item for Major Depressive Episode, Criterion A1, and feedback on the “With mixed features” specifier for Major Depressive Episode.

iv. A change to the symptom count requirements for Manic Episode, Criterion A, and feedback on the “With mixed features” specifier for Manic Episode.

v. Reworking of symptom count requirements for Social Anxiety Disorder (Social Phobia), including the deletion of two items, as well as the addition of one item to Criterion B.

vi. Fewer and reorganized items on the OCD Symptom Scale.

vii. Restructured and integrated symptom count requirements for Autistic Disorder and Asperger’s Disorder, resulting in a single ASD scale.

All scoring and structural changes to the DSM Symptom Scales are outlined in Table 1. As with the original DSM-IV-TR Symptom Scales, several interpretive notes are provided in the computerized reports to further enhance the interpretation of the Conners CBRS results. The bolded notes under Tables 2a to 13 provide the updated DSM-5 interpretative considerations.

### Table 1. Changes to the DSM Symptom Scales

<table>
<thead>
<tr>
<th>Symptom Scale</th>
<th>Change to DSM-5</th>
<th>Change to Conners CBRS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Attention-Deficit/Hyperactivity Disorder</strong></td>
<td>Fewer symptoms (5 rather than 6) are required for older adolescents and adults (17 years and older).</td>
<td>For individuals aged 17 years and older, and for both ADHD Predominantly Inattentive Presentation, and ADHD Predominantly Hyperactive-Impulsive Presentation, the Symptom Count is probably met when 5 or more symptoms are endorsed. ADHD Combined Presentation requires 5 or more symptoms from each of inattentive and hyperactive-impulsive symptom criteria.</td>
</tr>
<tr>
<td></td>
<td>ADHD subtypes are reclassified as presentations.</td>
<td>The DSM-5 ADHD Symptom Scales are renamed: ADHD Predominantly Inattentive Presentation, ADHD Predominantly Hyperactive-Impulsive Presentation, and ADHD Combined Presentation.</td>
</tr>
<tr>
<td><strong>Oppositional Defiant Disorder</strong></td>
<td>Criterion A symptoms are reorganized into three categories: Angry/Irritable Mood, Argumentative/Defiant Behavior, and Vindictiveness.</td>
<td>Any tables in the Conners CBRS reports that present ODD symptom criteria and/or corresponding items on the DSM-5 ODD Symptom Scale are reorganized with subheadings. Symptom criteria are reordered accordingly.</td>
</tr>
<tr>
<td></td>
<td>A frequency qualifier of no less than twice in 6 months is added to Criterion A8, spiteful or vindictive behavior.</td>
<td>Symptom Count scoring criteria for the parent and teacher forms account for this frequency of spiteful or vindictive behavior; a score of 1 (Just a little true; Occasionally) is used to reflect the frequency expressed in the DSM-5. Criterion status score requirements are updated on the Conners CBRS–SR; a score of 1 now also contributes to the Symptom Count.</td>
</tr>
<tr>
<td><strong>Major Depressive Episode</strong></td>
<td>Criterion A1 includes hopelessness among the examples of subjective report of depressed mood.</td>
<td>An existing Conners CBRS item that accounts for a hopeless manifestation of depressed mood has been assigned to the Symptom Count, raw score, and T-score.</td>
</tr>
<tr>
<td><strong>Manic Episode</strong></td>
<td>Increased goal-directed activity or increased energy is a symptom covered by Criterion A.</td>
<td>An existing Conners CBRS item for Criterion B6 (i.e., increase in goal-directed activity or psychomotor agitation) has been integrated into the Symptom Count for Criterion A (see Table 7). The raw score formula that is used to calculate the Manic Episode T-score is unaffected by this addition (i.e., the item is summed only once in calculating the raw score for Manic Episode).</td>
</tr>
</tbody>
</table>
### DSM-5 Update

**Mixed Episode**

Mixed Episode is removed from the DSM-5 Bipolar and Related Disorders section and has been replaced with:
- a “With mixed features” specifier that outlines manic symptoms that would lead to a classification of Depressive Episode, with mixed features
- a “With mixed features” specifier that outlines depressive symptoms that would lead to a classification of Manic Episode, with mixed features.

The Mixed Episode section of the Conners CBRS reports has been removed.

When the Symptom Count is *probably met* for Major Depressive Episode, a note beneath the DSM-5 Manic Episode Symptom Table in the Conners CBRS reports highlights the manic symptoms that comprise mixed features and details which of these symptoms are *Indicated*, *May be Indicated*, or *Not Indicated*. Interpretative considerations are outlined in a separate section of the Assessment report labeled *Mixed Features*.

When the Manic Episode Symptom Count is *probably met*, a note appears below the DSM-5 Major Depressive Episode Symptom Table in the Conners CBRS reports. This note highlights the depressive symptoms that are *Indicated*, *May be Indicated*, or *Not Indicated* for the mixed features specifier. A separate *Mixed Features* section in the Assessment report outlines interpretative considerations related to this specifier.

#### Social Anxiety Disorder (Social Phobia)

All of Criteria A, B, C, and D are required.

For the Symptom Count to be *probably met*, the Conners CBRS item responses must result in all of the criteria being designated as *Indicated/May be Indicated*.

Criterion A no longer requires evidence of the capacity for age appropriate social relationships.

The Conners CBRS item, “Is unable to develop peer relationships” (parent and teacher form), “I get along with people once I am comfortable with them” (self-report form), has been dropped from the Symptom Count for Social Phobia.

DSM-IV-TR, Criterion A is split into two components: (1) the feared social situation (Criterion A); and (2) the feared reaction or behavior (Criterion B).

- Conners CBRS items measuring these different components were consequently reapplied to the appropriate criterion (see Table 11).
- To cover the new emphasis in Criterion B on fear of negative evaluation, the item “Worries about what others think of him/her” was added to the Symptom Count (see Table 11).

• Criterion C qualifies Criterion A, stating that “the social situations *almost always* provoke fear or anxiety.”
• Criterion C specifies how fear or anxiety may be expressed in children (i.e., “by crying, tantrums, freezing, clinging, shrinking, or failing to speak in social situations”).

The same item on the Conners CBRS applies both to Criterion A and C (“Panics about social situations or when doing things in front of other people”), addressing the feared social situation component, as well as the qualification that fear or anxiety almost always occurs in response to the feared social situation.

• An item that measures these child-specific expressions of fear or anxiety (i.e., “Cries, throws tantrums, avoids, or freezes in social situations with unfamiliar people”) contributes to symptoms for Criterion C.

#### Obsessive-Compulsive Disorder

- Two symptom criteria (DSM-IV-TR A2 and A4) are removed from Obsessions, Criterion A.
- Wording for Criterion A1 has been modified such that the obsessions cause marked anxiety or distress in most individuals.

The item that measured the DSM-IV-TR Obsessions, Criterion A2 symptom (“Worries about things that are not real life problems”), has been deleted from the OCD Symptom Count. The item that formerly measured the DSM-IV-TR Obsessions, Criterion A4 symptom (“Creates thoughts or pictures that get stuck in his/her mind” [parent and teacher report] or “I create upsetting thoughts or pictures that get stuck in my mind” [self-report]) has been repurposed in the DSM-5 scale to measure Obsessions, Criterion A1 (see Table 12). That is, to account for the change in language to Criterion A1 (that obsessions cause marked anxiety or distress in most individuals), an item was added that measures obsessions, separate from the upsetting reaction to these thoughts, urges, or images. The parent and teacher version of this item does not require that obsessive thoughts are anxiety-provoking or cause distress, thus accounting for the qualifier that only “in most individuals” is distress associated with obsessions. Because the equivalent item on the self-report includes the term “upsetting,” if Criterion A1 (item 94 or 31) is not endorsed on the self-report, follow-up is recommended to determine if the individual has obsessive thoughts that do not cause anxiety or distress.

<table>
<thead>
<tr>
<th>Table 1. (continued) Changes to the DSM Symptom Scales</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Symptom Scale</strong></td>
</tr>
</tbody>
</table>
| **Mixed Episode** | **Mixed Episode** is removed from the DSM-5 Bipolar and Related Disorders section and has been replaced with:  
- a “With mixed features” specifier that outlines manic symptoms that would lead to a classification of Depressive Episode, with mixed features  
- a “With mixed features” specifier that outlines depressive symptoms that would lead to a classification of Manic Episode, with mixed features. | The Mixed Episode section of the Conners CBRS reports has been removed.  
When the Symptom Count is *probably met* for Major Depressive Episode, a note beneath the DSM-5 Manic Episode Symptom Table in the Conners CBRS reports highlights the manic symptoms that comprise mixed features and details which of these symptoms are *Indicated*, *May be Indicated*, or *Not Indicated*. Interpretative considerations are outlined in a separate section of the Assessment report labeled *Mixed Features*.  
When the Manic Episode Symptom Count is *probably met*, a note appears below the DSM-5 Major Depressive Episode Symptom Table in the Conners CBRS reports. This note highlights the depressive symptoms that are *Indicated*, *May be Indicated*, or *Not Indicated* for the mixed features specifier. A separate *Mixed Features* section in the Assessment report outlines interpretative considerations related to this specifier. |
| **Social Anxiety Disorder (Social Phobia)** | All of Criteria A, B, C, and D are required. | For the Symptom Count to be *probably met*, the Conners CBRS item responses must result in all of the criteria being designated as *Indicated/May be Indicated*.  
Criterion A no longer requires evidence of the capacity for age appropriate social relationships.  
The Conners CBRS item, “Is unable to develop peer relationships” (parent and teacher form), “I get along with people once I am comfortable with them” (self-report form), has been dropped from the Symptom Count for Social Phobia.  
DSM-IV-TR, Criterion A is split into two components: (1) the feared social situation (Criterion A); and (2) the feared reaction or behavior (Criterion B).  
- Criterion C qualifies Criterion A, stating that “the social situations *almost always* provoke fear or anxiety.”  
- Criterion C specifies how fear or anxiety may be expressed in children (i.e., “by crying, tantrums, freezing, clinging, shrinking, or failing to speak in social situations”). |  
The same item on the Conners CBRS applies both to Criterion A and C (“Panics about social situations or when doing things in front of other people”), addressing the feared social situation component, as well as the qualification that fear or anxiety almost always occurs in response to the feared social situation.  
- An item that measures these child-specific expressions of fear or anxiety (i.e., “Cries, throws tantrums, avoids, or freezes in social situations with unfamiliar people”) contributes to symptoms for Criterion C. |
| **Obsessive-Compulsive Disorder** | Two symptom criteria (DSM-IV-TR A2 and A4) are removed from Obsessions, Criterion A.  
Wording for Criterion A1 has been modified such that the obsessions cause marked anxiety or distress in most individuals. | The item that measured the DSM-IV-TR Obsessions, Criterion A2 symptom (“Worries about things that are not real life problems”), has been deleted from the OCD Symptom Count. The item that formerly measured the DSM-IV-TR Obsessions, Criterion A4 symptom (“Creates thoughts or pictures that get stuck in his/her mind” [parent and teacher report] or “I create upsetting thoughts or pictures that get stuck in my mind” [self-report]) has been repurposed in the DSM-5 scale to measure Obsessions, Criterion A1 (see Table 12). That is, to account for the change in language to Criterion A1 (that obsessions cause marked anxiety or distress in most individuals), an item was added that measures obsessions, separate from the upsetting reaction to these thoughts, urges, or images. The parent and teacher version of this item does not require that obsessive thoughts are anxiety-provoking or cause distress, thus accounting for the qualifier that only “in most individuals” is distress associated with obsessions. Because the equivalent item on the self-report includes the term “upsetting,” if Criterion A1 (item 94 or 31) is not endorsed on the self-report, follow-up is recommended to determine if the individual has obsessive thoughts that do not cause anxiety or distress. |
### Table 1. (continued) Changes to the DSM Symptom Scales

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<th>Symptom Scale</th>
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<th>Change to Conners CBRS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism Spectrum Disorder</td>
<td>The Pervasive Developmental Disorders, including Autistic Disorder and Asperger’s Disorder, are reorganized into one all-encompassing classification: ASD.</td>
<td>DSM Symptom Scales for Autistic Disorder and Asperger’s Disorder are reorganized into a DSM-5 Symptom Scale for ASD, which assesses (1) deficits in social communication and social interaction, and (2) restricted repetitive patterns of behavior, interests, and activities. Items on the Conners CBRS are restructured accordingly. Two items—“Was a late talker” on the parent form, and “Uses spoken language to communicate” on the teacher form—no longer apply to symptom criteria and are neither included in the Symptom Count, nor in the raw score and T-score calculations.</td>
</tr>
<tr>
<td></td>
<td>Criteria regarding the absence of “spontaneous make-believe or social imitative play,” and “persistent preoccupation with parts of objects” are removed.</td>
<td>Items covering these concepts (i.e., “Lacks varied, spontaneous make-believe play” and “Is over-focused or over-interested in one part of an object or toy”) do not contribute to the Symptom Count for ASD, because this count is based on direct association of items to symptom criteria in the DSM-5.</td>
</tr>
</tbody>
</table>

1 Not all behavioral examples noted in the DSM symptom criteria are represented on the Conners CBRS DSM Symptom Scales. Expert review of DSM-5 criteria led to the determination that because hopelessness is a main feature of the cognitive theory of depression (Beck, Rush, Shaw, & Emery, 1979), and cognitive-behavioral therapy is “currently the treatment of choice for anxiety and depressive disorders in children and adolescents” (Compton, March, Brent, Albano, Weersing, & Curry, 2004, p. 930), it is important to measure this concept on the Conners CBRS.

2 Expert review of changes to diagnostic criteria for ASD drove the determination that although the language of these items no longer directly corresponds to DSM-5 symptom criteria, the concepts covered by the items represent core aspects of the disorder. The absence of social-imitative play is a symptom that is related to the broad category of deficits in social communication and social interaction, and captures an important developmental precursor to the types of behaviors assessed by ASD, Criterion A (e.g., Fuchs, 2013; Gallese & Goldman, 1998; Rizzolatti & Craighero, 2004; Toth, Munson, Meltzoff, & Dawson, 2006). Similarly, a focus on parts of objects applies broadly to the different areas covered by ASD, Criterion B, restricted repetitive patterns of behaviors, interests, or activities: A child that becomes focused on one part of an object or toy may be doing so due to the stereotyped or repetitive use of it (Criterion B1), the ritualized pattern or sense of sameness provided by it (Criterion B2), a preoccupation with the object itself (Criterion B3), or the smell or feel of the object ( Criterion B4). As such, these two items are included in the raw score (and therefore, T-score) calculation for ASD.
Table 2a. 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.

<table>
<thead>
<tr>
<th>DSM-5 Criterion A</th>
<th>Form</th>
<th>Item</th>
<th>Item #</th>
<th>Indicated</th>
<th>May be Indicated</th>
<th>Not Indicated</th>
</tr>
</thead>
<tbody>
<tr>
<td>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).</td>
<td>P</td>
<td>Doesn’t pay attention to details; makes careless mistakes.</td>
<td>12</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td>T</td>
<td>Doesn’t pay attention to details; makes careless mistakes.</td>
<td>5</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td>SR</td>
<td>It is hard for me to pay attention to details.</td>
<td>81</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>or</td>
<td>37</td>
<td>3</td>
<td>2</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I make mistakes by accident.</td>
<td>–</td>
<td>3</td>
<td>2</td>
<td>1, 0</td>
</tr>
<tr>
<td>Often has difficulty sustaining attention in tasks or play activities (e.g., has difficulty remaining focused during lectures, conversations, or lengthy reading).</td>
<td>P</td>
<td>Has trouble keeping his/her mind on work or on play for long.</td>
<td>136</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td>T</td>
<td>Has trouble keeping his/her mind on work or play for long.</td>
<td>44</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td>SR</td>
<td>I have trouble keeping my mind on what I am doing.</td>
<td>101</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td>P</td>
<td>Does not seem to listen to what is being said to him/her.</td>
<td>86</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td>T</td>
<td>Does not seem to listen to what is being said to him/her.</td>
<td>117</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td>SR</td>
<td>I have trouble keeping my mind on what people are saying to me.</td>
<td>9</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td>P</td>
<td>Does not follow through on instructions (even when he/she understands and is trying to cooperate).</td>
<td>65</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>or</td>
<td>8</td>
<td>–</td>
<td>1, 0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>T</td>
<td>Does not follow through on instructions (even when he/she understands and is trying to cooperate).</td>
<td>109</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>or</td>
<td>20</td>
<td>–</td>
<td>1, 0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SR</td>
<td>I have trouble following instructions.</td>
<td>129</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>or</td>
<td>103</td>
<td>–</td>
<td>1, 0</td>
<td></td>
</tr>
<tr>
<td>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).</td>
<td>P</td>
<td>Has trouble organizing tasks or activities.</td>
<td>23</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td>T</td>
<td>Has difficulty organizing tasks or activities.</td>
<td>50</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td>SR</td>
<td>I have trouble keeping myself organized.</td>
<td>32</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td>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).</td>
<td>P</td>
<td>Avoids or dislikes things that take a lot of effort and are not fun.</td>
<td>83</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td>T</td>
<td>Avoids or dislikes things that take a lot of effort and are not fun.</td>
<td>42</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td>SR</td>
<td>I don’t like doing things that make me think hard.</td>
<td>28</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td>Often loses things necessary for tasks or activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).</td>
<td>P</td>
<td>Loses things (e.g., schoolwork, pencils, books, tools, or toys).</td>
<td>96</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td>T</td>
<td>Loses things (e.g., schoolwork, pencils, books, tools, or toys).</td>
<td>82</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td>SR</td>
<td>I lose stuff that I need.</td>
<td>116</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td>DSM-5 Criterion A</td>
<td>Form</td>
<td>Item</td>
<td>Item #</td>
<td>Indicated</td>
<td>May be Indicated</td>
<td>Not Indicated</td>
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<tr>
<td>---------------------------------------------------------------------------------</td>
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<tr>
<td><strong>Is often easily distracted by extraneous stimuli (for older adolescents and adults, may include unrelated thoughts).</strong></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Is often easily distracted by extraneous stimuli (for older adolescents and adults, may include unrelated thoughts).</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>P</td>
<td>Is easily distracted by sights or sounds.</td>
<td>154</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td>T</td>
<td>Is easily distracted by sights or sounds.</td>
<td>60</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td>SR</td>
<td>I get distracted by things that are going on around me.</td>
<td>65</td>
<td>3</td>
<td>2</td>
<td>1, 0</td>
</tr>
<tr>
<td><strong>Is often forgetful in daily activities (e.g., doing chores, running errands; for older adolescents and adults, returning calls, paying bills, and keeping appointments).</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>P</td>
<td>Is forgetful in daily activities.</td>
<td>1</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td>T</td>
<td>Is forgetful in daily activities.</td>
<td>151</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td>SR</td>
<td>I forget stuff.</td>
<td>154</td>
<td>3</td>
<td>2</td>
<td>1, 0</td>
</tr>
</tbody>
</table>

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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:
When considering DSM-5 symptom criteria for ADHD, the assessor needs to ensure that the symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or failure to understand tasks or instructions.

* 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.
Table 2b.  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.

<table>
<thead>
<tr>
<th>DSM-5 Criterion A</th>
<th>Form</th>
<th>Item</th>
<th>Item #</th>
<th>Indicated</th>
<th>May be Indicated</th>
<th>Not Indicated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Often fidgets with or taps hands or feet or squirms in seat.</td>
<td>2a</td>
<td>P</td>
<td>Fidgets or squirms in seat.</td>
<td>117</td>
<td>3, 2</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T</td>
<td>Fidgets or squirms in seat.</td>
<td>86</td>
<td>3, 2</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>It is hard for me to sit still.</td>
<td>51</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>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).</td>
<td>2b</td>
<td>P</td>
<td>Leaves seat when he/she should stay seated.</td>
<td>28</td>
<td>3, 2</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T</td>
<td>Leaves seat when he/she should stay seated.</td>
<td>112</td>
<td>3, 2</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>I get out of my seat when I am not supposed to.</td>
<td>110</td>
<td>3, 2</td>
<td>–</td>
</tr>
<tr>
<td>Often runs about or climbs in situations where it is inappropriate. (Note: In adolescents or adults, may be limited to feeling restless.)</td>
<td>2e+</td>
<td>P</td>
<td>Runs or climbs when he/she is not supposed to.</td>
<td>32</td>
<td>3, 2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T</td>
<td>Runs or climbs when he/she is not supposed to.</td>
<td>51</td>
<td>3, 2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>I run or climb even when I am not supposed to.</td>
<td>114</td>
<td>3, 2</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>– or-</td>
<td>- or-</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>89</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Often unable to play or engage in leisure activities quietly.</td>
<td>2d</td>
<td>P</td>
<td>Is noisy and loud when playing or using free time.</td>
<td>148</td>
<td>3, 2</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T</td>
<td>Is noisy and loud when playing or using free time.</td>
<td>10</td>
<td>3, 2</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>I have trouble playing or doing things quietly.</td>
<td>82</td>
<td>3, 2</td>
<td>–</td>
</tr>
<tr>
<td>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).</td>
<td>2e</td>
<td>P</td>
<td>Acts as if driven by a motor.</td>
<td>180</td>
<td>3, 2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>– or-</td>
<td>- or-</td>
<td>16</td>
<td>3, 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>16</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T</td>
<td>Acts as if driven by a motor.</td>
<td>6</td>
<td>3, 2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>– or-</td>
<td>- or-</td>
<td>49</td>
<td>3, 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>49</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>I feel like I am driven by a motor.</td>
<td>29</td>
<td>3, 2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>– or-</td>
<td>- or-</td>
<td>71</td>
<td>3, 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>71</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Often talks excessively.</td>
<td>2f</td>
<td>P</td>
<td>Talks too much.</td>
<td>104</td>
<td>3, 2</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T</td>
<td>Talks too much.</td>
<td>164</td>
<td>3, 2</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>I talk too much.</td>
<td>76</td>
<td>3, 2</td>
<td>–</td>
</tr>
</tbody>
</table>

Table continued next page...
Table 2b. (continued) DSM-5 Symptom Count and Criterion Status Score Requirements for ADHD

<table>
<thead>
<tr>
<th>DSM-5 Criterion A</th>
<th>Form</th>
<th>Item</th>
<th>Item #</th>
<th>Indicated</th>
<th>May be Indicated</th>
<th>Not Indicated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Often blurs out an answer before a question has been completed</td>
<td>2g</td>
<td>P Blurs out answers before the question has been completed.</td>
<td>19</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td>(e.g., completes people’s sentences; cannot wait for turn in conversation).</td>
<td></td>
<td>T Blurs out answers before the question has been completed.</td>
<td>33</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR I blurt out the answer before the question is finished.</td>
<td>25</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td>Often has difficulty waiting his or her turn (e.g., while waiting in line).</td>
<td>2h</td>
<td>P Has difficulty waiting for his/her turn.</td>
<td>99</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T Has difficulty waiting for his/her turn.</td>
<td>185</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR I have trouble waiting for my turn.</td>
<td>99</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td>Often interrupts or intrudes on others (e.g., butts into conversations, games,</td>
<td>2i</td>
<td>P Interrupts others (for example, butts into conversations or games).</td>
<td>169</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td>or activities; may start using other people’s things without asking or receiving</td>
<td></td>
<td>T Interrupts others (e.g., butts into conversations or games).</td>
<td>145</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td>permission; for adolescents and adults, may intrude into or take over what others</td>
<td></td>
<td>SR I interrupt other people.</td>
<td>17</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td>are doing).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Interpretative Considerations:
When considering DSM-5 symptom criteria for ADHD, the assessor needs to ensure that the symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or failure to understand tasks or instructions.

* Criterion 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 younger children.
## Table 3. DSM-5 Symptom Count and Criterion Status Score Requirements for CD

DSM-5 Symptom Count Requirements: At least 3 of the 15 symptoms.

<table>
<thead>
<tr>
<th>DSM-5 Criterion A</th>
<th>Form</th>
<th>Item</th>
<th>Item #</th>
<th>Indicated</th>
<th>Maybe Indicated</th>
<th>Not Indicated</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aggression to People and Animals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Often bullies, threatens, or intimidates others.</td>
<td>1</td>
<td>P  Bullies, threatens, or scares others.</td>
<td>177</td>
<td>3, 2, 1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>T  Bullies, threatens, or scares others.</td>
<td>73</td>
<td>3, 2, 1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR I bully or threaten other people.</td>
<td>6</td>
<td>3, 2, 1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>P  Starts fights with others on purpose.</td>
<td>69</td>
<td>3, 2, 1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>T  Intentionally starts fights with others.</td>
<td>148</td>
<td>3, 2, 1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR I start fights with other people.</td>
<td>85</td>
<td>3, 2, 1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>P  Uses a weapon (for example, a bat, brick, broken bottle, knife, or gun).</td>
<td>122</td>
<td>3, 2, 1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>T  Uses a weapon (e.g., a bat, brick, broken bottle, knife, or gun).</td>
<td>101</td>
<td>3, 2, 1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR I use a weapon (like a bat, brick, broken glass, knife, or gun) to scare or hurt people.</td>
<td>170</td>
<td>3, 2, 1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>P  Physically hurts people.</td>
<td>144</td>
<td>3, 2, 1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>T  Physically hurts people.</td>
<td>52</td>
<td>3, 2, 1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR I do things to hurt people.</td>
<td>144</td>
<td>3, 2, 1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>P  Is cruel to animals.</td>
<td>161</td>
<td>3, 2, 1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>T  Is cruel to animals.</td>
<td>115</td>
<td>3, 2, 1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR I am mean to animals.</td>
<td>112</td>
<td>3, 2, 1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>P  Seals while confronting a person (for example, mugging, purse snatching, extortion, armed robbery).</td>
<td>116</td>
<td>3, 2, 1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>T  Seals while confronting a person (e.g., mugging, purse snatching, or armed robbery).</td>
<td>55</td>
<td>3, 2, 1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR I steal from other people (by mugging, purse snatching, or armed robbery).</td>
<td>60</td>
<td>3, 2, 1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>P  Has forced someone into sexual activity.</td>
<td>98</td>
<td>3, 2, 1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>T  Has forced someone into sexual activity.</td>
<td>106</td>
<td>3, 2, 1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR –</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Destruction of Property</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has deliberately engaged in fire setting with the intention of causing serious damage.</td>
<td>8</td>
<td>P  Has intentionally set fires for the purpose of causing damage.</td>
<td>90</td>
<td>3, 2, 1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>T  Has intentionally set fires for the purpose of causing damage.</td>
<td>127</td>
<td>3, 2, 1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR I like to set things on fire.</td>
<td>62</td>
<td>3, 2, 1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Has deliberately destroyed others’ property (other than by fire setting).</td>
<td>9</td>
<td>P  Intentionally damages or destroys things that belong to others.</td>
<td>179</td>
<td>3, 2, 1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>T  Intentionally damages or destroys things that belong to others.</td>
<td>163</td>
<td>3, 2, 1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR I destroy stuff that belongs to other people.</td>
<td>48</td>
<td>3, 2, 1</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Table continued next page...
### DSM-5 Diagnostic Criteria

**Table 3. (continued) DSM-5 Symptom Count and Criterion Status Score Requirements for CD**

<table>
<thead>
<tr>
<th>DSM-5 Criterion A</th>
<th>Form</th>
<th>Item</th>
<th>Item #</th>
<th>Indicated</th>
<th>May be Indicated</th>
<th>Not Indicated</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deceitfulness or Theft</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has broken into someone else’s house, building, or car.</td>
<td>10</td>
<td>P</td>
<td>39</td>
<td>3, 2, 1</td>
<td>–</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T</td>
<td>64</td>
<td>3, 2, 1</td>
<td>–</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>87</td>
<td>3, 2, 1</td>
<td>–</td>
<td>0</td>
</tr>
<tr>
<td>Often lies to obtain goods or favors or to avoid obligations (i.e., “cons” others).</td>
<td>11</td>
<td>P</td>
<td>149</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T</td>
<td>97</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>96</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td>Has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery).</td>
<td>12</td>
<td>P</td>
<td>120</td>
<td>3, 2, 1</td>
<td>–</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T</td>
<td>141</td>
<td>3, 2, 1</td>
<td>–</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>43</td>
<td>3, 2, 1</td>
<td>–</td>
<td>0</td>
</tr>
<tr>
<td><strong>Serious Violations of Rules</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Often stays out at night despite parental prohibitions, beginning before age 13 years.</td>
<td>13&lt;sup&gt;c&lt;/sup&gt;</td>
<td>P</td>
<td>147</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>162</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>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.</td>
<td>14&lt;sup&gt;f&lt;/sup&gt;</td>
<td>P</td>
<td>10</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>64</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Is often truant from school, beginning before age 13 years.</td>
<td>15&lt;sup&gt;g&lt;/sup&gt;</td>
<td>P</td>
<td>107</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T</td>
<td>160</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>67</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

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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:**
- The Conners CBRS−SR does not assess Criterion A7 (forced sexual activity) due to the sensitive nature of this criterion.
- If both Criterion A8 (fire-setting) and A9 (destruction of property) are indicated, the assessor must confirm that property was destroyed other than by fire-setting in order to meet Criterion A9.
- The Conners CBRS−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.
- In 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.
- In order for DSM-5 Criterion A15 (truancy) to be indicated, the assessor needs to ensure that the truancy occurred before the age of 13 years.
### Table 4. DSM-5 Symptom Count and Criterion Status Score Requirements for ODD

DSM-5 Symptom Count Requirements: At least 4 of the 8 symptoms.

<table>
<thead>
<tr>
<th>DSM-5 Criterion A</th>
<th>Form</th>
<th>Item</th>
<th>Item #</th>
<th>Indicated</th>
<th>Maybe Indicated</th>
<th>Not Indicated</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Angry/Irritable Mood</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Often loses temper.</td>
<td>1</td>
<td>P</td>
<td>Loses temper.</td>
<td>45</td>
<td>3, 2</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T</td>
<td>Loses temper.</td>
<td>3</td>
<td>3, 2</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>I lose my temper.</td>
<td>58</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Is often touchy or easily annoyed.</td>
<td>2</td>
<td>P</td>
<td>Is irritable and easily annoyed by others.</td>
<td>108</td>
<td>3, 2</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T</td>
<td>Is irritable and easily annoyed by others.</td>
<td>174</td>
<td>3, 2</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>I am easily annoyed by others.</td>
<td>148</td>
<td>3, 2</td>
<td>1, 0</td>
</tr>
<tr>
<td>Is often angry and resentful.</td>
<td>3</td>
<td>P</td>
<td>Is angry and resentful.</td>
<td>82</td>
<td>3, 2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T</td>
<td>Is angry and resentful.</td>
<td>135</td>
<td>3, 2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>People make me angry.</td>
<td>143</td>
<td>3, 2</td>
<td>1</td>
</tr>
<tr>
<td><strong>Argumentative/Defiant Behavior</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Often argues with authority figures or, for children and adolescents, with adults.</td>
<td>4</td>
<td>P</td>
<td>Argues with adults.</td>
<td>70</td>
<td>3, 2</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T</td>
<td>Argues with adults.</td>
<td>192</td>
<td>3, 2</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>I argue with adults.</td>
<td>117</td>
<td>3, 2</td>
<td>1, 0</td>
</tr>
<tr>
<td>Often actively defies or refuses to comply with requests from authority figures or with rules.</td>
<td>5</td>
<td>P</td>
<td>Actively refuses to do what adults tell him/her to do.</td>
<td>127</td>
<td>3, 2</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T</td>
<td>Actively refuses to do what adults tell him/her to do.</td>
<td>126</td>
<td>3, 2</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>I do what my parents or other adults ask me to do. (R)</td>
<td>33 (R)</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Often deliberatelyannoys others.</td>
<td>6</td>
<td>P</td>
<td>Annoys other people on purpose.</td>
<td>163</td>
<td>3, 2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T</td>
<td>Annoys other people on purpose.</td>
<td>128</td>
<td>3, 2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>I try to annoy other people.</td>
<td>134</td>
<td>3, 2</td>
<td>1</td>
</tr>
<tr>
<td>Often blames others for his or her mistakes or misbehavior.</td>
<td>7</td>
<td>P</td>
<td>Blames others for his/her mistakes or misbehavior.</td>
<td>134</td>
<td>3, 2</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T</td>
<td>Blames others for his/her mistakes or misbehavior.</td>
<td>143</td>
<td>3, 2</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>I blame others for things I do wrong.</td>
<td>88</td>
<td>3, 2</td>
<td>1, 0</td>
</tr>
</tbody>
</table>

*Table continued next page...*
### Table 4. DSM-5 Symptom Count and Criterion Status Score Requirements for ODD

<table>
<thead>
<tr>
<th>DSM-5 Criterion A</th>
<th>Form</th>
<th>Item</th>
<th>Item #</th>
<th>Indicated</th>
<th>May Be Indicated</th>
<th>Not Indicated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vindictiveness</td>
<td>P</td>
<td>Tries to get even with people.</td>
<td>54</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>T</td>
<td>Tries to get even with people.</td>
<td>182</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>SR</td>
<td>When I get mad at someone, I get even with them.</td>
<td>20</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

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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:
When considering DSM-5 symptom criteria for ODD, the assessor needs to ensure that the symptoms are exhibited during interaction with at least one individual who is not a sibling.
### Table 5. DSM-5 Symptom Count and Criterion Status Score Requirements for Major Depressive Episode

**DSM-5 Symptom Count Requirements:** At least 5 of the 9 symptoms, including A1 or A2.

<table>
<thead>
<tr>
<th>DSM-5 Criterion A</th>
<th>Form</th>
<th>Item</th>
<th>Item #</th>
<th>Indicated</th>
<th>Maybe Indicated</th>
<th>Not Indicated</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, or hopeless) or observation made by others (e.g., appears tearful). (Note: In children and adolescents, can be irritable mood.)</strong></td>
<td></td>
<td>Is sad, gloomy, or irritable for many days at a time.</td>
<td>94*</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Seems hopeless about the future.</td>
<td>-or-</td>
<td>-</td>
<td>-or-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Is sad, gloomy, or irritable for many days at a time.</td>
<td>193*</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Seems hopeless about the future.</td>
<td>-or-</td>
<td>-</td>
<td>-or-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I feel sad, gloomy, or irritable for many days at a time.</td>
<td>115*</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The future seems hopeless to me.</td>
<td>-or-</td>
<td>-</td>
<td>-or-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).</strong></td>
<td></td>
<td>Has lost interest or pleasure in activities.</td>
<td>53*</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Has lost interest or pleasure in activities.</td>
<td>46*</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I don’t feel like doing things that I used to enjoy.</td>
<td>93*</td>
<td>3, 2</td>
<td></td>
<td>1, 0</td>
</tr>
<tr>
<td><strong>Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. (Note: In children, consider failure to make expected weight gain.)</strong></td>
<td></td>
<td>Appetite or weight has changed a lot.</td>
<td>43</td>
<td>3, 2, 1</td>
<td>-</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Appetite or weight has changed a lot.</td>
<td>162</td>
<td>3, 2, 1</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td></td>
<td></td>
<td>My appetite or weight has changed a lot.</td>
<td>8</td>
<td>3, 2</td>
<td></td>
<td>1, 0</td>
</tr>
<tr>
<td><strong>Insomnia or hypersomnia nearly every day.</strong></td>
<td></td>
<td>Sleeps too much.</td>
<td>59</td>
<td>3, 2</td>
<td></td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Has trouble falling asleep.</td>
<td>126</td>
<td>3, 2</td>
<td></td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Wakes up too early.</td>
<td>181</td>
<td>3, 2</td>
<td></td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Wakes up during the night, then has trouble falling back to sleep.</td>
<td>110</td>
<td>3, 2</td>
<td></td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Falls asleep in class.</td>
<td>181</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Psychomotor agitation or retardation nearly every day (observable by others; not merely subjective feelings of restlessness or being slowed down).</strong></td>
<td></td>
<td>Is agitated in the restless sense.</td>
<td>35</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Seems physically slowed down.</td>
<td>103*</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Is agitated in the restless sense.</td>
<td>83</td>
<td>3, 2</td>
<td></td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Seems physically slowed down.</td>
<td>136*</td>
<td>3, 2</td>
<td></td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I am restless.</td>
<td>86</td>
<td>3, 2</td>
<td></td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I feel very slowed down in my movements.</td>
<td>26*</td>
<td>3, 2</td>
<td></td>
<td>1, 0</td>
</tr>
</tbody>
</table>

Table continued next page...
### DSM-5 Criterion A

<table>
<thead>
<tr>
<th>DSM-5 Criterion A</th>
<th>Form</th>
<th>Item</th>
<th>Item #</th>
<th>Indicated</th>
<th>May be Indicated</th>
<th>Not Indicated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fatigue or loss of energy nearly every day.</td>
<td>6&lt;sup&gt;c&lt;/sup&gt;</td>
<td>P</td>
<td>Seems tired; has low energy.</td>
<td>171*</td>
<td>3, 2</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T</td>
<td>Seems tired; has low energy.</td>
<td>122*</td>
<td>3, 2</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>I feel tired, like I don’t have enough energy.</td>
<td>137*</td>
<td>3, 2</td>
<td>–</td>
</tr>
<tr>
<td>Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).</td>
<td>7</td>
<td>P</td>
<td>Feels inappropriately guilty.</td>
<td>124*</td>
<td>3, 2</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Feels worthless.</td>
<td></td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T</td>
<td>Feels inappropriately guilty.</td>
<td>169*</td>
<td>3, 2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Feels worthless.</td>
<td>166*</td>
<td>3, 2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>I feel more guilty than I should.</td>
<td>118*</td>
<td>3, 2</td>
<td>–</td>
</tr>
<tr>
<td>Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).</td>
<td>8</td>
<td>P</td>
<td>Has lost the ability to think, concentrate, or make decisions.</td>
<td>49</td>
<td>3, 2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T</td>
<td>Has lost the ability to think, concentrate, or make decisions.</td>
<td>90</td>
<td>3, 2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>I can’t make up my mind about things any more.</td>
<td>12</td>
<td>3, 2</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>I am no longer able to keep my mind on one thing.</td>
<td>147</td>
<td>3, 2</td>
<td>–</td>
</tr>
<tr>
<td>Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.</td>
<td>9&lt;sup&gt;d&lt;/sup&gt;</td>
<td>P</td>
<td>Has talked about, tried, or planned to commit suicide.</td>
<td>138*</td>
<td>3, 2, 1</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Has repeated thoughts of death or dying.</td>
<td>168*</td>
<td>3, 2, 1</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T</td>
<td>Has talked about, tried, or planned to commit suicide.</td>
<td>58*</td>
<td>3, 2, 1</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Has repeated thoughts of death or dying.</td>
<td>191*</td>
<td>3, 2, 1</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>I think about hurting myself.</td>
<td>146*</td>
<td>3, 2, 1</td>
<td>–</td>
</tr>
</tbody>
</table>

---

**Interpretative Considerations:**
- When considering DSM-5 symptom criteria for Major Depressive Episode, the assessor needs to ensure the youth experiences these symptoms nearly every day, and that the symptoms represent a change from previous functioning.
- Presence of a current Major Depressive Episode suggests consideration of Major Depressive Disorder, as well as investigation of past Manic or Hypomanic Episodes to determine if Bipolar I Disorder or Bipolar II Disorder might be appropriate.

---

Notes:
- P = parent; T = teacher; SR = self-report; * = depressive symptoms representing the mixed features specifier for Manic Episode (see Table 8).
- 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).

---

* If no change in weight or appetite is reported (Criterion A3), follow-up is recommended to examine possible failure to make expected weight gains.

* Criterion A4 is assessed indirectly (i.e., “Falls asleep in class”), as most teachers do not have the opportunity to observe the youth’s sleep habits at night. Follow-up is recommended to obtain additional information about sleep problems.

* Investigation by the assessor is recommended to determine whether tiredness or low energy represents a change from typical energy levels (Criterion A6).

* In order to fully assess Criterion A9 for Conners CBRS–SR, follow-up is recommended to determine if there have been recurrent thoughts of death or suicide, if a suicide plan has been made, or if there has been a suicide attempt.

---

Table 5. (continued) DSM-5 Symptom Count and Criterion Status Score Requirements for Major Depressive Episode

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Table 6. DSM-5 Symptom Count and Criterion Status Score Requirements for Depressive Episode, with mixed features

<table>
<thead>
<tr>
<th>DSM-5 Criterion A</th>
<th>Form</th>
<th>Item</th>
<th>Item #</th>
<th>Indicated</th>
<th>May be Indicated</th>
<th>Not Indicated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elevated, expansive mood.</td>
<td>1</td>
<td>P</td>
<td>Seems abnormally happy for at least one week.</td>
<td>111</td>
<td>3, 2, 1</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T</td>
<td>Seems abnormally happy for at least one week.</td>
<td>114</td>
<td>3, 2, 1</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>I become unusually happy or irritable for a week or longer.</td>
<td>89</td>
<td>3, 2</td>
<td>1</td>
</tr>
<tr>
<td>Inflated self-esteem or grandiosity.</td>
<td>2</td>
<td>P</td>
<td>Thinks he/she is better than everyone and can do anything.</td>
<td>74</td>
<td>3, 2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T</td>
<td>Thinks he/she is better than everyone and can do anything.</td>
<td>27</td>
<td>3, 2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>I feel really good, like I’m better than everyone else and I can do anything.</td>
<td>171</td>
<td>3, 2</td>
<td>–</td>
</tr>
<tr>
<td>More talkative than usual or pressure to keep talking.</td>
<td>3</td>
<td>P</td>
<td>Has periods of fast, non-stop speech.</td>
<td>71</td>
<td>3, 2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T</td>
<td>Has periods of fast, non-stop speech.</td>
<td>25</td>
<td>3, 2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>I feel like I can't stop talking.</td>
<td>63</td>
<td>3, 2</td>
<td>–</td>
</tr>
<tr>
<td>Flight of ideas or subjective experience that thoughts are racing.</td>
<td>4</td>
<td>P</td>
<td>Says thoughts are racing, or coming too fast.</td>
<td>109</td>
<td>3, 2, 1</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T</td>
<td>Says thoughts are racing, or coming too fast.</td>
<td>152</td>
<td>3, 2, 1</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>My thoughts come so fast that it is hard to keep up with them.</td>
<td>27</td>
<td>3, 2</td>
<td>–</td>
</tr>
<tr>
<td>Increase in energy or goal-directed activity (either socially, at work or school, or sexually).</td>
<td>5</td>
<td>P</td>
<td>Has shown an unusual increase in social, school, or sexual activities.</td>
<td>91</td>
<td>3, 2, 1</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T</td>
<td>Has shown an unusual increase in social, school, or sexual activities.</td>
<td>142</td>
<td>3, 2, 1</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>I suddenly have many more plans and activities than I used to.</td>
<td>149</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Increased or excessive involvement in activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments).</td>
<td>6</td>
<td>P</td>
<td>Seeks pleasure without caring about what bad things could happen.</td>
<td>198</td>
<td>3, 2, 1</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T</td>
<td>Seeks pleasure without caring about what bad things could happen.</td>
<td>154</td>
<td>3, 2, 1</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>I do things that feel good, no matter what bad things might happen afterwards.</td>
<td>166</td>
<td>3, 2</td>
<td>–</td>
</tr>
<tr>
<td>Decreased need for sleep (feeling rested despite sleeping less than usual; to be contrasted with insomnia).</td>
<td>7</td>
<td>P</td>
<td>Sleeps much less than he/she used to, but does not seem tired.</td>
<td>25</td>
<td>3, 2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>I sleep much less than I used to but I don't feel tired.</td>
<td>108</td>
<td>3, 2</td>
<td>–</td>
</tr>
</tbody>
</table>

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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:
- Mixed features associated with a Major Depressive Episode have been found to be a significant risk factor for the development of Bipolar I Disorder or Bipolar II Disorder.
- When considering DSM-5 symptom criteria for Major Depressive Episode, with mixed features, the assessor needs to ensure that the mixed symptoms are present during the majority of days of the current or most recent episode of depression, and that the mixed symptoms represent a change from the person's usual behavior.

Interpretative considerations for manic symptoms with an asterisk in Table 7 apply to manic symptoms assessed for the Depressive Episode, with mixed features specifier.
Table 7. DSM-5 Symptom Count and Criterion Status Score Requirements for Manic Episode

DSM-5 Symptom Count Requirements:
- Criterion A Elevated Mood and Increased Goal-Directed Activity or Energy and at least 3 of the 7 Criterion B symptoms.
- or -
- Criterion A Irritable Mood and Increased Goal-Directed Activity or Energy and at least 4 of the 7 Criterion B symptoms.

<table>
<thead>
<tr>
<th>DSM-5 Criteria A, B</th>
<th>Form</th>
<th>Item</th>
<th>Item #</th>
<th>Indicated</th>
<th>May be Indicated</th>
<th>Not Indicated</th>
</tr>
</thead>
<tbody>
<tr>
<td>A a, b, c</td>
<td>P</td>
<td>Seems abnormally happy for at least one week.</td>
<td>111*</td>
<td>3, 2, 1</td>
<td>–</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Has periods of irritability lasting for at least one week.</td>
<td>166</td>
<td>3, 2, 1</td>
<td>–</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Has shown an unusual increase in social, school, or sexual activities.</td>
<td>91</td>
<td>3, 2, 1</td>
<td>–</td>
<td>0</td>
</tr>
<tr>
<td>A</td>
<td>T</td>
<td>Seems abnormally happy for at least one week.</td>
<td>114*</td>
<td>3, 2, 1</td>
<td>–</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Has periods of irritability lasting for at least one week.</td>
<td>89</td>
<td>3, 2, 1</td>
<td>–</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Has shown an unusual increase in social, school, or sexual activities.</td>
<td>142</td>
<td>3, 2, 1</td>
<td>–</td>
<td>0</td>
</tr>
<tr>
<td>SR</td>
<td></td>
<td>I become unusually happy or irritable for a week or longer.</td>
<td>89*</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I suddenly have many more plans and activities than I used to.</td>
<td>149</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>B1</td>
<td>P</td>
<td>Thinks he/she is better than everyone and can do anything.</td>
<td>74*</td>
<td>3, 2, 1</td>
<td>–</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>T</td>
<td>Thinks he/she is better than everyone and can do anything.</td>
<td>27*</td>
<td>3, 2, 1</td>
<td>–</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>SR</td>
<td>I feel really good, like I’m better than everyone else and I can do anything.</td>
<td>171*</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>B2 d</td>
<td>P</td>
<td>Sleeps much less than he/she used to, but does not seem tired.</td>
<td>25*</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>T</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SR</td>
<td>I sleep much less than I used to but I don’t feel tired.</td>
<td>108*</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>B3</td>
<td>P</td>
<td>Has periods of fast, non-stop speech.</td>
<td>71*</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>T</td>
<td>Has periods of fast, non-stop speech.</td>
<td>25*</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>SR</td>
<td>I feel like I can’t stop talking.</td>
<td>63*</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>B4</td>
<td>P</td>
<td>Says thoughts are racing, or coming too fast.</td>
<td>109*</td>
<td>3, 2, 1</td>
<td>–</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>T</td>
<td>Says thoughts are racing, or coming too fast.</td>
<td>152*</td>
<td>3, 2, 1</td>
<td>–</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>SR</td>
<td>My thoughts come so fast that it is hard to keep up with them.</td>
<td>27*</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Table continued next page...
Table 7. *(continued)* DSM-5 Symptom Count and Criterion Status Score Requirements for Manic Episode

<table>
<thead>
<tr>
<th>DSM-5 Criteria A, B</th>
<th>Form</th>
<th>Item</th>
<th>Item #</th>
<th>Indicated</th>
<th>May be Indicated</th>
<th>Not Indicated</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli), as reported or observed.</strong></td>
<td>B5</td>
<td>P</td>
<td>87</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T</td>
<td>91</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>126</td>
<td>3</td>
<td>2</td>
<td>1, 0</td>
</tr>
<tr>
<td><strong>Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation (i.e., purposeless non-goal-directed activity).</strong></td>
<td>B6</td>
<td>P</td>
<td>91*</td>
<td>-or- 35</td>
<td>3, 2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>–</td>
<td>–</td>
<td>0-and-</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T</td>
<td>142*</td>
<td>-or- 83</td>
<td>3, 2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>–</td>
<td>–</td>
<td>0-and-</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>149*</td>
<td>-or- 86</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>–</td>
<td>1-and-</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>–</td>
<td>1-and-</td>
</tr>
<tr>
<td><strong>Excessive involvement in activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments).</strong></td>
<td>B7</td>
<td>P</td>
<td>198*</td>
<td>3, 2, 1</td>
<td>–</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T</td>
<td>154*</td>
<td>3, 2, 1</td>
<td>–</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>166*</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
</tbody>
</table>

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Notes: P = parent; T = teacher; SR = self-report; * = manic symptoms representing the mixed features specifier for Major Depressive Episode (see Table 6). 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:
- Presence of a current Manic Episode suggests consideration of Bipolar I Disorder.
- When considering DSM-5 symptom criteria for Manic Episode, the assessor needs to ensure the youth experiences the Criterion A symptoms nearly every day, and that the Criterion B symptoms represent a noticeable change from usual behavior.
- Criterion A requires increased goal-directed activity or increased energy. Increased energy is not assessed on the Conners CBRS. Follow-up is recommended to check if there has been an increase in energy.
- If the individual was hospitalized for the symptoms of Manic Episode, he/she is severe enough to warrant consideration for this diagnosis (even if symptoms did not persist for one week prior to hospitalization).
- If Criterion A May be Indicated or is Indicated on the Conners CBRS-SR (item #89), follow-up is required to determine whether the youth’s mood is elevated, expansive, or irritable.
- The Conners CBRS-T does not assess Criterion B2 (i.e., decreased need for sleep), as most teachers do not have the opportunity to observe this symptom.
- Criterion B7 (excessive involvement in activities that have a high potential for painful consequences) is assessed with the item “Seeks pleasure without caring about what bad things could happen” [P, T], or “I do things that feel good, no matter what bad things might happen afterwards” [SR]. The symptom criterion describes activities associated with short-term pleasure and long-term consequences (e.g., shopping sprees, sexual indiscretions, risky business investments), but “pleasure” or “feeling good” is not specified in the DSM-5. Further investigation is warranted to determine if the individual is engaged in high-risk activities.
Table 8. DSM-5 Symptom Count and Criterion Status Score Requirements for Manic Episode, with mixed features

DSM-5 Symptom Count Requirements:
- Full criteria met for Manic Episode
- At least 3 of the 6 Criterion A symptoms

<table>
<thead>
<tr>
<th>DSM-5 Criterion A</th>
<th>Form</th>
<th>Item</th>
<th>Item #</th>
<th>Indicated</th>
<th>May be Indicated</th>
<th>Not Indicated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prominent dysphoria or depressed mood as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful).</td>
<td>1</td>
<td>P If sad, gloomy, or irritable for many days at a time.</td>
<td>94</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>T If sad, gloomy, or irritable for many days at a time.</td>
<td>193</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>SR I feel sad, gloomy, or irritable for many days at a time.</td>
<td>115</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Diminished interest or pleasure in all, or almost all, activities (as indicated by either subjective account or observation made by others).</td>
<td>2</td>
<td>P Has lost interest or pleasure in activities.</td>
<td>53</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>T Has lost interest or pleasure in activities.</td>
<td>46</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>SR I don’t feel like doing things that I used to enjoy.</td>
<td>93</td>
<td>3, 2</td>
<td>−</td>
<td>1, 0</td>
</tr>
<tr>
<td>Psychomotor retardation nearly every day (observable by others; not merely subjective feelings of being slowed down).</td>
<td>3</td>
<td>P Seems physically slowed down.</td>
<td>103</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>T Seems physically slowed down.</td>
<td>136</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>SR I feel very slowed down in my movements.</td>
<td>26</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Fatigue or loss of energy.</td>
<td>4</td>
<td>P Seems tired; has low energy.</td>
<td>171</td>
<td>3, 2</td>
<td>−</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>T Seems tired; has low energy.</td>
<td>122</td>
<td>3, 2</td>
<td>−</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>SR I feel tired, like I don’t have enough energy.</td>
<td>137</td>
<td>3, 2</td>
<td>−</td>
<td>1, 0</td>
</tr>
<tr>
<td>Feelings of worthlessness or excessive or inappropriate guilt (not merely self-reproach or guilt about being sick).</td>
<td>5</td>
<td>P Feels inappropriately guilty.</td>
<td>124</td>
<td>3, 2</td>
<td>−</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>T Feels inappropriately guilty.</td>
<td>169</td>
<td>3, 2</td>
<td>−</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>SR I feel more guilty than I should.</td>
<td>118</td>
<td>3, 2</td>
<td>−</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>SR I feel worthless.</td>
<td>135</td>
<td>3, 2</td>
<td>−</td>
<td>1, 0</td>
</tr>
</tbody>
</table>

Table continued next page...
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Interpretative Considerations:
• Presence of a current Manic Episode, with mixed features suggests consideration of Bipolar I Disorder.
• When considering DSM-5 symptom criteria for Manic Episode, with mixed features, the assessor needs to ensure that the mixed symptoms are present during the majority of days of the current or most recent episode of mania, and that the mixed symptoms represent a change from the person’s usual behavior.
• The DSM-5 no longer includes irritability in Criterion A1 for mixed features.

Interpretative considerations for depressive symptoms with an asterisk in Table 5 apply to depressive symptoms assessed for the Manic Episode, with mixed features specifier.
Table 9. DSM-5 Symptom Count and Criterion Status Score Requirements for Generalized Anxiety Disorder

DSM-5 Symptom Count Requirements:
- Criteria A and B
- At least 1 of the 6 Criterion C symptoms

<table>
<thead>
<tr>
<th>DSM-5 Criteria A, B, C</th>
<th>Form</th>
<th>Item</th>
<th>Item #</th>
<th>Indicated</th>
<th>May be Indicated</th>
<th>Not Indicated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).</td>
<td>A</td>
<td>P</td>
<td>Worries about many things.</td>
<td>68</td>
<td>3, 2</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T</td>
<td>Worries about many things.</td>
<td>59</td>
<td>3, 2</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>I worry about lots of things.</td>
<td>78</td>
<td>3, 2</td>
<td>1, 0</td>
</tr>
<tr>
<td>The individual finds it difficult to control the worry.</td>
<td>B</td>
<td>P</td>
<td>Has trouble controlling his/her worries.</td>
<td>153</td>
<td>3, 2</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T</td>
<td>Has trouble controlling his/her worries.</td>
<td>186</td>
<td>3, 2</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>I have trouble controlling my worries.</td>
<td>38</td>
<td>3, 2</td>
<td>1, 0</td>
</tr>
<tr>
<td>Restlessness or feeling keyed up or on edge.</td>
<td>C1</td>
<td>P</td>
<td>Appears “on edge,” nervous, or jumpy.</td>
<td>42 89</td>
<td>3, 2</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T</td>
<td>Appears “on edge,” nervous, or jumpy.</td>
<td>194 139</td>
<td>3, 2</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>I feel nervous or jumpy.</td>
<td>3 86</td>
<td>3, 2</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>I am restless.</td>
<td>-or-</td>
<td>3, 2</td>
<td>1, 0</td>
</tr>
<tr>
<td>Being easily fatigued.</td>
<td>C2</td>
<td>P</td>
<td>Seems tired; has low energy.</td>
<td>171 50</td>
<td>3, 2 1</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T</td>
<td>Seems tired; has low energy.</td>
<td>122 7</td>
<td>3, 2, 1</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>I feel tired, like I don’t have enough energy.</td>
<td>137</td>
<td>3, 2</td>
<td>1, 0</td>
</tr>
<tr>
<td>Difficulty concentrating or mind going blank.</td>
<td>C3</td>
<td>P</td>
<td>Has trouble concentrating.</td>
<td>4</td>
<td>3, 2</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T</td>
<td>Has trouble concentrating.</td>
<td>199</td>
<td>3, 2</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>I have trouble keeping my mind on things.</td>
<td>113</td>
<td>3, 2</td>
<td>1, 0</td>
</tr>
<tr>
<td>Irritability.</td>
<td>C4</td>
<td>P</td>
<td>Becomes irritable when anxious.</td>
<td>196 108</td>
<td>3, 2</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T</td>
<td>Becomes irritable when anxious.</td>
<td>35 174</td>
<td>3, 2</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>When I feel nervous, things irritate me.</td>
<td>142</td>
<td>3, 2</td>
<td>1, 0</td>
</tr>
</tbody>
</table>

(Table continued next page...)
### DSM-5 Symptom Count and Criterion Status Score Requirements for Generalized Anxiety Disorder

<table>
<thead>
<tr>
<th>DSM-5 Criteria A, B, C</th>
<th>Form</th>
<th>Item</th>
<th>Item #</th>
<th>Indicated</th>
<th>May be Indicated</th>
<th>Not Indicated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Muscle tension.</td>
<td>C5</td>
<td>P</td>
<td>Muscles get tense when worried about something.</td>
<td>7</td>
<td>3, 2</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td>T</td>
<td>Muscles get tense when worried about something.</td>
<td>195</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>SR</td>
<td>My muscles get tense when I am worried about something.</td>
<td>13</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td>Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep).</td>
<td>C6b</td>
<td>P</td>
<td>Worries so much that he/she has trouble sleeping.</td>
<td>119</td>
<td>3, 2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-or-</td>
<td></td>
<td>3, 2</td>
<td>0</td>
<td>-and-1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-or-</td>
<td></td>
<td>3, 2</td>
<td>–</td>
<td>-and-1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-or-</td>
<td></td>
<td>3, 2</td>
<td>–</td>
<td>-and-1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>126</td>
<td></td>
<td>3, 2</td>
<td>–</td>
<td>-and-1, 0</td>
</tr>
<tr>
<td></td>
<td>T</td>
<td>Falls asleep in class.</td>
<td>181</td>
<td>3, 2, 1</td>
<td>–</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>SR</td>
<td>I have trouble sleeping because I am worrying about stuff.</td>
<td>10</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-or-</td>
<td></td>
<td>3, 2</td>
<td>–</td>
<td>-and-1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-or-</td>
<td></td>
<td>3, 2</td>
<td>–</td>
<td>-and-1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td>3, 2</td>
<td>–</td>
<td>-and-1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-or-</td>
<td></td>
<td>3, 2</td>
<td>–</td>
<td>-and-1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-or-</td>
<td></td>
<td>3, 2</td>
<td>–</td>
<td>-and-1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-or-</td>
<td></td>
<td>3, 2</td>
<td>–</td>
<td>-and-1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>158</td>
<td></td>
<td>3, 2</td>
<td>–</td>
<td>-and-1, 0</td>
</tr>
</tbody>
</table>

---

**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:**

* The DSM-5 requires at least one of six criterion C symptoms for children; at least three out of the six symptoms are required for adults (no clarification is provided regarding “adolescents”). The Conners CBRS Symptom Count is based on the DSM-5 criteria for children.

* Criterion C6 is assessed indirectly (i.e., “Falls asleep in class”), as most teachers do not have the opportunity to observe the youth’s sleep habits at night. Follow-up is recommended to obtain additional information regarding sleep problems.
Table 10. DSM-5 Symptom Count and Criterion Status Score Requirements for Separation Anxiety Disorder

DSM-5 Symptom Count Requirements: At least 3 of the 8 symptoms.

<table>
<thead>
<tr>
<th>DSM-5 Criterion A</th>
<th>Form</th>
<th>Item</th>
<th>Item #</th>
<th>Indicated</th>
<th>May Be Indicated</th>
<th>Not Indicated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recurrent excessive distress when anticipating or</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>experiencing separation from home or from major</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>attachment figures.</td>
<td>1</td>
<td>P</td>
<td>76</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T</td>
<td>1</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>61</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td>Persistent and excessive worry about losing major</td>
<td>2</td>
<td>P</td>
<td>31</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td>attachment figures or about possible harm to them,</td>
<td></td>
<td>T</td>
<td>170</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>such as illness, injury, disasters, or death.</td>
<td></td>
<td>SR</td>
<td>24</td>
<td>3</td>
<td>2</td>
<td>1, 0</td>
</tr>
<tr>
<td>Persistent and excessive worry about experiencing an</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>untoward event (e.g., getting lost, being kidnapped,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>having an accident, becoming ill) that causes</td>
<td>3</td>
<td>P</td>
<td>88</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>separation from a major attachment figure.</td>
<td></td>
<td>T</td>
<td>68</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>145</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td>Persistent reluctance or refusal to go out, away from</td>
<td>4</td>
<td>P</td>
<td>44</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>home, to school, to work, or elsewhere because of fear</td>
<td></td>
<td>T</td>
<td>189</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>of separation.</td>
<td></td>
<td>SR</td>
<td>151</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Persistent and excessive fear of or reluctance about</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>being alone or without major attachment figures at</td>
<td>5</td>
<td>P</td>
<td>41</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td>home or in other settings.</td>
<td></td>
<td>T</td>
<td>26</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>14</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persistent reluctance or refusal to sleep away from</td>
<td>6</td>
<td>P</td>
<td>160</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>home or to go to sleep without being near a major</td>
<td></td>
<td>T</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>attachment figure.</td>
<td></td>
<td>SR</td>
<td>127</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Repeated nightmares involving the theme of separation.</td>
<td>7</td>
<td>P</td>
<td>81</td>
<td>3, 2, 1</td>
<td>–</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SR</td>
<td>49</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

*Table continued next page...
Repeated complaints of physical symptoms (e.g., headaches, stomachaches, nausea, vomiting) when separation from major attachment figures occurs or is anticipated.

<table>
<thead>
<tr>
<th>Form</th>
<th>Item</th>
<th>Item #</th>
<th>Indicated</th>
<th>May be Indicated</th>
<th>Not Indicated</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>P</td>
<td>Complains of aches and pains when worried about being separated from family.</td>
<td>184</td>
<td>3, 2, 1</td>
<td>–</td>
</tr>
<tr>
<td>8</td>
<td>T</td>
<td>Complains of aches and pains when worried about being separated from family.</td>
<td>111</td>
<td>3, 2, 1</td>
<td>–</td>
</tr>
<tr>
<td>8</td>
<td>SR</td>
<td>I get aches and pains when I think about being away from my family.</td>
<td>52</td>
<td>3, 2</td>
<td>1</td>
</tr>
</tbody>
</table>

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:

* The Conners CBRS-T does not assess Criterion A6 (reluctance or refusal to sleep away from his/her home, or to go to sleep without an attachment figure) or Criterion A7 (has nightmares about separation), as most teachers do not have the opportunity to observe these symptoms.
### Table 11. DSM-5 Symptom Count and Criterion Status Score Requirements for Social Anxiety Disorder (Social Phobia)

**DSM-5 Symptom Count Requirements: Criteria A, B, C, and D.**

<table>
<thead>
<tr>
<th>DSM-5 Criterion A, B, C, D</th>
<th>Form</th>
<th>Item</th>
<th>Item #</th>
<th>Indicated</th>
<th>May be Indicated</th>
<th>Not Indicated</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong></td>
<td>P</td>
<td>Panics about social situations or when doing things in front of people.</td>
<td>22</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td>T</td>
<td>Panics about social situations or when doing things in front of people.</td>
<td>200</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>SR</td>
<td>I get panicky when I have to do things in front of other people (like answer questions or give a talk).</td>
<td>46</td>
<td>3</td>
<td>2</td>
<td>1, 0</td>
</tr>
<tr>
<td><strong>B</strong></td>
<td>P</td>
<td>Fears being embarrassed or humiliated in front of peers.</td>
<td>187</td>
<td>3</td>
<td>2</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td>T</td>
<td>Fears being embarrassed or humiliated in front of peers.</td>
<td>34</td>
<td>3</td>
<td>2</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td>SR</td>
<td>I worry that other people might laugh at me or make fun of me.</td>
<td>44</td>
<td>3</td>
<td>2</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I worry about what others think of me.</td>
<td>161</td>
<td>3</td>
<td>2</td>
<td>1, 0</td>
</tr>
<tr>
<td><strong>C</strong></td>
<td>P</td>
<td>Panics about social situations or when doing things in front of people.</td>
<td>22</td>
<td>3</td>
<td>2</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td>T</td>
<td>Panics about social situations or when doing things in front of people.</td>
<td>200</td>
<td>3</td>
<td>2</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td>SR</td>
<td>I get panicky when I have to do things in front of other people (like answer questions or give a talk).</td>
<td>46</td>
<td>3</td>
<td>2</td>
<td>1, 0</td>
</tr>
</tbody>
</table>

*Table continued next page...*
### DSM-5 Diagnostic Criteria

**DSM-5 Criterion A, B, C, D**

<table>
<thead>
<tr>
<th>Form</th>
<th>Item</th>
<th>Item #</th>
<th>Indicated</th>
<th>May be Indicated</th>
<th>Not Indicated</th>
</tr>
</thead>
<tbody>
<tr>
<td>P</td>
<td>Avoids or becomes distressed about doing things in front of people.</td>
<td>92-176</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td>Avoids social situations, or becomes distressed when required to participate.</td>
<td></td>
<td>–</td>
<td>1</td>
<td>–</td>
</tr>
<tr>
<td>T</td>
<td>Avoids or becomes distressed about doing things in front of people.</td>
<td>24-171</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td>Avoids social situations, or becomes distressed when required to participate.</td>
<td></td>
<td>–</td>
<td>1</td>
<td>–</td>
</tr>
<tr>
<td>SR</td>
<td>I avoid or get really stressed out about doing things in front of other people.</td>
<td>74-84</td>
<td>3, 2</td>
<td>–</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td>I avoid or get really stressed out by talking to unfamiliar people.</td>
<td></td>
<td>–</td>
<td>1</td>
<td>–</td>
</tr>
</tbody>
</table>

The social situations are avoided or endured with intense fear or anxiety.

---

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:

Social Anxiety Disorder (Social Phobia) Criterion E states that fear or anxiety about social situations is out of proportion to the actual threat posed by the social situation and to the sociocultural context. If the Symptom Count is *probably met* for Social Anxiety Disorder, follow-up is recommended to ensure this requirement is satisfied.

- **Criterion A** (fear or anxiety about situations that involve possibly scrutiny by others) and **Criterion C** (always experiences fear or anxiety in relevant social situations) focus on fear or anxiety, rather than panic. Further investigation is warranted to determine if there is marked fear or anxiety in social situations.

- **Criterion C** does not limit anxiety-provoking social situations to those that involve unfamiliar people. Further investigation is warranted to determine if fear or anxiety is expressed in social situations with familiar people.

- The Conners CBRS-SR item for **Criterion C** focuses on performance rather than social situations and does not include possible child expressions of fear or anxiety. Further investigation is warranted to determine if there is marked fear or anxiety, expressed via child expressions or otherwise, in one or more social situations.
Table 12. DSM-5 Symptom Count and Criterion Status Score Requirements for Obsessive-Compulsive Disorder

**DSM-5 Symptom Count Requirements:**
- Both Obsessions symptoms
  - or-
- Both Compulsions symptoms

<table>
<thead>
<tr>
<th>DSM-5 Criterion A</th>
<th>Form</th>
<th>Item</th>
<th>Item #</th>
<th>Indicated</th>
<th>May be Indicated</th>
<th>Not Indicated</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Obsessions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recurrent and persistent thoughts, urges, or images that are experienced, at some time during the disturbance, as intrusive and unwanted, and that in most individuals cause marked anxiety or distress.</td>
<td>A1</td>
<td>P</td>
<td>Gets stuck on thoughts, urges, or mental pictures that are upsetting.</td>
<td>159</td>
<td>3, 2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Creates thoughts or pictures that get stuck in his/her mind.</td>
<td>183</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>T</td>
<td>Gets stuck on thoughts, urges, or mental pictures that are upsetting.</td>
<td>3</td>
<td>3, 2</td>
<td>1</td>
<td>0 - and-0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Creates thoughts or pictures that get stuck in his/her mind.</td>
<td>158</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>SR</td>
<td>Upsetting thoughts or pictures get stuck in my mind and it's hard to make them go away.</td>
<td>94</td>
<td>3, 2</td>
<td>-</td>
<td>1, 0 - and-1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>I create upsetting thoughts or pictures that get stuck in my mind.</td>
<td>31</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The individual attempts to ignore or suppress such thoughts, urges, or images, or to neutralize them with some other thought or action (i.e., by performing a compulsion).</td>
<td>A2</td>
<td>P</td>
<td>Has upsetting thoughts, urges, or mental pictures that he/she tries to make go away.</td>
<td>84</td>
<td>3, 2, 1</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>T</td>
<td>Has upsetting thoughts, urges, or mental pictures that he/she tries to make go away.</td>
<td>53</td>
<td>3, 2, 1</td>
<td>-</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>SR</td>
<td>Upsetting thoughts or pictures get stuck in my mind and I try to make them go away.</td>
<td>22</td>
<td>3, 2</td>
<td>-</td>
<td>1, 0</td>
</tr>
<tr>
<td><strong>Compulsions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly.</td>
<td>A1</td>
<td>P</td>
<td>Does things over and over again (for example, hand washing, double-checking, or counting).</td>
<td>178</td>
<td>3, 2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>T</td>
<td>Does things over and over again (for example, hand washing, double-checking, or counting).</td>
<td>121</td>
<td>3, 2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>SR</td>
<td>It's hard to stop myself from doing certain things over and over again (like counting, checking locks or other things, or washing my hands).</td>
<td>54</td>
<td>3, 2</td>
<td>-</td>
<td>1, 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The behaviors or mental acts are aimed at preventing or reducing anxiety or distress, or preventing some dreaded event or situation; however, these behaviors or mental acts are not connected in a realistic way with what they are designed to neutralize or prevent, or are clearly excessive. Note: Young children may not be able to articulate the aims of these behaviors or mental acts.</td>
<td>A2</td>
<td>P</td>
<td>Does things over and over again to reduce anxiety, but in an unrealistic or excessive way.</td>
<td>175</td>
<td>3, 2, 1</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>T</td>
<td>Does things over and over again to reduce anxiety, but in an unrealistic or excessive way.</td>
<td>183</td>
<td>3, 2, 1</td>
<td>-</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>SR</td>
<td>Doing things over and over again helps me feel less worried.</td>
<td>119</td>
<td>3, 2</td>
<td>-</td>
<td>1, 0</td>
</tr>
</tbody>
</table>

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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).
Table 13. DSM-5 Symptom Count and Criterion Status Score Requirements for Autism Spectrum Disorder

DSM-5 Symptom Count Requirements:
- Criterion A, including A1, A2, and A3
- At least 2 of the 4 Criterion B symptoms

<table>
<thead>
<tr>
<th>DSM-5 Criteria A, B</th>
<th>Form</th>
<th>Item</th>
<th>Item #</th>
<th>Indicated</th>
<th>May be indicated</th>
<th>Not indicated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.</td>
<td>A1</td>
<td>P</td>
<td>Does not recognize or react appropriately to other people’s moods or feelings.</td>
<td>85-87 (R) 156-186 (R)</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Is interested in other people, or in what they are doing. (R)</td>
<td>77-79 (R) 154-186 (R)</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Has trouble starting a conversation or keeping a conversation going.</td>
<td>156 (R)</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Shares feelings, interests, or achievements with others. (R)</td>
<td>186 (R)</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.</td>
<td>A2</td>
<td>P</td>
<td>Uses facial expressions, eye contact, and hand gestures appropriately. (R)</td>
<td>2 (R)</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Uses facial expressions, eye contact, and hand gestures appropriately. (R)</td>
<td>138 (R)</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.</td>
<td>A3</td>
<td>P</td>
<td>Is unable to develop peer relationships.</td>
<td>64</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Is unable to develop peer relationships.</td>
<td>118</td>
<td>3</td>
<td>2, 1</td>
</tr>
<tr>
<td>Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).</td>
<td>B1</td>
<td>P</td>
<td>Repeats body movements over and over (for example, rocking, spinning, or hand flapping).</td>
<td>188</td>
<td>3, 2, 1</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Unusual use of language (for example, repeats things, sounds like a robot or a little professor, uses a high-pitched voice, or uses made-up words).</td>
<td>48</td>
<td>3, 2, 1</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Repeats body movements over and over (for example, rocking, spinning, or hand flapping).</td>
<td>132</td>
<td>3, 2, 1</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Unusual use of language (e.g., repeats things, sounds like a robot or a little professor, uses a high-pitched voice, or uses made-up words).</td>
<td>69</td>
<td>3, 2, 1</td>
<td>-</td>
</tr>
</tbody>
</table>

Table continued on next page...
Table 13. (continued) DSM-5 Symptom Count and Criterion Status Score Requirements for Autism Spectrum Disorder

<table>
<thead>
<tr>
<th>DSM-5 Criteria A, B</th>
<th>Form</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food very day).</strong></td>
<td>B2</td>
<td><strong>P</strong> Has rituals or routines and gets unusually upset if these are interrupted or changed.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>T</td>
<td>Has rituals or routines and gets unusually upset if these are interrupted or changed.</td>
</tr>
<tr>
<td><strong>Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).</strong></td>
<td>B3</td>
<td><strong>P</strong> Has limited interests or gets stuck on one thing.</td>
</tr>
<tr>
<td></td>
<td>T</td>
<td>Has limited interests or gets stuck on one thing.</td>
</tr>
</tbody>
</table>

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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). (R) = Item is reverse scored.

Interpretative Considerations:
Criterion B4 (hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment) is not assessed on the Conners CBRS.
Standardization and Reliability of the Conners CBRS DSM-5 Symptom Scales

Norm Construction. The construction of the norms for the Conners CBRS DSM-5 Symptom Scales that changed (i.e., Major Depressive Episode, Social Anxiety Disorder, Obsessive Compulsive Disorder, and Autism Spectrum Disorder) was performed in the same fashion as for the original scales of the instrument using the same normative samples (see chapter 10 of the Conners CBRS Manual, Standardization). Actual construction of the norms was conducted by rater type (i.e., Parent, Teacher, and Self-Report) for each of the age and gender groups (see Tables 15 to 17 for the normative samples’ means and standard deviations, for scales that have changed from the DSM-IV-TR to the DSM-5. See Tables 10.34 to 10.45 in the Conners CBRS Manual for the means and standard deviations of the other Conners CBRS scales). Note that the means presented in these tables have been statistically smoothed (see chapter 10 in the Conners CBRS Manual for more information on the smoothing process). Standard scores (T-scores with a mean of 50 and standard deviation of 10) were computed for each norm group, as were empirical percentiles.

For scales that have changed, Pearson product-moment correlation coefficients between the DSM-5 Symptom Scales and the DSM-IV-TR Symptom Scales of the Conners CBRS were computed and are reported in Table 14. These values ranged from .909 to .998 across norm groups and rater versions.

Table 14. Correlations between the Conners CBRS DSM-IV-TR and DSM-5 Symptom Scales

<table>
<thead>
<tr>
<th>Scale</th>
<th>Total Sample</th>
<th>General Population</th>
<th>Clinical Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Depressive Episode</td>
<td>.998 .996 .997</td>
<td>.997 .996 .997</td>
<td>.997 .996 .997</td>
</tr>
<tr>
<td>Social Anxiety Disorder</td>
<td>.939 .936 .963</td>
<td>.910 .909 .956</td>
<td>.960 .964 .970</td>
</tr>
<tr>
<td>Obsessive-Compulsive Disorder</td>
<td>.973 .973 .979</td>
<td>.949 .952 .997</td>
<td>.979 .978 .980</td>
</tr>
<tr>
<td>DSM-5 Autism Spectrum Disorder vs. DSM-IV-TR Autistic Disorder</td>
<td>.974 .968 n/a</td>
<td>.964 .970 n/a</td>
<td>.976 .977 n/a</td>
</tr>
<tr>
<td>DSM-5 Autism Spectrum Disorder vs. DSM-IV-TR Asperger’s Disorder</td>
<td>.979 .973 n/a</td>
<td>.977 .984 n/a</td>
<td>.976 .971 n/a</td>
</tr>
<tr>
<td>N</td>
<td>2,276 2,360 2,055</td>
<td>1,575 1,690 1,359</td>
<td>704 670 698</td>
</tr>
</tbody>
</table>

Notes: n/a = not applicable (i.e., DSM-5 Autism Spectrum Disorder [as well as DSM-IV-TR Autistic Disorder and Asperger’s Disorder] are not assessed on the self-report form; see the Conners CBRS Manual for more information). All rs significant, p < .001.
Table 15. Conners CBRS-P Normative Sample Means and Standard Deviations for the DSM-5 Symptom Scales (Ages 6 to 18)

<table>
<thead>
<tr>
<th>Scale</th>
<th>Age 6</th>
<th>Age 7</th>
<th>Age 8</th>
<th>Age 9</th>
<th>Age 10</th>
<th>Age 11</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td>T</td>
<td>M</td>
<td>F</td>
<td>T</td>
</tr>
<tr>
<td>Major Depressive Episode</td>
<td>1.82</td>
<td>1.95</td>
<td>1.92</td>
<td>1.93</td>
<td>2.02</td>
<td>1.97</td>
</tr>
<tr>
<td>Social Anxiety Disorder</td>
<td>2.44</td>
<td>3.03</td>
<td>2.58</td>
<td>3.25</td>
<td>2.90</td>
<td>3.26</td>
</tr>
<tr>
<td>Obsessive-Compulsive Disorder</td>
<td>2.82</td>
<td>2.47</td>
<td>2.30</td>
<td>2.28</td>
<td>2.58</td>
<td>2.43</td>
</tr>
<tr>
<td>Autism Spectrum Disorder</td>
<td>0.44</td>
<td>0.42</td>
<td>0.43</td>
<td>0.43</td>
<td>0.46</td>
<td>0.44</td>
</tr>
<tr>
<td></td>
<td>0.97</td>
<td>0.90</td>
<td>0.94</td>
<td>1.13</td>
<td>1.34</td>
<td>1.28</td>
</tr>
<tr>
<td></td>
<td>3.55</td>
<td>3.58</td>
<td>3.67</td>
<td>4.15</td>
<td>3.56</td>
<td>3.85</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scale</th>
<th>Age 12</th>
<th>Age 13</th>
<th>Age 14</th>
<th>Age 15</th>
<th>Age 16</th>
<th>Age 17/18</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td>T</td>
<td>M</td>
<td>F</td>
<td>T</td>
</tr>
<tr>
<td>Major Depressive Episode</td>
<td>2.05</td>
<td>2.50</td>
<td>2.42</td>
<td>2.41</td>
<td>2.60</td>
<td>2.55</td>
</tr>
<tr>
<td>Social Anxiety Disorder</td>
<td>2.47</td>
<td>3.13</td>
<td>3.13</td>
<td>2.71</td>
<td>3.35</td>
<td>2.90</td>
</tr>
<tr>
<td>Obsessive-Compulsive Disorder</td>
<td>2.71</td>
<td>2.99</td>
<td>2.87</td>
<td>2.73</td>
<td>2.75</td>
<td>2.91</td>
</tr>
<tr>
<td>Autism Spectrum Disorder</td>
<td>0.37</td>
<td>0.60</td>
<td>0.46</td>
<td>0.35</td>
<td>0.56</td>
<td>0.46</td>
</tr>
<tr>
<td></td>
<td>0.90</td>
<td>1.23</td>
<td>1.07</td>
<td>0.88</td>
<td>1.03</td>
<td>0.97</td>
</tr>
</tbody>
</table>

Note: M = Male, F = Female, T = Total.
Table 16. Conners CBRS−T Normative Sample Means and Standard Deviations for the DSM-5 Symptom Scales (Ages 6 to 18)

<table>
<thead>
<tr>
<th>Scale</th>
<th>Age 6</th>
<th>Age 7</th>
<th>Age 8</th>
<th>Age 9</th>
<th>Age 10</th>
<th>Age 11</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td>T</td>
<td>M</td>
<td>F</td>
<td>T</td>
</tr>
<tr>
<td>Major Depressive Episode</td>
<td>M</td>
<td>1.22</td>
<td>1.09</td>
<td>1.16</td>
<td>1.22</td>
<td>0.99</td>
</tr>
<tr>
<td>SD</td>
<td>2.12</td>
<td>2.59</td>
<td>2.32</td>
<td>2.23</td>
<td>2.76</td>
<td>2.34</td>
</tr>
<tr>
<td>Social Anxiety Disorder</td>
<td>M</td>
<td>2.11</td>
<td>1.99</td>
<td>2.05</td>
<td>1.96</td>
<td>1.78</td>
</tr>
<tr>
<td>SD</td>
<td>2.85</td>
<td>2.31</td>
<td>2.61</td>
<td>2.25</td>
<td>2.50</td>
<td>2.43</td>
</tr>
<tr>
<td>Obsessive-Compulsive Disorder</td>
<td>M</td>
<td>0.42</td>
<td>0.37</td>
<td>0.39</td>
<td>0.38</td>
<td>0.34</td>
</tr>
<tr>
<td>SD</td>
<td>4.37</td>
<td>3.37</td>
<td>4.14</td>
<td>3.89</td>
<td>4.57</td>
<td>4.20</td>
</tr>
</tbody>
</table>

Note: M = Male, F = Female, T = Total.
Table 17. Conners CBRS−SR Normative Sample Means and Standard Deviations for the DSM-5 Symptom Scales (Ages 8 to 18)

<table>
<thead>
<tr>
<th>Scale</th>
<th>Age 8</th>
<th>Age 9</th>
<th>Age 10</th>
<th>Age 11</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td>T</td>
<td>M</td>
</tr>
<tr>
<td><strong>Major Depressive Episode</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>5.04</td>
<td>6.42</td>
<td>5.41</td>
<td>5.50</td>
</tr>
<tr>
<td>SD</td>
<td>5.32</td>
<td>5.70</td>
<td>5.44</td>
<td>5.44</td>
</tr>
<tr>
<td><strong>Social Anxiety Disorder</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>2.81</td>
<td>3.71</td>
<td>3.57</td>
<td>3.36</td>
</tr>
<tr>
<td>SD</td>
<td>2.90</td>
<td>2.96</td>
<td>2.90</td>
<td>3.28</td>
</tr>
<tr>
<td><strong>Obsessive-Compulsive Disorder</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>2.28</td>
<td>2.86</td>
<td>2.39</td>
<td>2.48</td>
</tr>
<tr>
<td>SD</td>
<td>2.44</td>
<td>3.09</td>
<td>2.81</td>
<td>3.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scale</th>
<th>Age 12</th>
<th>Age 13</th>
<th>Age 14</th>
<th>Age 15</th>
<th>Age 16</th>
<th>Age 17/18</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td>T</td>
<td>M</td>
<td>F</td>
<td>T</td>
</tr>
<tr>
<td><strong>Major Depressive Episode</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>5.64</td>
<td>5.97</td>
<td>5.86</td>
<td>5.95</td>
<td>5.44</td>
<td>6.05</td>
</tr>
<tr>
<td>SD</td>
<td>5.38</td>
<td>6.80</td>
<td>6.21</td>
<td>5.17</td>
<td>5.05</td>
<td>5.33</td>
</tr>
<tr>
<td><strong>Social Anxiety Disorder</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>3.43</td>
<td>4.00</td>
<td>3.95</td>
<td>3.43</td>
<td>4.21</td>
<td>4.10</td>
</tr>
<tr>
<td>SD</td>
<td>2.54</td>
<td>3.13</td>
<td>3.02</td>
<td>2.77</td>
<td>2.98</td>
<td>2.94</td>
</tr>
<tr>
<td><strong>Obsessive-Compulsive Disorder</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>2.73</td>
<td>2.20</td>
<td>2.71</td>
<td>2.18</td>
<td>1.95</td>
<td>2.20</td>
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<tr>
<td>SD</td>
<td>3.32</td>
<td>3.14</td>
<td>3.25</td>
<td>2.36</td>
<td>2.69</td>
<td>2.53</td>
</tr>
</tbody>
</table>

Note: M = Male, F = Female, T = Total.
### Table 18. Cronbach’s Alpha: Conners CBRS−P Total Sample

<table>
<thead>
<tr>
<th>Scale</th>
<th>Total</th>
<th>Male 6-9</th>
<th>Male 10-13</th>
<th>Male 14-18</th>
<th>Female 6-9</th>
<th>Female 10-13</th>
<th>Female 14-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Depressive Episode</td>
<td>.882</td>
<td>.840</td>
<td>.883</td>
<td>.863</td>
<td>.810</td>
<td>.885</td>
<td>.905</td>
</tr>
<tr>
<td>Social Anxiety Disorder</td>
<td>.800</td>
<td>.790</td>
<td>.836</td>
<td>.771</td>
<td>.791</td>
<td>.783</td>
<td>.811</td>
</tr>
<tr>
<td>Obsessive-Compulsive Disorder</td>
<td>.803</td>
<td>.838</td>
<td>.825</td>
<td>.772</td>
<td>.788</td>
<td>.819</td>
<td>.755</td>
</tr>
<tr>
<td>Autism Spectrum Disorder</td>
<td>.794</td>
<td>.795</td>
<td>.811</td>
<td>.807</td>
<td>.728</td>
<td>.778</td>
<td>.798</td>
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</tbody>
</table>

### Table 19. Cronbach’s Alpha: Conners CBRS−T Total Sample

<table>
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<th>Scale</th>
<th>Total</th>
<th>Male 6-9</th>
<th>Male 10-13</th>
<th>Male 14-18</th>
<th>Female 6-9</th>
<th>Female 10-13</th>
<th>Female 14-18</th>
</tr>
</thead>
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<td>.851</td>
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<td>.851</td>
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<td>.859</td>
<td>.896</td>
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<tr>
<td>Social Anxiety Disorder</td>
<td>.825</td>
<td>.812</td>
<td>.850</td>
<td>.822</td>
<td>.779</td>
<td>.846</td>
<td>.812</td>
</tr>
<tr>
<td>Obsessive-Compulsive Disorder</td>
<td>.827</td>
<td>.727</td>
<td>.803</td>
<td>.857</td>
<td>.843</td>
<td>.823</td>
<td>.856</td>
</tr>
<tr>
<td>Autism Spectrum Disorder</td>
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<td>.657</td>
<td>.711</td>
<td>.693</td>
<td>.522</td>
<td>.530</td>
<td>.647</td>
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### Table 20. Cronbach’s Alpha: Conners CBRS−SR Total Sample

<table>
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<th>Scale</th>
<th>Total</th>
<th>Male 8-9</th>
<th>Male 10-13</th>
<th>Male 14-18</th>
<th>Female 8-9</th>
<th>Female 10-13</th>
<th>Female 14-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Depressive Episode</td>
<td>.892</td>
<td>.885</td>
<td>.885</td>
<td>.877</td>
<td>.889</td>
<td>.887</td>
<td>.901</td>
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<tr>
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<td>.773</td>
<td>.786</td>
<td>.799</td>
<td>.758</td>
<td>.753</td>
<td>.815</td>
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<tr>
<td>Obsessive-Compulsive Disorder</td>
<td>.812</td>
<td>.816</td>
<td>.794</td>
<td>.800</td>
<td>.828</td>
<td>.812</td>
<td>.825</td>
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</table>

### Table 21. Cronbach’s Alpha: Conners CBRS−P General Population Sample

<table>
<thead>
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<th>Scale</th>
<th>Total</th>
<th>Male 6-9</th>
<th>Male 10-13</th>
<th>Male 14-18</th>
<th>Female 6-9</th>
<th>Female 10-13</th>
<th>Female 14-18</th>
</tr>
</thead>
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<tr>
<td>Major Depressive Episode</td>
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<td>.726</td>
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<td>.765</td>
<td>.719</td>
<td>.827</td>
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<td>.804</td>
<td>.768</td>
<td>.714</td>
<td>.772</td>
<td>.762</td>
<td>.769</td>
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<tr>
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<td>.711</td>
<td>.584</td>
<td>.715</td>
<td>.658</td>
<td>.730</td>
<td>.659</td>
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<td>.707</td>
<td>.635</td>
<td>.711</td>
<td>.692</td>
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<td>.684</td>
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### Table 22. Cronbach’s Alpha: Conners CBRS−T General Population Sample

<table>
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<th>Scale</th>
<th>Total</th>
<th>Male 6-9</th>
<th>Male 10-13</th>
<th>Male 14-18</th>
<th>Female 6-9</th>
<th>Female 10-13</th>
<th>Female 14-18</th>
</tr>
</thead>
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<tr>
<td>Major Depressive Episode</td>
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<td>.648</td>
<td>.844</td>
<td>.790</td>
<td>.787</td>
<td>.817</td>
<td>.847</td>
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<tr>
<td>Social Anxiety Disorder</td>
<td>.789</td>
<td>.793</td>
<td>.844</td>
<td>.755</td>
<td>.769</td>
<td>.784</td>
<td>.782</td>
</tr>
<tr>
<td>Obsessive-Compulsive Disorder</td>
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<td>.483</td>
<td>.834</td>
<td>.757</td>
<td>.741</td>
<td>.733</td>
<td>.689</td>
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<td>Autism Spectrum Disorder</td>
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<td>.462</td>
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<td>.544</td>
<td>.526</td>
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<td>.493</td>
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</table>

### Table 23. Cronbach’s Alpha: Conners CBRS−SR General Population Sample

<table>
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<th>Scale</th>
<th>Total</th>
<th>Male 8-9</th>
<th>Male 10-13</th>
<th>Male 14-18</th>
<th>Female 8-9</th>
<th>Female 10-13</th>
<th>Female 14-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Depressive Episode</td>
<td>.871</td>
<td>.876</td>
<td>.821</td>
<td>.841</td>
<td>.865</td>
<td>.867</td>
<td>.898</td>
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<tr>
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<td>.731</td>
<td>.726</td>
<td>.762</td>
<td>.721</td>
<td>.729</td>
<td>.798</td>
</tr>
<tr>
<td>Obsessive-Compulsive Disorder</td>
<td>.786</td>
<td>.805</td>
<td>.755</td>
<td>.789</td>
<td>.771</td>
<td>.786</td>
<td>.806</td>
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</table>
**Table 24. Cronbach’s Alpha: Conners CBRS−P Clinical Sample**

<table>
<thead>
<tr>
<th>Scale</th>
<th>Total</th>
<th>Male</th>
<th>6−9</th>
<th>10−13</th>
<th>14−18</th>
<th>Female</th>
<th>6−9</th>
<th>10−13</th>
<th>14−18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Depressive Episode</td>
<td>.891</td>
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<td>.866</td>
<td>.863</td>
<td>.844</td>
<td>.903</td>
<td>.883</td>
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<td></td>
</tr>
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<td>Social Anxiety Disorder</td>
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<td>.749</td>
<td>.857</td>
<td>.814</td>
<td>.787</td>
<td>.773</td>
<td>.793</td>
<td></td>
<td></td>
</tr>
<tr>
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<td>.885</td>
<td>.840</td>
<td>.769</td>
<td>.878</td>
<td>.842</td>
<td>.755</td>
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<td></td>
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<td>Autism Spectrum Disorder</td>
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<td>.833</td>
<td>.837</td>
<td>.828</td>
<td>.763</td>
<td>.843</td>
<td>.803</td>
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</tbody>
</table>

**Table 25. Cronbach’s Alpha: Conners CBRS−T Clinical Sample**

<table>
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<th>Scale</th>
<th>Total</th>
<th>Male</th>
<th>6−9</th>
<th>10−13</th>
<th>14−18</th>
<th>Female</th>
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<th>10−13</th>
<th>14−18</th>
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<td>.873</td>
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<tr>
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<td>.878</td>
<td>.788</td>
<td>.865</td>
<td>.841</td>
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<td></td>
</tr>
<tr>
<td>Obsessive-Compulsive Disorder</td>
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<td>.833</td>
<td>.774</td>
<td>.878</td>
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**Table 26. Cronbach’s Alpha: Conners CBRS−SR Clinical Sample**

<table>
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<th>Scale</th>
<th>Total</th>
<th>Male</th>
<th>8−9</th>
<th>10−13</th>
<th>14−18</th>
<th>Female</th>
<th>8−9</th>
<th>10−13</th>
<th>14−18</th>
</tr>
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<td>Major Depressive Episode</td>
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<td>.902</td>
<td>.882</td>
<td>.920</td>
<td>.895</td>
<td>.876</td>
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<tr>
<td>Social Anxiety Disorder</td>
<td>.819</td>
<td>.813</td>
<td>.827</td>
<td>.830</td>
<td>.786</td>
<td>.772</td>
<td>.813</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obsessive-Compulsive Disorder</td>
<td>.834</td>
<td>.836</td>
<td>.820</td>
<td>.803</td>
<td>.904</td>
<td>.840</td>
<td>.832</td>
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</tr>
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</table>

**Table 27. T-Score SEM, for Conners CBRS DSM-5 Scales for the Total Sample**

<table>
<thead>
<tr>
<th>Form</th>
<th>DSM-5 Symptom Scale</th>
<th>Total</th>
<th>Male</th>
<th>6−9</th>
<th>10−13</th>
<th>14−18</th>
<th>6−9</th>
<th>10−13</th>
<th>14−18</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parent</strong></td>
<td></td>
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<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Major Depressive Episode</td>
<td>3.44</td>
<td>4.00</td>
<td>3.42</td>
<td>3.70</td>
<td>4.36</td>
<td>3.39</td>
<td>3.08</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Anxiety Disorder</td>
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<td>4.58</td>
<td>4.05</td>
<td>4.79</td>
<td>4.57</td>
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<td>4.35</td>
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<td></td>
</tr>
<tr>
<td>Obsessive-Compulsive Disorder</td>
<td>4.44</td>
<td>4.02</td>
<td>4.18</td>
<td>4.77</td>
<td>4.60</td>
<td>4.25</td>
<td>4.95</td>
<td></td>
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</tr>
<tr>
<td>Autism Spectrum Disorder</td>
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<td>4.35</td>
<td>4.39</td>
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<td>4.49</td>
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<tr>
<td><strong>Teacher</strong></td>
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<td></td>
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<td>3.87</td>
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<td>4.70</td>
<td>3.92</td>
<td>4.34</td>
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<tr>
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<td>4.16</td>
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<td>3.78</td>
<td>3.96</td>
<td>4.21</td>
<td>3.79</td>
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<tr>
<td>Autism Spectrum Disorder</td>
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<td>5.86</td>
<td>5.38</td>
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<td>6.91</td>
<td>6.86</td>
<td>5.94</td>
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<td>3.33</td>
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<td>Social Anxiety Disorder</td>
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<td>4.63</td>
<td>4.48</td>
<td>4.92</td>
<td>4.97</td>
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<td></td>
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<tr>
<td>Obsessive-Compulsive Disorder</td>
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<td>4.29</td>
<td>4.54</td>
<td>4.47</td>
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<td>4.34</td>
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</tr>
</tbody>
</table>

*The age group for the self-report form is 8−9 years.*
Table 28. Raw Score SEM, for Conners CBRS DSM-5 Scales for the Total Sample

<table>
<thead>
<tr>
<th>Form</th>
<th>DSM-5 Symptom Scale</th>
<th>Total</th>
<th>Male 6−9</th>
<th>10−13</th>
<th>14−18</th>
<th>Female 6−9</th>
<th>10−13</th>
<th>14−18</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>Parent</td>
<td>Major Depressive Episode</td>
<td>1.94</td>
<td>1.70</td>
<td>1.95</td>
<td>1.94</td>
<td>1.62</td>
<td>1.89</td>
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</tr>
<tr>
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<td>Social Anxiety Disorder</td>
<td>1.42</td>
<td>1.33</td>
<td>1.36</td>
<td>1.40</td>
<td>1.37</td>
<td>1.43</td>
<td>1.56</td>
</tr>
<tr>
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<td>0.78</td>
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<td>0.67</td>
<td>0.83</td>
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</tr>
<tr>
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<td>2.14</td>
<td>2.13</td>
<td>2.27</td>
<td>2.11</td>
<td>1.97</td>
<td>2.09</td>
<td>2.17</td>
</tr>
<tr>
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<td>Major Depressive Episode</td>
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<td>1.34</td>
<td>1.50</td>
<td>1.54</td>
<td>1.24</td>
<td>1.20</td>
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</tr>
<tr>
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<td>1.20</td>
<td>1.25</td>
<td>1.18</td>
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<tr>
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<td>0.58</td>
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<td>Autism Spectrum Disorder</td>
<td>2.16</td>
<td>2.39</td>
<td>2.33</td>
<td>2.10</td>
<td>2.29</td>
<td>1.92</td>
<td>1.88</td>
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<td>2.50</td>
<td>2.37</td>
<td>2.75</td>
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<tr>
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<td>Social Anxiety Disorder</td>
<td>1.58</td>
<td>1.57</td>
<td>1.54</td>
<td>1.48</td>
<td>1.75</td>
<td>1.63</td>
<td>1.59</td>
</tr>
<tr>
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<td>1.41</td>
<td>1.43</td>
<td>1.47</td>
<td>1.32</td>
<td>1.45</td>
<td>1.36</td>
<td>1.48</td>
</tr>
</tbody>
</table>

1 The age group for the self-report form is 8−9 years.

Table 29. T-Score SEM, for Conners CBRS DSM-5 Symptom Scales for the General Population Sample

<table>
<thead>
<tr>
<th>Form</th>
<th>DSM-5 Symptom Scale</th>
<th>Total</th>
<th>Male 6−9</th>
<th>10−13</th>
<th>14−18</th>
<th>Female 6−9</th>
<th>10−13</th>
<th>14−18</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent</td>
<td>Major Depressive Episode</td>
<td>4.74</td>
<td>5.00</td>
<td>5.23</td>
<td>4.54</td>
<td>4.85</td>
<td>5.30</td>
<td>4.16</td>
</tr>
<tr>
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<td>4.43</td>
<td>4.82</td>
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</tr>
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</tr>
<tr>
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<td>4.42</td>
<td>5.93</td>
<td>3.95</td>
<td>4.58</td>
<td>4.62</td>
<td>4.28</td>
<td>3.91</td>
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<td>4.81</td>
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</table>

1 The age group for the self-report form is 8−9 years.

Table 30. Raw Score SEM, for Conners DSM-5 Symptom Scales for the General Population Sample

<table>
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<th>Form</th>
<th>DSM-5 Symptom Scale</th>
<th>Total</th>
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<th>10−13</th>
<th>14−18</th>
<th>Female 6−9</th>
<th>10−13</th>
<th>14−18</th>
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<tbody>
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<td>1.47</td>
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<td>0.60</td>
<td>0.66</td>
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<td>1.95</td>
<td>1.91</td>
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<td>1.00</td>
<td>1.51</td>
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<td>0.51</td>
<td>0.48</td>
<td>0.59</td>
<td>0.38</td>
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<tr>
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<td>2.29</td>
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<td>1.76</td>
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<td>1.33</td>
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</tbody>
</table>

1 The age group for the self-report form is 8−9 years.
Table 31. *T*-Score SEM, for Conners CBRS DSM-5 Symptom Scales for the Clinical Sample

<table>
<thead>
<tr>
<th>Form</th>
<th>DSM-5 Symptom Scale</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
<th>6−9</th>
<th>10−13</th>
<th>14−18</th>
<th>6−9</th>
<th>10−13</th>
<th>14−18</th>
</tr>
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<tbody>
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<td>Parent</td>
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<td>3.30</td>
<td>3.58</td>
<td>3.38</td>
<td>3.70</td>
<td>3.95</td>
<td>3.11</td>
<td>3.42</td>
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<td></td>
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<tr>
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<td>4.36</td>
<td>5.01</td>
<td>3.78</td>
<td>4.31</td>
<td>4.62</td>
<td>4.76</td>
<td>4.55</td>
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<tr>
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<td>3.39</td>
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<td>3.97</td>
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<tr>
<td></td>
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<td>4.87</td>
<td>3.96</td>
<td>4.44</td>
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<tr>
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<td>3.10</td>
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</tr>
</tbody>
</table>

1 The age group for the self-report form is 8−9 years.

Table 32. Raw Score SEM, for Conners CBRS DSM-5 Symptom Scales for the Clinical Sample

<table>
<thead>
<tr>
<th>Form</th>
<th>DSM-5 Symptom Scale</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
<th>6−9</th>
<th>10−13</th>
<th>14−18</th>
<th>6−9</th>
<th>10−13</th>
<th>14−18</th>
</tr>
</thead>
<tbody>
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<td>2.10</td>
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<td>2.16</td>
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<tr>
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<td>1.14</td>
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<tr>
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<tr>
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</tbody>
</table>

1 The age group for the self-report form is 8−9 years.

Summary

With the release of the DSM-5, it was necessary to review the Conners CBRS Manual and associated materials (i.e., Conners CBRS Software Program and online components, including reports) to assess the need to update the DSM Symptom Scales. The changes outlined in this update align scoring and interpretation of the DSM Symptom Scales with diagnostic criteria in the DSM-5. This supplement details considerations that need to be taken into account when using the DSM-5 Scoring option to score and interpret the DSM Symptom Scales. Additionally, this supplement outlines the psychometric properties of the revised scales, namely, Major Depressive Episode, Social Anxiety Disorder (Social Phobia), Obsessive-Compulsive Disorder, and Autism Spectrum Disorder.
References


