

CONNERS' GLOBAL- PARENT VERSION

Patient's Name: _____ DOB: _____ Age: _____

Parent's Name: _____ Date completed: _____

Name of School: _____ Grade: _____

Instructions- Below are a number of common problems that children have. Please rate each item according to your child's behavior in the last month while ON his/her medication to treat ADD/ADHD. For each item, ask yourself, "how much of a problem has this been in the last month ON medication?" and circle the best answer for each item.

	0= never	1= occasionally	2= often	3= very often
1. Restless or overactive	0	1	2	3
2. Excitable, impulsive	0	1	2	3
3. Fails to finish things he/she starts	0	1	2	3
4. Inattentive, easily distracted	0	1	2	3
5. Temper outbursts	0	1	2	3
6. Fidgeting	0	1	2	3
7. Disturbs others around them	0	1	2	3
8. Demands must be met immediately, Easily frustrated	0	1	2	3
9. Cries often and easily	0	1	2	3
10. Mood changes quickly and drastically	0	1	2	3

CONNERS' GLOBAL- TEACHER VERSION

Student's Name: _____

Teacher's Name: _____ Date completed: _____

Name of School: _____ Grade: _____

Instructions- Below are a number of common problems that children have. Please rate each item according to the student's behavior in the last month while ON his/her medication to treat ADD/ADHD. For each item, ask yourself, "how much of a problem has this been in the last month ON medication?" and circle the best answer for each item. **COMPLETE USING AN INK PEN ONLY.**

	0= never	1= occasionally	2= often	3= very often
1. Restless or overactive	0	1	2	3
2. Excitable, impulsive	0	1	2	3
3. Fails to finish things he/she starts	0	1	2	3
4. Inattentive, easily distracted	0	1	2	3
5. Temper outbursts	0	1	2	3
6. Fidgeting	0	1	2	3
7. Disturbs others around them	0	1	2	3
8. Demands must be met immediately, Easily frustrated	0	1	2	3
9. Cries often and easily	0	1	2	3
10. Mood changes quickly and drastically	0	1	2	3

