



Conners Parent's Form

Name of Child _____ Date _____

Please answer all questions. Beside each item, indicate the degree of the problem by a check mark

		Not at all	Just a little	Pretty much	Very much
1	Picks at things (nails, finger, hair, clothing).				
2	Sassy to grown-ups				
3	Problems with making or keeping friends				
4	Excitable, impulsive				
5	Wants to run things				
6	Sucks or chews (thumb, clothing, blankets)				
7	Cries easily or often				
8	Carries a chip on his shoulder				
9	Daydreams				
10	Difficulty in learning				
11	Restless in the "squirmy" sense				
12	Fearful (of new situations, new people or places, going to school)				
13	Restless, always up and on the go				
14	Destructive				
15	Tells lies or stories that aren't true				
16	Shy				
17	Gets into more trouble than others the same age				
18	Speaks differently from other same age (baby talk, stuttering, hard to understand)				
19	Denies mistakes or blames others				
20	Quarrelsome				
21	Pouts and sulks				
22	Steals				
23	Disobedient or obeys but resentfully				

24	Worries more than others (about being alone, illness, or death)				
25	Fails to finish things				
26	Feelings easily hurt				
27	Bullies others				
28	Unable to stop a repetitive activity				
29	Cruel				
30	Childish or immature (wants help he shouldn't need, clings, needs constant reassurance)				
31	Distractibility or attention span a problem				
32	Headaches				
33	Mood changes quickly and drastically				
34	Doesn't like or doesn't follow rules or restrictions				
35	Fights constantly				
36	Doesn't get along well with brothers or sisters				
37	Easily frustrated in efforts				
38	Disturbs other children				
39	Basically an unhappy child				
40	Problems with eating (poor appetite, up between bites)				
41	Stomach aches				
42	Problems with sleep				
43	Other aches and pains				
44	Vomiting or nausea				
45	Feels cheated in family circle				
46	Boasts and brags				
47	Lets self be pushed around				
48	Bowel problems (frequently loose, irregular habits, constipation)				

Name of person completing questionnaire