A thorough and focused assessment of ADHD and its most common comorbid problems and disorders in children and adolescents.
**PURPOSE AND DEVELOPMENT**

The *Conners 3rd Edition™* (Conners 3™) is the product of 40 years of research on childhood and adolescent psychopathology. It is a thorough and focused assessment of Attention-Deficit/Hyperactivity Disorder (ADHD) and its most common comorbid disorders in children and adolescents. The Conners 3 is a revision of the *Conners Rating Scales–Revised* (CRS–R™; Conners, 1997), and integrates the same key elements as its predecessor with a number of new features, including Validity scales, Screener items, Critical items, Impairment items, an assessment of Executive Functioning, and strengthened linkage to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5)*. The Conners 3 is a multi-informant assessment of children and adolescents between 6 and 18 years of age that takes into account home, social, and school settings. The Conners 3 is invaluable when making decisions about clinical diagnoses and educational eligibility, during intervention planning and monitoring, in research contexts, and for screening purposes.

In addition to the Full-Length forms, the Conners 3 also has Short forms, an ADHD Index, and a Global Index. The Conners 3 ADHD Index (Conners 3AI™) contains the 10 items that best differentiate youth with ADHD from youth in the general population. It is particularly useful as a quick check to see if further ADHD evaluation is warranted, particularly for pre-evaluation or group screening purposes.

The Conners 3 Global Index (Conners 3GI™) contains the 10 highest loading items from the original Conners Parent and Teacher Rating Scales (Conners, 1989, 1990) with updated normative data. The Conners 3GI standalone form offers additional subscale scores (i.e., Restless-Impulsive and Emotional Lability) that are not provided on the Full-Length Conners 3 forms. This index is especially useful for monitoring treatment effectiveness and changes over time.

Both DSM-5 (APA, 2013) diagnostic criteria and *Individuals with Disabilities Education Improvement Act* (IDEA 2004) educational eligibility determinations require that reported problems be associated with clinically significant impairment in the youth’s functioning. The Impairment items in the Conners 3 gauge the level of impairment that is present at home, at school, and with peers. Responses provide preliminary information about whether the problems described by the respondent have a pervasive impact on functioning.

ADHD is often associated with one or more comorbid disorders, associated features, and functional impairments. Scales that relate directly to the DSM-5 diagnostic criteria are included for ADHD, as well as for the most commonly co-occurring disorders in the Disruptive, Impulsive-Control, and Conduct Disorder (Conduct Disorder [CD] and Oppositional Defiant Disorder [ODD]). The Conners 3 also features Severe Conduct Critical items, as well as Screener items for Anxiety and Depression, two internalizing problem areas frequently associated with ADHD.
The Conners 3 provides a scoring feature that links results to possible areas of eligibility under the IDEA 2004. This linkage provides keys to disability determination as well as Individualized Education Program (IEP) development. The Conners 3 is directly relevant to the evaluation and identification of needs in educational contexts, as it provides scores for specific concerns that can have a direct impact on learning. Assessment results from the Conners 3 also help guide intervention planning and monitoring in educational settings.

Features include Validity scales (providing a guideline against which the assessor can appraise overly negative, overly positive, or inconsistent responding), enhanced linkage to the DSM-5, Screener items, Critical items, and Impairment items.

Parent ratings reveal the child’s behavior at home and in other environments where the parent has the opportunity to observe the child. Teacher ratings reveal observations on the child’s academic, social, and emotional behaviors in the school setting. Self-report ratings collect a third source of information that can supplement parent and teacher reports by providing the youth’s own insight into his/her functioning (Collet, Ohan, & Myers, 2003). Self-reports can provide valuable information about feelings and thoughts that may not be easily observable by others. The consistency in the scales and items across the parent, teacher, and self-report versions facilitate the comparison of information between sources.

The development process of the Conners 3 was divided into three main phases: initial planning, pilot study, and normative study. Development included a comprehensive review of current legislative updates, theory, and literature on the assessment of childhood psychopathology and all relevant childhood assessment tools; focus groups with academics, private practitioners, hospital-based clinicians, and school-based professionals; and all information gathered from these sources was reviewed within the context of clinical experience.

**KEY CHANGES FROM THE CRS–R™**

The Conners 3 features a number of refinements and enhancements to the structure and content of the CRS–R (Conners, 1997). The key changes include the following:

- Update normative data and psychometric properties
- Streamlined content to continue the tradition of thorough and reliable ADHD assessment, with added emphasis on associated features and the Disruptive Impulse-Control and Conduct Disorders: CD and ODD
- Modified age range
  - Conners 3 Parent and Teacher forms can be used with school-aged youth between 6 and 18 years (compared to the CRS–R range of 3 to 17 years)
  - Conners 3 Self-Report age range is expanded to include 8- to 18-year-olds (compared to the Conners-Wells Adolescent Self-Report Scale [CASS; Conners, 1997] age range of 12 to 18 years)
- Enhanced content alignment across parent, teacher, and self-report forms to facilitate comparison of results from different informants
- User-friendly language for assessment of DSM-5 symptoms
- New scale- and item-level content
  - Direct item linkage to more DSM-5 symptomatic criteria, including two new scales for DSM-5 symptoms of CD and ODD (replacing the Anger Control Problems scale on the CASS)
  - Assessment of executive functioning (parent and teacher forms only)
- New Validity scales: Positive Impression, Negative Impression, Inconsistency Index
- Screener items for Anxiety and Depression
- Severe Conduct Critical items which, if endorsed, indicate the need for immediate follow-up
- Impairment items to aid in determining DSM-5 impairment criterion and educational eligibility
- Inattention assessed independently from Learning Problems (a change from the combined Cognitive Problems/Inattention scale on the CRS–R).
- In order to focus the Conners 3 on ADHD assessment, the CRS–R scales related to emotional issues (i.e., Anxious/Shy, Perfectionism, Psychosomatic) have been removed and are now represented in the Conners Comprehensive Behavior Rating Scales™ (Conners CBRS®; Conners, 2010). The Conners CBRS is a comprehensive assessment of a wide range of emotional, behavioral, social, and academic issues in school-aged youth, and was developed concurrently with the Conners 3.
- The Conners 3 Short forms are constructed in a different fashion than were the CRS–R Short forms. The Conners 3 Short forms represent all of the Conners 3 Content Scales and two Validity scales. The CRS–R Short forms contained 3 scales and the ADHD index. Note that the Conners 3 Short forms do not include the ADHD Index.
- The 10-item Conners 3AI is a standalone form. The CRS–R included the ADHD Index along with the DSM-IV ADHD symptoms in a form called the Conners ADHD/DSM-IV Scale (CADS; Conners, 1997).

**FORMATS**

All of the Conners 3 forms are available in the MHS QuikScore™ format. The rater writes on the external layers of the form, and the results transfer through to a hidden scoring grid within the internal layers which the assessor then uses to tabulate and profile results. Tables within the QuikScore form link responses directly to DSM-5 symptoms of ADHD, CD, and ODD, and to areas of IDEA 2004 eligibility, and profile sheets are used to easily convert raw scores to standardized T-scores.

All Conners 3 assessments can also be completed and scored automatically online through a secure website wherever an Internet connection is available. Paper-and-pencil forms can also be scored online.

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**Age Range**

- Conners 3–P: 6–18 Years
- Conners 3–T: 6–18 Years
- Conners 3–SR: 8–18 Years

**Number of Items**

- Conners 3–P: 110
- Conners 3–T: 115
- Conners 3–SR: 99

**Conners 3 Content Scales**

- Inattention
- Hyperactivity/Impulsivity
- Learning Problems/Executive Functioning
- Learning Problems
- Executive Functioning
- Defiance/Aggression
- Peer Relations
- Family Relations

**DSM-5 Symptom Scales**

- ADHD Inattentive
- ADHD Hyperactive-Impulsive
- ADHD Combined
- Conduct Disorder
- Oppositional Defiant Disorder

**Validity Scales**

- Positive Impression
- Negative Impression
- Inconsistency Index

**Indices**

- Conners 3 ADHD Index
- Conners 3 Global Index

**Screener Items**

- Anxiety
- Depression

**Critical Items**

- Severe Conduct

**Impairment Items**

- Schoolwork/Grades
- Friendships/Relationships
- Home Life

**Additional Questions**

- Other Concerns
- Strengths/Skills

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1 Subscale of Learning Problems/Executive Functioning Scale on the Conners 3–T.
Although there is no software administration option for the Conners 3, all Conners 3 components can be scored using the scoring software program by entering responses from a completed paper-and-pencil form into the software.

**COMPUTER-GENERATED REPORTS**

The computer-generated reports make quick, easy work of scoring Conners 3 assessments. Analytic reports can be generated using the software or online scoring options. There are three report types for the Conners 3, Conners 3AI, and Conners 3GI.

*Assessment Reports* provide information about the youth’s scores, how he/she compares to other youth, and which scales and subscales are elevated. For the Conners 3 Full-Length forms, results are also reported in relation to DSM-5 diagnostic criteria and to special education eligibility categories as outlined in IDEA 2004. Feedback handouts summarize and describe the scores in broad and easy to interpret terms that are appropriate for a general audience.

*Progress Reports* combine the results of up to four administrations from the same rater to summarize important changes in reported behavior that have occurred over time.

*Comparative Reports* combine the results of up to five raters to provide an overview of the youth’s behavior from a multi-rater perspective, and highlights potentially important inter-rater differences in scores.

**USER QUALIFICATIONS**

Potential users of the Conners 3 include psychologists, clinical social workers, physicians, counselors, psychiatric workers, and pediatric or psychiatric nurses, or their assigns.

Conners 3 users should be members of professional associations that endorse a set of standards for the practice of psychology and the ethical use of psychological tests, such as the American Psychological Association. Conners 3 users must also be familiar with the standards for educational and psychological testing jointly developed by the AERA, APA, & NCME (1999).

The test interpreter must meet MHS b-level qualifications, which require that, as minimum, he/she has completed graduate-level courses in tests and measurement or has received equivalent documented training.

**NORMATIVE DATA AND PSYCHOMETRIC DATA**

Over 100 site coordinators throughout the U.S. and Canada collected 6,825 Conners 3 assessments. The normative sample of 3,400 was extracted from 4,682 ratings of youth from the general population. The normative sample includes 50 boys and 50 girls from each age with a racial/ethnic distribution that closely match that of the U.S. population (U.S. Bureau of the Census, 2000). The normative sample also includes a reasonable spread of youth from various parental education levels, and respondents from various geographical regions throughout the U.S. and Canada. Additionally, 2,143 ratings of youth with various clinical diagnoses were collected, and stringent procedures were employed in order to ensure the accuracy of the diagnoses.

Both test-retest reliability and internal consistency are very good for the Conners 3 scales and indices. Internal consistency coefficients (Cronbach’s alpha) for the total sample range from .77 to .97, and 2- to 4-week test-retest reliability coefficients (Pearson’s r) range from .71 to .98 (all correlations significant, \( p < .001 \)). Inter-rater reliability coefficients range from .52 to .94. Support for the validity of the structure of the Conners 3 forms was obtained using factor analytic techniques on derivation and confirmatory samples. Convergent and divergent validity were supported by examining the relationship between Conners 3 scores and other related measures. Statistical examination of the ability of the Conners 3 to differentiate youth with ADHD from youth in the general population and from youth in other clinical groups (including Disruptive Behavior Disorders and Learning Disorders) strongly supported the measure’s discriminative validity.

Separate norms are provided for males and females, in 1-year age intervals. Combined gender norms also are available.

**ABOUT THE AUTHOR**

C. Keith Conners, Ph.D., has had an extraordinary and diverse career as an academic, clinician, researcher, lecturer, author, editor-in-chief, and administrator. His dedication to the study of ADHD and other childhood problems has propelled him to the forefront of his field. His intense interest in this topic has led him to write several books on attention disorders and neuropsychology, as well as hundreds of journal articles and book chapters based on his research on the effects of food additives, nutrition, stimulant drugs, diagnosis, and dimensional syndromes. He is highly recognized in the field of psychology by his numerous contributions.

After enjoying a satisfying career, Dr. Conners is now retired and resides in North Carolina. He continues to lecture, conduct workshops on diagnosis and assessment, and serve as a consultant to numerous government and private organizations.

**RELATED RESEARCH**


REFERENCES


OTHER RELATED MHS ASSESSMENTS
• Anger Regulation And Expression Scale (ARES)
• Children’s Depression Inventory 2nd Edition™ (CDI 2™)
• Conners Early Childhood™ (Conners EC™)
• Conners Comprehensive Behavior Rating Scales™ (Conners CBR®)
• Conners’ Kiddie Continuous Performance 2nd Edition™ (Conners K–CPT 2™)
• Conners Continuous Performance Test 3rd Edition™ (Conners CPT 3™)/Conners Continuous Auditory Test of Attention® (Conners CATA®)

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Learn more at MHS.com/Learn