

## **Multi-Health Systems Inc.**

**This copyrighted assessment is licensed for use by The accompanying form(s) may NOT be reproduced (e.g., distributed by email attachment, posted on the internet, photocopied, etc.). This license allows the printing of one (1) of each of the accompanying form(s) for use with the intended respondent and for the purpose of scoring. The printed form is uniquely identified and numbered and is only available for use by Any unauthorized reproduction of the form(s) is not permitted. Please contact MHS customer service at customerservice@mhs.com if you require more information.**

If you believe that you have received an unauthorized copy of this file, please contact MHS' Department of Legal Affairs at legaldept@mhs.com.

Multi-Health Systems Inc.



# Conners CBRs™ –Parent

## Response Booklet

C. Keith Conners, Ph.D.

Child's Name/ID: \_\_\_\_\_

Age: \_\_\_\_\_  
          Years           Months

Gender:        M        F  
                  (Circle one)

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                  Month        Day        Year

Grade: \_\_\_\_\_

Parent's Name/ID: \_\_\_\_\_

Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                  Month        Day        Year

2554491



Copyright © 2008 Multi-Health Systems Inc. All rights reserved.  
In the U.S.A., P. O. Box 950, North Tonawanda, NY 14120-0950, (800) 456-3003.  
In Canada, 3770 Victoria Park Ave., Toronto, ON M2H 3M6, (800) 268-6011.  
International, +1-416-492-2627. Fax, +1-416-492-3343 or (888) 540-4484.

2554491

# Instructions

Here are some things parents might say about their children. Please tell us about *your* child and what he/she has been like in the **past month**. Read each item carefully, then mark how well it describes your child or how frequently it has happened in the **past month**.

- 0** = In the past month, this was **not true at all** about my child. It never (or seldom) happened.
- 1** = In the past month, this was **just a little true** about my child. It happened occasionally.
- 2** = In the past month, this was **pretty much true** about my child. It happened often (or quite a bit).
- 3** = In the past month, this was **very much true** about my child. It happened very often (very frequently).

Please circle only one answer for each item. It is important to respond to every item. For items that you find difficult to answer, please give your best guess.

Rating				
<i>In the past month, this was...</i>				
<b>0</b> = Not true at all (Never, Seldom)				
<b>1</b> = Just a little true (Occasionally)				
<b>2</b> = Pretty much true (Often, Quite a bit)				
<b>3</b> = Very much true (Very often, Very frequently)				
1. Is forgetful in daily activities.	0	1	2	3
2. Uses facial expressions, eye contact, and hand gestures appropriately.	0	1	2	3
3. Is picked on or bullied by others.	0	1	2	3
4. Has trouble concentrating.	0	1	2	3
5. Has trouble controlling his/her anger.	0	1	2	3
6. Feels worthless.	0	1	2	3
7. Muscles get tense when worried about something.	0	1	2	3
8. Fails to complete schoolwork, chores, or tasks (even when he/she understands and is trying to cooperate).	0	1	2	3
9. Pulls out hair from his/her scalp, eyelashes, or other places, to the point that you can notice bald patches.	0	1	2	3
10. Runs away from home for at least one night.	0	1	2	3
11. Refuses to do things if they cannot be done perfectly.	0	1	2	3
12. Doesn't pay attention to details; makes careless mistakes.	0	1	2	3
13. Doesn't care about the feelings or rights of others.	0	1	2	3
14. Mixes up letters in spelling (for example, gril for girl).	0	1	2	3
15. Has made plans to hurt others.	0	1	2	3
16. Is constantly moving.	0	1	2	3
17. I cannot figure out what makes him/her happy.	0	1	2	3
18. Makes threats towards others, but does not follow through.	0	1	2	3
19. Blurts out answers before the question has been completed.	0	1	2	3
20. Is happy, cheerful, and has a positive attitude.	0	1	2	3
21. Feels rejected.	0	1	2	3
22. Panics about social situations or when doing things in front of people.	0	1	2	3

2554491

**Rating**

*In the past month, this was...*

- 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)

23. Has trouble organizing tasks or activities.	0	1	2	3
24. Has a poor appetite.	0	1	2	3
25. Sleeps much less than he/she used to, but does not seem tired.	0	1	2	3
26. Has trouble reading.	0	1	2	3
27. Tells the truth; does not even tell "little white lies."	0	1	2	3
28. Leaves seat when he/she should stay seated.	0	1	2	3
29. Suddenly complains of breathing or heart problems when in a panic.	0	1	2	3
30. Hurts self (for example, cuts self, picks at skin, or bangs head).	0	1	2	3
31. Worries about something bad happening to family members.	0	1	2	3
32. Runs or climbs when he/she is not supposed to.	0	1	2	3
33. Complains about aches and pains.	0	1	2	3
34. Excludes others from group activities on purpose.	0	1	2	3
35. Is agitated in the restless sense.	0	1	2	3
36. Drinks alcoholic beverages.	0	1	2	3
37. Cannot do things right.	0	1	2	3
38. Is patient and content, even when waiting in a long line.	0	1	2	3
39. Has broken into someone else's house, building, or car.	0	1	2	3
40. Has trouble sequencing the steps in math (for example, carrying or borrowing).	0	1	2	3
41. Is afraid of being alone without family or other familiar adults.	0	1	2	3
42. Appears "on edge," nervous, or jumpy.	0	1	2	3
43. Appetite or weight has changed a lot.	0	1	2	3
44. Refuses to go to school or other places for fear of being separated from family members.	0	1	2	3
45. Loses temper.	0	1	2	3
46. Can't seem to stop making repeated sounds (for example, sniffing, throat clearing, or tongue clicking).	0	1	2	3
47. Gets others to gang up on peers.	0	1	2	3
48. 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).	0	1	2	3
49. Has lost the ability to think, concentrate, or make decisions.	0	1	2	3
50. Gets worn out with worrying.	0	1	2	3
51. Makes threats and follows through by hurting others.	0	1	2	3
52. Has to struggle to complete hard tasks.	0	1	2	3
53. Has lost interest or pleasure in activities.	0	1	2	3
54. Tries to get even with people.	0	1	2	3

**Rating**

*In the past month, this was...*

- 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)

55. Was a late talker.	0	1	2	3
56. Cries, throws tantrums, avoids, or freezes in social situations with unfamiliar people.	0	1	2	3
57. Makes sudden facial or body twitches (for example, eye blinking, head jerking, or shoulder shrugging).	0	1	2	3
58. Is afraid of being alone.	0	1	2	3
59. Sleeps too much.	0	1	2	3
60. Complains about stomach aches.	0	1	2	3
61. Is shy and withdrawn.	0	1	2	3
62. Lacks varied, spontaneous make-believe play.	0	1	2	3
63. Worries about what others think of him/her.	0	1	2	3
64. Is unable to develop peer relationships.	0	1	2	3
65. Does not follow through on instructions (even when he/she understands and is trying to cooperate).	0	1	2	3
66. Can pronounce words but has difficulty understanding what they mean.	0	1	2	3
67. Has thoughts or rituals that he/she knows are unreasonable or excessive.	0	1	2	3
68. Worries about many things.	0	1	2	3
69. Starts fights with others on purpose.	0	1	2	3
70. Argues with adults.	0	1	2	3
71. Has periods of fast, non-stop speech.	0	1	2	3
72. Seeks danger, risks, and thrills.	0	1	2	3
73. Seems lonely.	0	1	2	3
74. Thinks he/she is better than everyone and can do anything.	0	1	2	3
75. Threatens others.	0	1	2	3
76. Is worried or distressed about being separated from caregivers.	0	1	2	3
77. Is interested in other people, or in what they are doing.	0	1	2	3
78. Prefers to be left alone rather than being with other people.	0	1	2	3
79. Is afraid of one or more specific objects or situations (for example, animals, insects, blood, doctors, water, storms, heights, or places).	0	1	2	3
80. Has toileting accidents or problems.	0	1	2	3
81. Has nightmares about being separated from family.	0	1	2	3
82. Is angry and resentful.	0	1	2	3
83. Avoids or dislikes things that take a lot of effort and are not fun.	0	1	2	3
84. Has upsetting thoughts, urges, or mental pictures that he/she tries to make go away.	0	1	2	3

2554491

**Rating**

*In the past month, this was...*

- 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)

85. Does not recognize or react appropriately to other people's moods or feelings.	0	1	2	3
86. Does not seem to listen to what is being said to him/her.	0	1	2	3
87. Attention too easily drawn to unimportant or irrelevant things.	0	1	2	3
88. Worries about getting lost or being kidnapped.	0	1	2	3
89. Restless or overactive.	0	1	2	3
90. Has intentionally set fires for the purpose of causing damage.	0	1	2	3
91. Has shown an unusual increase in social, school, or sexual activities.	0	1	2	3
92. Avoids or becomes distressed about doing things in front of people.	0	1	2	3
93. Suddenly gets dizzy, shaky, or sweaty when in a panic.	0	1	2	3
94. Is sad, gloomy, or irritable for many days at a time.	0	1	2	3
95. Eats too much.	0	1	2	3
96. Loses things (for example, schoolwork, pencils, books, tools, or toys).	0	1	2	3
97. Has rituals or routines and gets unusually upset if these are interrupted or changed.	0	1	2	3
98. Has forced someone into sexual activity.	0	1	2	3
99. Has difficulty waiting for his/her turn.	0	1	2	3
100. Forgets math concepts already learned.	0	1	2	3
101. Gets into trouble at school.	0	1	2	3
102. Has trouble identifying the main idea of a story he/she has read.	0	1	2	3
103. Seems physically slowed down.	0	1	2	3
104. Talks too much.	0	1	2	3
105. Is fun to be around.	0	1	2	3
106. Carries a weapon (for example, a brick, broken bottle, knife, or gun).	0	1	2	3
107. Skips classes.	0	1	2	3
108. Is irritable and easily annoyed by others.	0	1	2	3
109. Says thoughts are racing, or coming too fast.	0	1	2	3
110. Wakes up during the night, then has trouble falling back to sleep.	0	1	2	3
111. Seems abnormally happy for at least one week.	0	1	2	3
112. Has trouble with math.	0	1	2	3
113. Complains about being sick even when nothing is medically wrong.	0	1	2	3
114. Is socially awkward.	0	1	2	3
115. Seems over-focused on details.	0	1	2	3
116. Steals while confronting a person (for example, mugging, purse snatching, or armed robbery).	0	1	2	3
117. Fidgets or squirms in seat.	0	1	2	3
118. Picks on other children.	0	1	2	3

**Rating**

*In the past month, this was...*

- 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)

119. Worries so much that he/she has trouble sleeping.	0	1	2	3
120. Steals secretly (for example, shoplifting or forgery).	0	1	2	3
121. Spends too much time arranging and organizing materials before beginning a task.	0	1	2	3
122. Uses a weapon (for example, a bat, brick, broken bottle, knife, or gun).	0	1	2	3
123. Behaves like an angel.	0	1	2	3
124. Feels inappropriately guilty.	0	1	2	3
125. Feels helpless.	0	1	2	3
126. Has trouble falling asleep.	0	1	2	3
127. Actively refuses to do what adults tell him/her to do.	0	1	2	3
128. Spelling is poor.	0	1	2	3
129. Complains about headaches.	0	1	2	3
130. Performs poorly at school.	0	1	2	3
131. Uses drugs (other than those given by a doctor).	0	1	2	3
132. Belongs to or wants to belong to a street gang.	0	1	2	3
133. Is difficult to please or amuse.	0	1	2	3
134. Blames others for his/her mistakes or misbehavior.	0	1	2	3
135. Worries about things before they happen.	0	1	2	3
136. Has trouble keeping his/her mind on work or on play for long.	0	1	2	3
137. Seems hopeless about the future.	0	1	2	3
138. Has talked about, tried, or planned to commit suicide.	0	1	2	3
139. Feels disrespected.	0	1	2	3
140. Is violent and aggressive towards others.	0	1	2	3
141. Suddenly gets stomach aches or feels sick when in a panic.	0	1	2	3
142. Has a lot of fears.	0	1	2	3
143. Has limited interests or gets stuck on one thing.	0	1	2	3
144. Physically hurts people.	0	1	2	3
145. Makes mistakes.	0	1	2	3
146. Needs extra explanation of instructions.	0	1	2	3
147. Goes out at night even though it breaks the rules.	0	1	2	3
148. Is noisy and loud when playing or using free time.	0	1	2	3
149. Lies to avoid having to do something or to get things.	0	1	2	3
150. Is perfect in every way.	0	1	2	3
151. Knows that other kids don't worry as much about social situations.	0	1	2	3
152. Has trouble with basic math facts.	0	1	2	3

**Rating**

*In the past month, this was...*

- 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)

153. Has trouble controlling his/her worries.	0	1	2	3
154. Is easily distracted by sights or sounds.	0	1	2	3
155. Spreads rumors about other children.	0	1	2	3
156. Has trouble starting a conversation or keeping a conversation going.	0	1	2	3
157. Insists that things must be done the same way.	0	1	2	3
158. Has trouble finding the right words.	0	1	2	3
159. Gets stuck on thoughts, urges, or mental pictures that are upsetting.	0	1	2	3
160. Is afraid to go to sleep without a family member nearby.	0	1	2	3
161. Is cruel to animals.	0	1	2	3
162. Takes a long time to complete class work or homework.	0	1	2	3
163. Annoys other people on purpose.	0	1	2	3
164. Is over-focused or over-interested in one part of an object or toy.	0	1	2	3
165. Uses tobacco (smokes cigarettes or chews tobacco).	0	1	2	3
166. Has periods of irritability lasting for at least one week.	0	1	2	3
167. Has trouble answering questions about what he/she reads.	0	1	2	3
168. Has repeated thoughts of death or dying.	0	1	2	3
169. Interrupts others (for example, butts into conversations or games).	0	1	2	3
170. Is very interested in weapons (for example, guns).	0	1	2	3
171. Seems tired; has low energy.	0	1	2	3
172. Has trouble understanding what is said.	0	1	2	3
173. Has trouble combining words into phrases or sentences.	0	1	2	3
174. Sets goals for him/herself that are too high.	0	1	2	3
175. Does things over and over again to reduce anxiety, but in an unrealistic or excessive way.	0	1	2	3
176. Avoids social situations or becomes distressed when required to participate.	0	1	2	3
177. Bullies, threatens, or scares others.	0	1	2	3
178. Does things over and over again (for example, hand washing, double-checking, or counting).	0	1	2	3
179. Intentionally damages or destroys things that belong to others.	0	1	2	3
180. Acts as if driven by a motor.	0	1	2	3
181. Wakes up too early.	0	1	2	3
182. Uses household materials to get high (for example, glue or paint).	0	1	2	3
183. Creates thoughts or pictures that get stuck in his/her mind.	0	1	2	3
184. Complains of aches and pains when worried about being separated from family.	0	1	2	3

2554491



**Rating**

*In the past month, this was...*

- 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)

185. Worries about things that are not real-life problems.	0	1	2	3
186. Shares feelings, interests, or achievements with others.	0	1	2	3
187. Fears being embarrassed or humiliated in front of peers.	0	1	2	3
188. Repeats body movements over and over (for example, rocking, spinning, or hand flapping).	0	1	2	3
189. Has been exposed to an accident, extreme violence, trauma, abuse, or neglect.	0	1	2	3
190. Is overly concerned about cleanliness.	0	1	2	3
191. Confuses math signs (for example, +, -, x, ÷).	0	1	2	3
192. Has fears of losing control or going crazy.	0	1	2	3
193. Is hard to motivate (even with rewards like candy or money).	0	1	2	3
194. Eats non-food items, such as wallpaper, dirt, or garbage.	0	1	2	3
195. Gets into trouble with the police.	0	1	2	3
196. Becomes irritable when anxious.	0	1	2	3
197. Eats too little.	0	1	2	3
198. Seeks pleasure without caring about what bad things could happen.	0	1	2	3

**Think about your answers so far, then answer the next three items.**

199. Your child’s problems seriously affect schoolwork or grades.	0	1	2	3
200. Your child’s problems seriously affect friendships and relationships.	0	1	2	3
201. Your child’s problems seriously affect home life.	0	1	2	3

**Additional Questions:**

202. Do you have any other concerns about your child?
- \_\_\_\_\_
- \_\_\_\_\_
203. What strengths or skills does your child have?
- \_\_\_\_\_
- \_\_\_\_\_

**Please make sure you have answered every item, then return this booklet to the administrator.**



Copyright © 2008 Multi-Health Systems Inc. All rights reserved.  
 In the U.S.A., P. O. Box 950, North Tonawanda, NY 14120-0950, (800) 456-3003.  
 In Canada, 3770 Victoria Park Ave., Toronto, ON M2H 3M6, (800) 268-6011.  
 International, +1-416-492-2627. Fax, +1-416-492-3343 or (888) 540-4484.

2554491