



CONNERS
3rd Edition

TEACHER ADHD INDEX Form

by C. Keith Conners, Ph.D.

Today's Date: ___/___/___

Student's Name: _____

Gender:

M F

Birthdate: ___/___/___

Age: ___

Years

Months

Grade: ___

Teacher's Name: _____

Time Known Student: ___

Months

Class(es) Taught: _____

Instructions: Here are some things teachers might say about their students. Please tell us about this student and what he/she has been like in the PAST MONTH. Read each item carefully, then decide how well it describes this student or how frequently it has happened:

- In the PAST MONTH, this was . . . **NOT TRUE AT ALL** about this student. It never (or seldom) happened.
- JUST A LITTLE TRUE** about this student. It happened occasionally.
- PRETTY MUCH TRUE** about this student. It happened often (or quite a bit).
- VERY MUCH TRUE** about this student. It happened very often (very frequently).

Please circle only one number for each statement. Numbers are for physician's scoring—be sure to circle your choice based on the truth of the statement. It is important to respond to every item. For items that you find difficult to answer, please give your best guess.

FIRST Rating Date: ___/___/___

Rate student on the following in the PAST MONTH:

1. Fidgets or squirms in seat.
2. Restless or overactive.
3. Excitable, impulsive.
4. Is easily distracted by sights or sounds.
5. Is sidetracked easily.
6. Fails to complete schoolwork or tasks (even when he/she understands and is trying to cooperate).
7. Avoids or dislikes things that take a lot of effort and are not fun.
8. Does not seem to listen to what is being said to him/her.
9. Has trouble concentrating.
10. Inattentive, easily distracted.

NOT TRUE AT ALL	JUST A LITTLE TRUE	PRETTY MUCH TRUE	VERY MUCH TRUE
0	0	1	2
0	0	1	2
0	0	1	2
0	0	1	2
0	0	1	2
0	0	1	2
0	0	1	2
0	0	1	2
0	0	1	2
0	0	1	2
0	0	1	2

PHYSICIAN ONLY
Transfer the circled number into the box below.

DAY 1

*Please refer to the Physician's Instruction Booklet

TOTAL RAW SCORE*		PROBABILITY SCORE*
T-SCORE*		

SECOND Rating Date: ___/___/___

Rate student on the following in the PAST MONTH:

1. Fidgets or squirms in seat.
2. Restless or overactive.
3. Excitable, impulsive.
4. Is easily distracted by sights or sounds.
5. Is sidetracked easily.
6. Fails to complete schoolwork or tasks (even when he/she understands and is trying to cooperate).
7. Avoids or dislikes things that take a lot of effort and are not fun.
8. Does not seem to listen to what is being said to him/her.
9. Has trouble concentrating.
10. Inattentive, easily distracted.

NOT TRUE AT ALL	JUST A LITTLE TRUE	PRETTY MUCH TRUE	VERY MUCH TRUE
0	0	1	2
0	0	1	2
0	0	1	2
0	0	1	2
0	0	1	2
0	0	1	2
0	0	1	2
0	0	1	2
0	0	1	2
0	0	1	2
0	0	1	2

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DAY 2

*Please refer to the Physician's Instruction Booklet

TOTAL RAW SCORE*		PROBABILITY SCORE*
T-SCORE*		



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Today's Date: ___/___/___

Student's Name: _____

Gender:

M F

Birthdate: ___/___/___

Age: ___ Years ___ Months Grade: ___

Teacher's Name: _____

Time Known Student: ___ Months Class(es) Taught: _____

Instructions: Here are some things teachers might say about their students. Please tell us about this student and what he/she has been like in the PAST MONTH. Read each item carefully, then decide how well it describes this student or how frequently it has happened:

In the PAST MONTH, this was . . . NOT TRUE AT ALL about this student. It never (or seldom) happened.

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6. Fails to complete schoolwork or tasks (even when he/she understands and is trying to cooperate).
7. Avoids or dislikes things that take a lot of effort and are not fun.
8. Does not seem to listen to what is being said to him/her.
9. Has trouble concentrating.
10. Inattentive, easily distracted.

	NOT TRUE AT ALL	JUST A LITTLE TRUE	PRETTY MUCH TRUE	VERY MUCH TRUE
1.	0	0	1	2
2.	0	0	1	2
3.	0	0	1	2
4.	0	0	1	2
5.	0	0	1	2
6.	0	0	1	2
7.	0	0	1	2
8.	0	0	1	2
9.	0	0	1	2
10.	0	0	1	2

PHYSICIAN ONLY

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DAY 3

*Please refer to the Physician's Instruction Booklet—

TOTAL RAW SCORE*		PROBABILITY SCORE*	
T-SCORE*			

SECOND Rating Date: ___/___/___

Rate student on the following in the PAST MONTH:

1. Fidgets or squirms in seat.
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	NOT TRUE AT ALL	JUST A LITTLE TRUE	PRETTY MUCH TRUE	VERY MUCH TRUE
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2.	0	0	1	2
3.	0	0	1	2
4.	0	0	1	2
5.	0	0	1	2
6.	0	0	1	2
7.	0	0	1	2
8.	0	0	1	2
9.	0	0	1	2
10.	0	0	1	2

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DAY 4

*Please refer to the Physician's Instruction Booklet—

TOTAL RAW SCORE*		PROBABILITY SCORE*	
T-SCORE*			



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Today's Date: ___/___/___

Student's Name: _____

Gender:

M F

Birthdate: ___/___/___

Age: ___

Years

Months

Grade: ___

Teacher's Name: _____

Time Known Student: ___ Months

Class(es) Taught: _____

Instructions: Here are some things teachers might say about their students. Please tell us about this student and what he/she has been like in the PAST MONTH. Read each item carefully, then decide how well it describes this student or how frequently it has happened:

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NOT TRUE AT ALL	JUST A LITTLE TRUE	PRETTY MUCH TRUE	VERY MUCH TRUE
0	0	1	2
0	0	1	2
0	0	1	2
0	0	1	2
0	0	1	2
0	0	1	2
0	0	1	2
0	0	1	2
0	0	1	2
0	0	1	2

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Transfer the circled number into the box below.

DAY 5

*Please refer to the Physician's Instruction Booklet—

TOTAL RAW SCORE*

PROBABILITY SCORE*

T-SCORE*

SECOND Rating Date: ___/___/___

Rate student on the following in the PAST MONTH:

1. Fidgets or squirms in seat.
2. Restless or overactive.
3. Excitable, impulsive.
4. Is easily distracted by sights or sounds.
5. Is sidetracked easily.
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10. Inattentive, easily distracted.

NOT TRUE AT ALL	JUST A LITTLE TRUE	PRETTY MUCH TRUE	VERY MUCH TRUE
0	0	1	2
0	0	1	2
0	0	1	2
0	0	1	2
0	0	1	2
0	0	1	2
0	0	1	2
0	0	1	2
0	0	1	2
0	0	1	2

PHYSICIAN ONLY

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DAY 6

*Please refer to the Physician's Instruction Booklet—

TOTAL RAW SCORE*

PROBABILITY SCORE*

T-SCORE*