

## THE IOWA CONNERS RATING SCALE

Child's Name: First Name Last Name

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**Directions:** Darken the circle which best describes this child at this time. Please respond to all items.

		Not At All	Just A Little	Pretty Much	Very Much
1.	Fidgeting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	Hums and makes other odd noises	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	Excitable, impulsive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	Inattentive, easily distracted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	Fails to finish things he starts (short attention span)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	Quarrelsome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	Acts "smart"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	Temper outbursts (explosive and unpredictable behavior)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	Defiant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	Uncooperative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Completed by:  Mother    Father    Teacher    Other,   Specify: 

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**For Internal Use Only - To Be Completed by Study Personnel**

	CABS ID	Assessment Date																
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