

PARENT GLOBAL INDEX Form

by C. Keith Conners, Ph.D.

Today's Date: ___ / ___ / ___

Parent's Name: _____ Child's Name: _____

Child's Gender: M F Birthdate: ___ / ___ / ___ Age: ___ Years ___ Months Grade: _____

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.

FIRST Rating Date: ___ / ___ / ___

Rate your child on the following in the **past month**:

	Not True at All	Just a Little True	Pretty Much True	Very Much True
1. Restless or overactive.	0	1	2	3
2. Excitable, impulsive.	0	1	2	3
3. Fails to finish things he/she starts.	0	1	2	3
4. Inattentive, easily distracted.	0	1	2	3
5. Temper outbursts.	0	1	2	3
6. Fidgeting.	0	1	2	3
7. Disturbs other children.	0	1	2	3
8. Demands must be met immediately—easily frustrated.	0	1	2	3
9. Cries often and easily.	0	1	2	3
10. Mood changes quickly and drastically.	0	1	2	3

*Please refer to the Physician's Instruction Booklet—

TOTAL RAW SCORE*		
T-SCORES*		

PHYSICIAN ONLY	
Transfer the circled number into the unshaded box across each row.	
Restless-Impulsive	Emotional Liability
RI + EL = Conners 3 GI TOTAL	

To track your child's progress, save this form and fill out the section below **when advised by your physician**.

SECOND Rating Date: ___ / ___ / ___

Rate your child on the following in the **past month**:

	Not True at All	Just a Little True	Pretty Much True	Very Much True
1. Restless or overactive.	0	1	2	3
2. Excitable, impulsive.	0	1	2	3
3. Fails to finish things he/she starts.	0	1	2	3
4. Inattentive, easily distracted.	0	1	2	3
5. Temper outbursts.	0	1	2	3
6. Fidgeting.	0	1	2	3
7. Disturbs other children.	0	1	2	3
8. Demands must be met immediately—easily frustrated.	0	1	2	3
9. Cries often and easily.	0	1	2	3
10. Mood changes quickly and drastically.	0	1	2	3

*Please refer to the Physician's Instruction Booklet—

TOTAL RAW SCORE*		
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PHYSICIAN ONLY	
Transfer the circled number into the unshaded box across each row.	
Restless-Impulsive	Emotional Liability
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