

Connor' Global Index – 13 Years Old and Older Version (CGI-T)

Patient Name: _____ Patient Date of Birth: _____

Today's Date: _____

Choose what best describes the patient's behavior over the past 6 months.

1. Fails to give close attention to detail or makes careless mistakes in schoolwork.

	0-Never/Rarely	1-Sometimes	2-Often	3-Very Often
Do you make a lot of mistakes in school or work? Is this because you're careless?	0	1	2	3
Do you rush through work or activities?	0	1	2	3
Do you have trouble with detailed work?	0	1	2	3
Do you not check your work?	0	1	2	3
Do people complain that you are careless?	0	1	2	3
Are you messy or sloppy?	0	1	2	3
Is your desk or workspace so messy that you have difficulty finding things?	0	1	2	3

2. Fidgets with hands or feet or squirms in seat.

	0-Never/Rarely	1-Sometimes	2-Often	3-Very Often
Do you have trouble sitting still-are you always moving your hands or feet, or fidgeting in your chair?	0	1	2	3
Do you tap your pencil or your feet? A lot?	0	1	2	3
Do people notice?	0	1	2	3
Do you regularly play with your hair or clothing?	0	1	2	3
Do you consciously resist fidgeting or squirming?	0	1	2	3

3. Has difficulty sustaining attention in tasks or play activities.

	0-Never/Rarely	1-Sometimes	2-Often	3-Very Often
Do you have trouble paying attention when watching movies, reading, or during lectures? Or during fun activities such as sports or board games?	0	1	2	3
Is it hard for you to keep your mind on school or work?	0	1	2	3

Do you have unusual difficulty staying focused on boring or repetitive tasks?	0	1	2	3
Does it take a lot longer than it should to complete tasks because you can't keep your mind on the task? Is it even harder for you than for some others you know?	0	1	2	3
Do you have trouble remembering what you read and do you need to reread the same passage several times?	0	1	2	3

4. Leaves seat in classroom or in other situations in which remaining seated is expected.

	0-Never/Rarely	1-Sometimes	2-Often	3-Very Often
Do you have trouble staying in your seat at work or in class? At home, i.e., watching TV or eating dinner? In church or temple?	0	1	2	3
Do you choose to walk around rather than sit?	0	1	2	3
Do you have to force yourself to remain seated?	0	1	2	3
Is it difficult for you to sit through a long meeting or lecture?	0	1	2	3
Do you try to avoid going to functions that require you to sit still for long periods of time?	0	1	2	3

5. Does not seem to listen when spoken to directly.

	0-Never/Rarely	1-Sometimes	2-Often	3-Very Often
Do people (your spouse, boss, colleagues, friends) complain that you don't seem to listen or respond (or that you daydream) when spoken to or when asked to do tasks? A lot?	0	1	2	3
Do people have to repeat directions to you?	0	1	2	3
Do you find that you miss key parts of conversations because you drift off in your own thoughts? Does it cause problems?	0	1	2	3

6. Runs about or climbs excessively in situations in which it is inappropriate.

	0-Never/Rarely	1-Sometimes	2-Often	3-Very Often
Are you physically restless?	0	1	2	3
Do you feel more restless inside?	0	1	2	3
Do you feel more agitated when you cannot exercise on an almost daily basis?	0	1	2	3

7. Does not follow through on instructions and fails to finish work.

	0-Never/Rarely	1-Sometimes	2-Often	3-Very Often
Do you have trouble finishing things such as work or chores?	0	1	2	3
Do you often leave things half done and start another project?	0	1	2	3
Do you need consequences (such as deadlines) to finish things?	0	1	2	3
Do you have trouble following instructions (especially complex, multistep instructions that have to be done in a certain order with different steps)?	0	1	2	3
Do you need to write down instructions, otherwise you will forget them?	0	1	2	3

8. Has difficulty playing or engaging in leisure activities quietly.

	0-Never/Rarely	1-Sometimes	2-Often	3-Very Often
During leisure activity (nanostructured times or on your own, such as reading book, listening to music, playing a board game) are you agitated or restless?	0	1	2	3
Do you always need to be busy after work or while on vacation?	0	1	2	3

9. Has difficulty playing or engaging in leisure activities quietly.

	0-Never/Rarely	1-Sometimes	2-Often	3-Very Often
Do you have trouble organizing tasks into ordered steps?	0	1	2	3
Is it hard prioritizing work and chores?	0	1	2	3
Do you need others to plan for you?	0	1	2	3
Do you have trouble with time management? Does it cause problems?	0	1	2	3
Does difficulty in planning lead to procrastination and putting off tasks until the last moment possible?	0	1	2	3

10. Is "on the go" or acts as if "driven by a motor".

	0-Never/Rarely	1-Sometimes	2-Often	3-Very Often
Is it hard for you to slow down?	0	1	2	3

Do you feel like you (often) have a lot of energy and that you always have to be moving, are always “on the go”	0	1	2	3
Do you feel like you’re “driven by a motor”?	0	1	2	3
Do you feel unable to relax?	0	1	2	3

11. Avoids tasks (e.g. schoolwork, homework) that require sustained mental effort.

	0-Never/Rarely	1-Sometimes	2-Often	3-Very Often
Do you avoid tasks (work, chores, reading, board games) that are challenging or lengthy because its hard to stay focused on these for a long time?	0	1	2	3
Do you have to force yourself to do these tasks? How hard is it?	0	1	2	3
Do you procrastinate and put off tasks until the last possible moment?	0	1	2	3