findyourneurotype

SAMPLE · fictional data

Sample report

ADHD Child Test (Conners)

Neurodevelopmental self-assessment

Prepared for	Date	Questions	Reference
Camille Dubois	**March 11, 2026**	**18**	**00000023**

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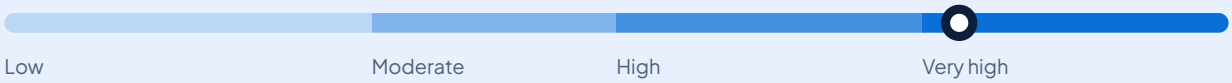
This report is a self-assessment tool. It is not a medical or psychological diagnosis.

Your result

42 / 54

Strong ADHD Indicators – Evaluation Recommended

78 % of the maximum score



Strong ADHD indicators across multiple domains: inattention, hyperactivity, opposition.

By dimension

As a percentage of each dimension's maximum, so they can be compared.

Inattention	**67 %**	12 / 18
Hyperactivity / Impulsivity	**67 %**	12 / 18
Oppositional behavior	**67 %**	12 / 18

● Least marked

What your answers say

Written by Claude (Anthropic) from your answers.

Least marked

Oppositional behavior · 67 %

Hyperactivity / Impulsivity · 67 %

Inattention · 67 %

Thank you for taking the time to thoughtfully complete this screening questionnaire about your child. Filling out something like this takes real attention and care, and it often stirs up a mix of emotions—relief at finally putting words to patterns you've noticed, worry about what it might mean, or even a quiet sense of validation. Whatever you're feeling right now is completely understandable. Many parents walk this same path, watching their child navigate the world a little differently and wondering how best to support them.

Your child's results show a total score of 42 out of 54, which falls into the range the tool identifies as showing strong indicators, with particularly notable patterns in the area of inattention, followed by hyperactivity and impulsivity. In plain terms, this means your responses reflect a consistent set of behaviors—like difficulty sustaining focus, restlessness, or acting before thinking things through—that appear frequently enough to warrant a closer look from a professional. It's important to remember that this screening tool is not a diagnosis. It's a starting point, a way of organizing your observations so that a qualified clinician can take the next steps with real clarity.

In the meantime, there are gentle, constructive things you can do. Creating predictable routines around homework, meals, and bedtime can help reduce the mental load your child carries throughout the day. Breaking tasks into smaller, manageable steps and offering specific praise when they follow through can build confidence rather than frustration. It may also help to keep a simple daily log of moments when focus or impulse control feels especially challenging, as this kind of detail can be incredibly valuable during a clinical evaluation.

Please know that these results are not a reflection of your parenting. ADHD, when it is present, is a neurological difference in how the brain regulates attention and activity—not something caused by inconsistency or lack of effort on your part. Reaching out to a pediatrician, child psychologist, or developmental specialist is a hopeful, proactive step, not an alarming one. With the right support, understanding, and tools, children with these patterns often thrive beautifully, and you are already doing something meaningful simply by seeking answers.

Next steps

Pick one or two. Regularity matters more than duration.

Recommendation

Strong ADHD Indicators – Evaluation Recommended

Consult a child psychiatrist. ADHD is a neurological condition, not a parenting problem.

To talk about it with a professional

Psychologist, therapist, doctor: this report can start the conversation.

- Bring page 2 (result by dimension).
- Note one or two situations that were hard for you lately.
- Say what you would like to change, even vaguely.

Need to talk to someone now? Call Suicide & Crisis Lifeline on **988**, or 911 in an emergency.

This report is a self-assessment tool. It does not replace an assessment by a professional. For a reliable diagnosis, see a neuropsychologist, a psychiatrist or another qualified healthcare professional.

Prepare your appointment

Doctor, psychiatrist, psychologist, neuropsychologist: bring this page. Fill it in a few days before, when examples come to mind.

My key figures

ADHD Child Test (Conners) · 42 / 54 (78 %) · Strong ADHD Indicators - Evaluation Recommended

Test taken on March 11, 2026 · reference 00000023

Examples from my daily life

Work or studies, home, relationships: two or three concrete situations, with what happened.

Since when?

Was it already there in childhood or adolescence? School reports or a relative's memories can help.

What I would like to change

Even vaguely: what costs you the most energy today.

Questions I can ask

- ☐ Is a full assessment useful in my case, and with whom?
- ☐ How long is the wait, and what can I do in the meantime?
- ☐ Could something else explain this (sleep, stress, thyroid, another condition)?
- ☐ What support exists, at work or in my studies?
- ☐ What should I bring next time?

Your answers

Scale from “Not at all” to “Very much”.

#	Question	Your answer	Pts
Inattention · 12 / 18			
1	Has difficulty concentrating on tasks.	Pretty much / Often	2
2	Is easily distracted by external stimuli.	Pretty much / Often	2
3	Fails to finish schoolwork or chores even when capable.	Pretty much / Often	2
4	Has a short attention span - gives up quickly.	Pretty much / Often	2
5	Loses or misplaces personal items (homework, pencils, toys).	Pretty much / Often	2
6	Makes careless mistakes on schoolwork.	Pretty much / Often	2
Hyperactivity / Impulsivity · 12 / 18			
7	Cannot sit still; always 'on the go' or acts as if driven by a motor.	Pretty much / Often	2
8	Talks excessively - interrupts others when speaking.	Pretty much / Often	2
9	Acts impulsively - does things without thinking.	Pretty much / Often	2
10	Fidgets or squirms when seated.	Pretty much / Often	2
11	Has difficulty waiting for his/her turn in games or groups.	Pretty much / Often	2
12	Runs around or climbs excessively in inappropriate situations.	Pretty much / Often	2
Oppositional behavior · 12 / 18			
13	Loses temper - has angry outbursts.	Pretty much / Often	2
14	Argues with adults and refuses to comply with requests.	Pretty much / Often	2
15	Deliberately annoys or bothers others.	Pretty much / Often	2
16	Blames others for his/her mistakes or misbehavior.	Pretty much / Often	2
17	Is touchy or easily annoyed by others.	Pretty much / Often	2
18	Is vindictive or spiteful.	Pretty much / Often	2