



Conners Adult ADHD Rating Scales 2nd Edition (CAARS™ 2)

SELF-REPORT

Single-Rater Report

C. Keith Conners, Ph.D., Drew Erhardt, Ph.D., & Elizabeth P. Sparrow, Ph.D.

CLIENT

Name/ID: Theresa M/134
Date of Birth: October 31, 1946
Age: 76
Gender: Female

ADMINISTRATION DETAILS

Administration Date: September 7, 2023
Assessment Language: English
Examiner: Joan Phillips
Data Entered By: Joan Phillips

SELECTED REFERENCE GROUP(S)

Principal Reference Sample: Normative Sample–Combined Gender
Additional Reference Sample(s): Normative Sample Gender Specific–Females
ADHD Reference Sample Gender Specific–Females
Normative Age Group: ≥ 70 years

This computerized report is an interpretive aid intended for use by qualified professionals only. It should not be used as the sole criterion for clinical diagnosis or intervention. CAARS 2 results should be combined with information gathered from other psychometric measures, interviews, observations, and review of available records. This report is based on an algorithm that produces the most common interpretations for the scores that have been obtained. Responses to specific items should be reviewed to ensure that these typical interpretations apply to the individual being described. **Parts of this report contain copyrighted material, including test items. If it is necessary to provide a copy of this report to anyone other than the examiner, sections containing copyrighted material must be removed.**

OVERVIEW

! Critical >> Follow-Up ? Could Not Be Scored

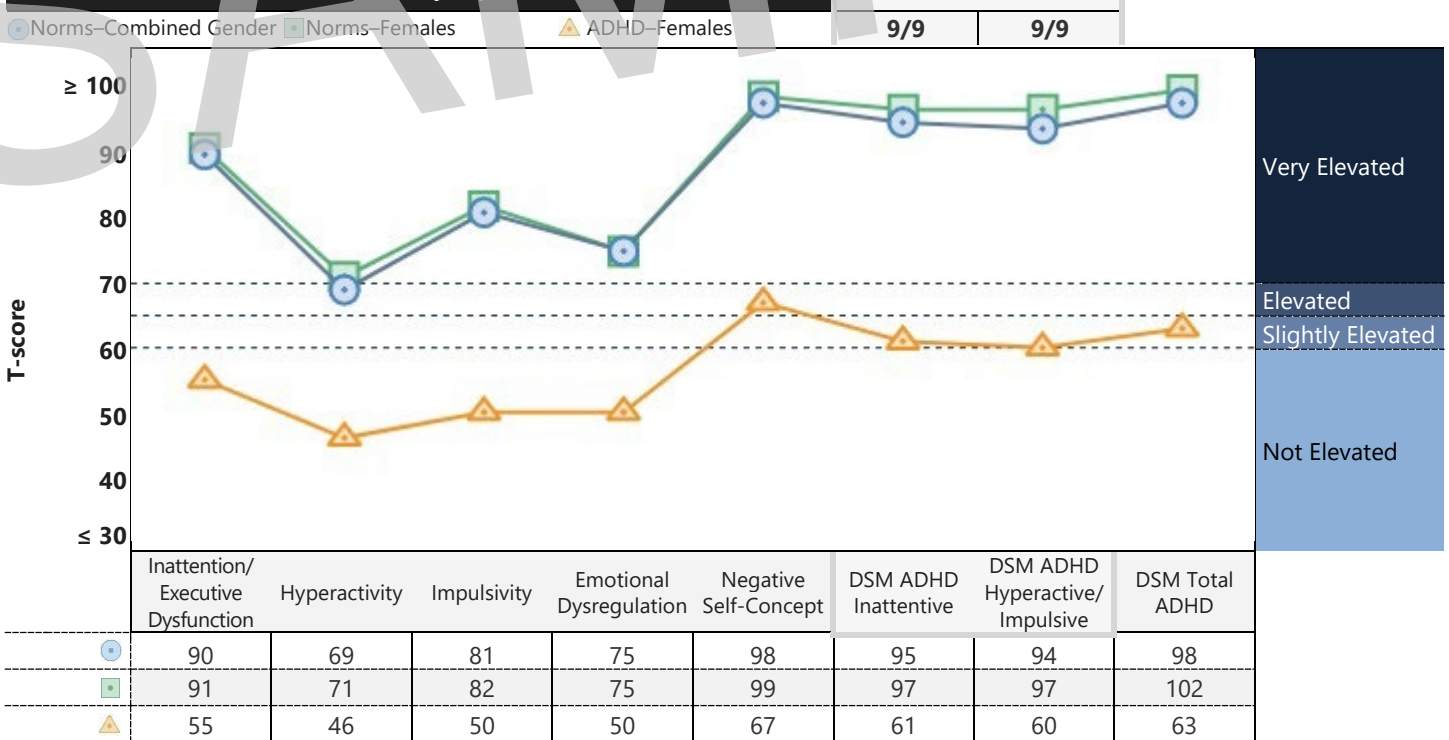
Response Style Analysis

8	>> Negative Impression Index Raw Score	2	Inconsistency Index Raw Score
Warrants follow-up. May reflect an attempt to present an unrealistically negative impression, or an exaggerated description of problems.		Within the expected range. Does not suggest inconsistent, careless, or random responding.	
0	Omitted Item(s)	n/a	Pace Average # of items/minute
No items were omitted.		n/a = Not Applicable. Pace was not calculated due to paper rather than online administration.	

Associated Clinical Concern Items

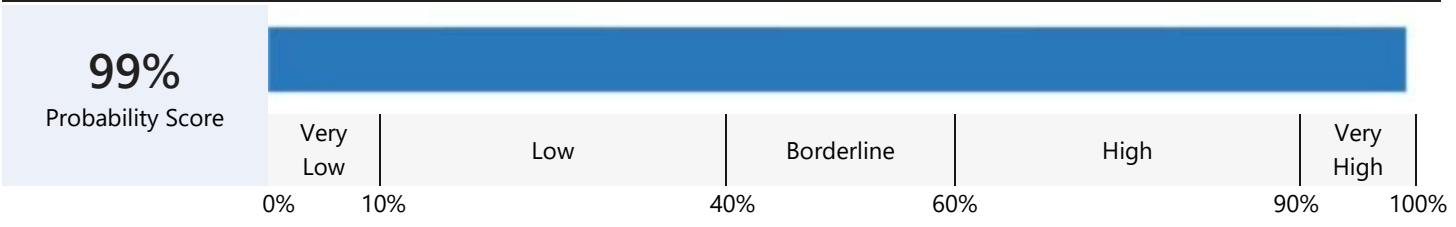
Critical Items	! Suicidal thoughts/attempts Just a little/Occasionally Immediate follow-up is strongly recommended.	! Self-injury Rarely Immediate follow-up is strongly recommended.
Screening Items	>> Anxiety/worry Completely true; Very often/Always Follow-up is recommended.	>> Sadness/emptiness Completely true; Very often/Always Follow-up is recommended.

CAARS 2 Content and DSM Symptom Scales



Note(s). DSM-5-TR requires ≥ 5/9 Inattentive and/or ≥ 5/9 Hyperactive/Impulsive symptoms to meet Criterion A for ADHD in adults. DSM Symptom Counts contribute to diagnostic assessments but are not sufficient to determine a diagnosis (see CAARS 2 Manual).

CAARS 2-ADHD Index



Impairment & Functional Outcome Items

Item Stem	Rating	Elevation
Bothered by the things endorsed on the CAARS 2	Just a little/Occasionally	Not Elevated
>> Things endorsed on the CAARS 2 interfere with life	Often/Quite a bit	Elevated
Problems in romantic/marital relationship(s)	Not true at all; Never/Rarely	Not Elevated
Problems in relationships with family members	Just a little true; Occasionally	Not Elevated
>> Problems in relationships with friends, co-workers, or neighbors	Just a little true; Occasionally	Elevated
Problems at work and/or school	Not true at all; Never/Rarely	Not Elevated
Has a harder time with things than other people do	Not true at all; Never/Rarely	Not Elevated
>> Underachiever	Pretty much true; Often/Quite a bit	Elevated
Sleep problems	Just a little true; Occasionally	Not Elevated
Problems managing money	Not true at all; Never/Rarely	Not Elevated
Neglects family/household responsibilities	Not true at all; Never/Rarely	Not Elevated
>> Risky driving	Pretty much true; Often/Quite a bit	Elevated
>> Problems due to time spent online	Pretty much true; Often/Quite a bit	Elevated

Additional Questions

Please describe any other issues or problems.
I guess I've been forgetful a lot lately. My memory used to be so much sharper. I do make to-do lists, but sometimes, I can't even remember where I put it. Old age I guess.

What are your main strengths or skills?
I'm open to anything. I like having fun and enjoying life. At my age, I'm pretty happy that I'm overall healthy and have the means to enjoy time for vacations and a few hobbies, as well as spending time with my children and grandchildren.

CAARS 2 SCALES

Content Scales						
	Raw Score	T-score	90% CI	Percentile	Guideline	# of Elevated Items
Inattention/ Executive Dysfunction	69	90	87-93	99th	Very Elevated	27/30
Hyperactivity	17	69	64-74	93rd	Elevated	8/13
Impulsivity	24	81	75-87	99th	Very Elevated	8/13
Emotional Dysregulation	17	75	70-80	98th	Very Elevated	6/9
Negative Self-Concept	21	98	92-104	99th	Very Elevated	7/7

Note(s). CI = Confidence Interval.

DSM Symptom Scales						
	Raw Score	T-score	90% CI	Percentile	Guideline	Symptom Count ⓘ
ADHD Inattentive Symptoms	29	95	90-100	99th	Very Elevated	9/9
ADHD Hyperactive/ Impulsive Symptoms	28	94	89-99	99th	Very Elevated	9/9
Total ADHD Symptoms	57	98	93-103	99th	Very Elevated	n/a

Note(s). CI = Confidence Interval.

ⓘ DSM Symptom Count scores contribute to diagnostic assessment but are not sufficient for determining a diagnosis. See the CAARS 2 Manual for interpretive considerations. A Symptom Count of at least 5/9 Inattentive Symptoms and/or at least 5/9 Hyperactive/Impulsive Symptoms is required to meet DSM-5-TR Criterion A for ADHD in adults. A Symptom Count of at least 5/9 on both Inattentive Symptoms and Hyperactive/Impulsive Symptoms is required to meet DSM-5-TR Criteria for ADHD Combined in adults.

n/a = Not Applicable. Symptom Counts are not applicable to DSM Total ADHD Symptoms. See the CAARS 2 Manual for details.

CAARS 2-ADHD Index			
	Raw Score	Probability Score	Guideline
CAARS 2-ADHD Index	28	99%	Very High

ITEM RESPONSES

Item #	Rating	Item #	Rating	Item #	Rating	Item #	Rating
1.	3	25.	2	49.	3	73.	3
2.	0	26.	1	50.	1	74.	3
3.	2	27.	3	51.	2	75.	0
4.	2	28.	0	52.	2	76.	3
5.	3	29.	3	53.	2	77.	2
6.	2	30.	2	54.	3	78.	0
7.	2	31.	1	55.	3	79.	3
8.	3	32.	3	56.	1	80.	2
9.	3	33.	2	57.	0	81.	1
10.	1	34.	3	58.	2	82.	2
11.	0	35.	0	59.	0	83.	0
12.	1	36.	3	60.	2	84.	1
13.	3	37.	3	61.	2	85.	1
14.	1	38.	3	62.	0	86.	0
15.	1	39.	2	63.	0	87.	0
16.	3	40.	2	64.	2	88.	2
17.	2	41.	3	65.	3	89.	2
18.	2	42.	3	66.	2	90.	1
19.	1	43.	2	67.	1	91.	1
20.	2	44.	3	68.	2	92.	0
21.	2	45.	2	69.	3	93.	0
22.	2	46.	2	70.	3	94.	2
23.	3	47.	3	71.	3	95.	2
24.	2	48.	3	72.	2		

? = Omitted item

Response Key for items 1–80, 83–88, 91–95:

- 0** = Not true at all; Never/Rarely
- 1** = Just a little true; Occasionally
- 2** = Pretty much true; Often/Quite a bit
- 3** = Completely true; Very often/Always
- n/a** = Not Applicable (only available as an option on items 83–86 and 94)

Response Key for items 81–82:

- 0** = Never/Rarely
- 1** = Just a little/Occasionally
- 2** = Often/Quite a bit
- 3** = Very often/Always

Response Key for items 89–90:

- 0** = Never
- 1** = Rarely
- 2** = Just a little/Occasionally
- 3** = Often/Quite a bit
- 4** = Very often/Always

GLOSSARY

This glossary summarizes content, scores, and interpretive guidelines for the CAARS 2 Self-Report. Please refer to the CAARS 2 Manual for more information about interpretation and the development of these scores.

Response Style Analysis

This section presents a set of metrics that describe a rater’s response style. If any of these metrics are flagged in the report, further exploration is needed to determine if and how such findings might impact the interpretation of the CAARS 2 results.

Metric	Description	Interpretation
Validity Scales	Negative Impression Index Identifies an unrealistically negative or possibly exaggerated response style.	Scores of 6 or higher warrant follow-up, as they may reflect the rater’s attempt to present an unfavorable impression. Review the Items by Scale section of the report and other sources of information to determine if this score reflects ratings that are unrealistically negative, exaggerated descriptions of problems, and/or accurate ratings of problems that rarely occur at the level endorsed.
	Inconsistency Index Describes inconsistent response patterns.	Scores of 4 or higher warrant follow-up. Review the Items by Scale section of the report and other sources of information to determine if this score reflects inconsistent, careless, or random responding; comprehension difficulties; or the rater’s interpretation of subtle wording differences within an item pair.
Omitted Items	Provides the total number of items omitted by the rater.	Items may be omitted by the rater for a variety of reasons, such as avoidance of particular content, careless responding due to low levels of motivation, or a misunderstanding of the directions to complete all items. Reviewing the specific items omitted can help in determining whether they are randomly distributed or reflect one or more common themes.
Pace (Online Administration Only)	Provides the average number of items the rater completed per minute.	A pace of ≥ 15.0 items per minute is an unusually fast pace , which could result from a variety of factors (e.g., reading items quickly, giving little consideration to responses, rushing). A pace of < 1.0 item per minute is an unusually slow pace , which could result from a variety of factors (e.g., interruptions, comprehension difficulties, fatigue, extreme deliberation).

Associated Clinical Concern Items

These four items assess areas that may require immediate clinical attention or further follow-up.

Item	Description	Interpretation
Critical Items	Two items, one that asks about suicidal thoughts/attempts and another that asks about self-injury. Note that the time frame for these items is the individual's "entire life" rather than "in general."	The Critical Items are flagged if endorsed at any level higher than "Never." If flagged, immediate follow-up is strongly recommended/critical to determine if this is a <i>current</i> concern, a report of <i>past</i> suicidality/self-injury, or both, and to assess the nature and severity of the suicidality or self-injury along with the need for any protective interventions. Follow-up with the rater if either of the Critical Items were omitted to gather this important information.
Screening Items	Two items, one that asks about anxiety/worry and another that asks about sadness/emptiness.	The Screening Items are flagged when endorsed at a level higher than what is typical for the selected Normative Sample. If flagged, follow-up is recommended to assess the nature and severity of the anxiety and/or sadness.

CAARS 2 Content Scales

The five CAARS 2 Content Scales capture information about key areas that are often impacted by ADHD in adults.

Scale	Description	Interpretation
Inattention/ Executive Dysfunction	Items about difficulties with paying attention to details, concentrating, staying focused, remembering tasks, planning, time management, prioritizing, and organizing.	<p>Results of the CAARS 2 Content Scales are reported as T-scores with confidence intervals and percentiles. An elevated T-score indicates higher ratings in that area than are expected for an average individual in the selected reference group. The higher the T-score, the greater the difference between the individual being described and what is typical for the reference sample.</p> <ul style="list-style-type: none"> • Very Elevated: T-score ≥ 70 • Elevated: T-score = 65 to 69 • Slightly Elevated: T-score = 60 to 64 • Not Elevated: T-score < 60
Hyperactivity	Items about feeling restless, having difficulty sitting still, tapping hands or feet, talking too much, distracting others, and having trouble doing activities quietly.	
Impulsivity	Items about feeling impatient, rushing through things, interrupting others, blurting out answers, acting before thinking, and having trouble waiting.	
Emotional Dysregulation	Items about difficulty controlling emotions, such as getting easily irritated or frustrated, overreacting, and having angry outbursts.	
Negative Self- Concept	Items about low self-confidence, feeling like a failure, and self-criticism.	

DSM Symptom Scales

Results from the CAARS 2 DSM Symptom Scales describe ratings from groups of items that correspond to the two symptom groups (i.e., Inattention; Hyperactivity/Impulsivity) represented in Criterion A for ADHD in the DSM-5-TR. It is critical to remember that these scores cannot be used to determine the presence of Criterion A symptoms per se but can be an important component of the multi-measure, multi-informant approach to make that determination. Diagnostic conclusions also require consideration of additional DSM-5-TR criteria, including age of onset (Criterion B), pervasiveness across settings (Criterion C), impairment (Criterion D), and ruling out competing diagnoses or alternative explanations for the symptoms (Criterion E).

Scale	Description	Interpretation
DSM ADHD Inattentive Symptoms	Items representing the nine DSM-5-TR ADHD Criterion A Inattention symptoms.	Results of the CAARS 2 DSM Symptom Scales are reported as T-scores with confidence intervals and percentiles (see Content Scales for interpretation of T-scores). DSM Symptom Scale T-scores and percentiles on the CAARS 2 are relative scores, comparing an individual to the selected reference group. These scores help users assess the first part of the DSM-5-TR Criterion A; that symptoms must be inconsistent with developmental level.
DSM ADHD Hyperactive/Impulsive Symptoms	Items representing the nine DSM-5-TR ADHD Criterion A Hyperactivity and Impulsivity symptoms.	Symptom Counts are also reported for the ADHD Inattentive Symptoms and ADHD Hyperactive/Impulsive Symptoms scales. No Total Symptom Count is calculated as the DSM-5-TR does not refer to a "total" score. Symptom Counts refer to the number of symptoms endorsed at a high enough level to meet the DSM-5-TR specification of "often." These are absolute counts, rather than norm-referenced values. The DSM-5-TR requires:
DSM Total ADHD Symptoms	Items from the DSM ADHD Inattentive Symptoms Scale and DSM ADHD Hyperactive/Impulsive Symptoms Scale. This scale provides a dimensional look at symptoms of ADHD.	<ul style="list-style-type: none"> • 5 or more inattention symptoms for ADHD Predominantly inattentive presentation, • 5 or more hyperactivity/impulsivity symptoms for ADHD Predominantly hyperactive/impulsive presentation, and • 5 or more inattention symptoms <i>and</i> 5 or more hyperactivity/impulsivity symptoms for ADHD Combined presentation.

CAARS 2–ADHD Index

This section presents a set of 12 items that best differentiates people diagnosed with ADHD from people in the general population.

Scale	Description	Interpretation
CAARS 2–ADHD Index	Suggests the probability of an ADHD classification by identifying whether an individual’s ratings are more similar to those of individuals who have an ADHD diagnosis or individuals from the general population, after accounting for age.	<p>The CAARS 2–ADHD Index is reported as a probability score along a continuum ranging from 1% to 99%.</p> <ul style="list-style-type: none"> Very High (90% to 99%) and High (60% to 89%) probability scores indicate relatively high levels of similarity with age-matched peers who have been diagnosed with ADHD (and low similarity with the general population). Borderline (40% to 59%) probability scores do not have clear similarity to one group over the other (i.e., individuals who have ADHD versus individuals in the general population). Low (10% to 39%) and Very Low (1% to 9%) probability scores indicate relatively low levels of similarity with the ADHD comparison group (and high similarity with the general population).

Impairment & Functional Outcome Items

The CAARS 2 Impairment & Functional Outcome Items describe levels of distress and impairment, including both general domains and specific areas of functioning that can be impacted by ADHD symptoms.

Scale	Description	Interpretation
Impairment & Functional Outcome Items	<p>Item content includes:</p> <ul style="list-style-type: none"> how much issues endorsed on the CAARS 2 bother the individual or interfere with their life in general, social functioning (including relationships with romantic/marital partners, family members, friends/co-workers/neighbors), occupational/academic functioning, and other functional areas including achievement, sleep, financial management, domestic responsibilities, driving, and time spent online. 	<p>Elevated ratings may indicate distress/impairment and suggest possible treatment targets. Item-level scores are considered elevated when they are endorsed at higher levels than expected for most of the selected Principal Reference Sample (specifically, any level of endorsement that falls in the top quartile of the response distribution is noted as an Elevated item).</p>