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

SELF-REPORT
Single-Rater Report

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CLIENT

Name/ID:	Miguel Sample/2100
Date of Birth:	January 28, 2004
Age:	19
Gender:	Male

ADMINISTRATION DETAILS

Administration Date:	February 1, 2023
Assessment Language:	Spanish
Examiner:	Examiner SR Full 0001
Data Entered By:	Data Enterer 1

SELECTED REFERENCE GROUP(S)

Principal Reference Sample:	Normative Sample Gender Specific–Females
Additional Reference Sample(s):	None selected
Normative Age Group:	18 to 24 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–Short 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.**
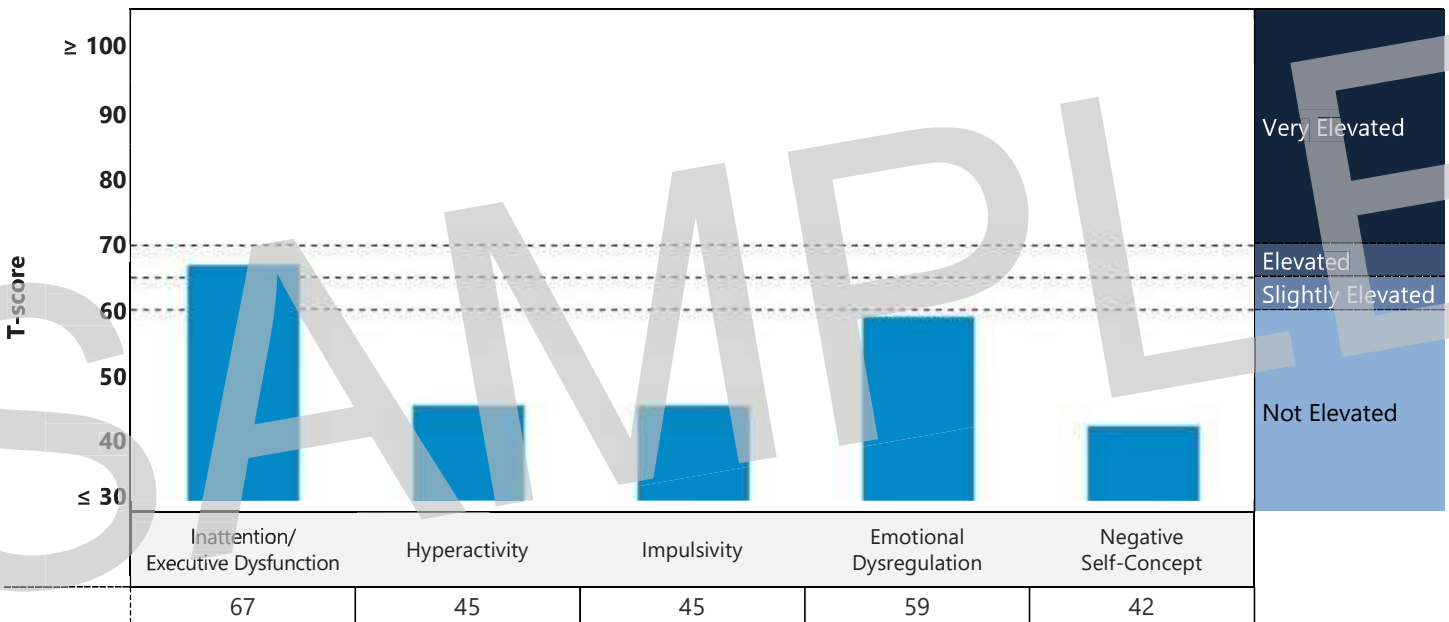
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OVERVIEW

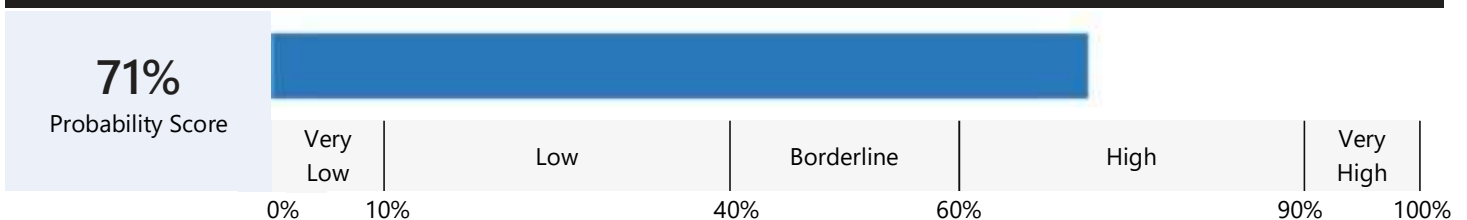**>>** Follow-Up   **?** Could Not Be Scored

Response Style Analysis

0	Negative Impression Index Raw Score	0	Omitted Item(s)

Within the expected range.
Does not suggest unrealistically negative ratings or exaggerated description of problems.

No items were omitted.

7.4	Pace Average # of items/minute

Within the expected range.
Typical pace.

CAARS 2–Short Content Scales

	Inattention/ Executive Dysfunction	Hyperactivity	Impulsivity	Emotional Dysregulation	Negative Self-Concept
	67	45	45	59	42

CAARS 2–ADHD Index

71%
Probability Score

Very Low	Low	Borderline	High	Very High

0%   10%   40%   60%   90%   100%

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Additional Questions

Please describe any other issues or problems.

Comencé mi primer año universitario este año y he tenido dificultades con algunas clases. Me resulta difícil administrar el tiempo y además quiero unirme a todas estas cosas extracurriculares en la escuela.

What are your main strengths or skills?

Mi vida es bastante buena. Tengo buena familia, grandes amigos, trabajo estable.

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CAARS 2
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CAARS 2–SHORT SCALES

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Content Scales

	Raw Score	T-score	95% CI	Percentile	Guideline	# of Elevated Items
Inattention/ Executive Dysfunction	23	67	63-71	96th	Elevated	8/12
Hyperactivity	3	45	40-50	31st	Not Elevated	0/7
Impulsivity	2	45	39-51	31st	Not Elevated	1/7
Emotional Dysregulation	9	59	53-65	82nd	Not Elevated	3/6
Negative Self-Concept	3	42	36-48	21st	Not Elevated	0/5

Note(s). CI = Confidence Interval.

CAARS 2–ADHD Index

	Raw Score	Probability Score	Guideline
CAARS 2–ADHD Index	21	71%	High

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ITEM RESPONSES

Item #	Rating	Item #	Rating	Item #	Rating	Item #	Rating
1.	3	15.	2	29.	2	43.	1
2.	3	16.	3	30.	2	44.	1
3.	1	17.	0	31.	2	45.	0
4.	2	18.	1	32.	0	46.	3
5.	1	19.	0	33.	0	47.	0
6.	3	20.	0	34.	1	48.	3
7.	2	21.	0	35.	0	49.	1
8.	0	22.	0	36.	0	50.	1
9.	1	23.	2	37.	3	51.	3
10.	0	24.	0	38.	1	52.	0
11.	1	25.	1	39.	0	53.	2
12.	2	26.	0	40.	1		
13.	0	27.	3	41.	0		
14.	2	28.	0	42.	2		

Response Key:
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
? = Omitted item

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GLOSSARY

This glossary summarizes content, scores, and interpretive guidelines for the CAARS 2–Short 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 Scale	Negative Impression Index	Identifies an unrealistically negative or possibly exaggerated response style.	Scores of **6 or higher** warrant follow-up, as they February 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.
Omitted Items		Provides the total number of items omitted by the rater.	Items February 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).

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CAARS 2 2
Short Self-Report

CAARS 2–Short Content Scales

The five CAARS 2–Short 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.	Results of the CAARS 2–Short 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. • **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, distracting others, and having trouble doing activities quietly.	
Impulsivity	Items about 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, and overreacting.	
Negative Self-Concept	Items about low self-confidence and self-criticism.	

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.	The CAARS 2–ADHD Index is reported as a probability score along a continuum ranging from 1% to 99%. • **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).

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