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

OBSERVER
Single-Rater Report

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CLIENT

Name/ID:	Juan Alverez/123
Date of Birth:	March 24, 2002
Age:	21
Gender:	

OBSERVER

Name/ID:	Sonia Alvarez/123
Client's Relationship to Observer:	Spouse/Domestic Partner/Romantic Partner

ADMINISTRATION DETAILS

Administration Date:	April 29, 2023
Assessment Language:	Spanish

SELECTED REFERENCE GROUP(S)

Principal Reference Sample:	Normative Sample–Combined Gender
Additional Reference Sample(s):	Normative Sample Gender Specific–Males
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 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

! Critical   **>>** Follow-Up   **?** Could Not Be Scored
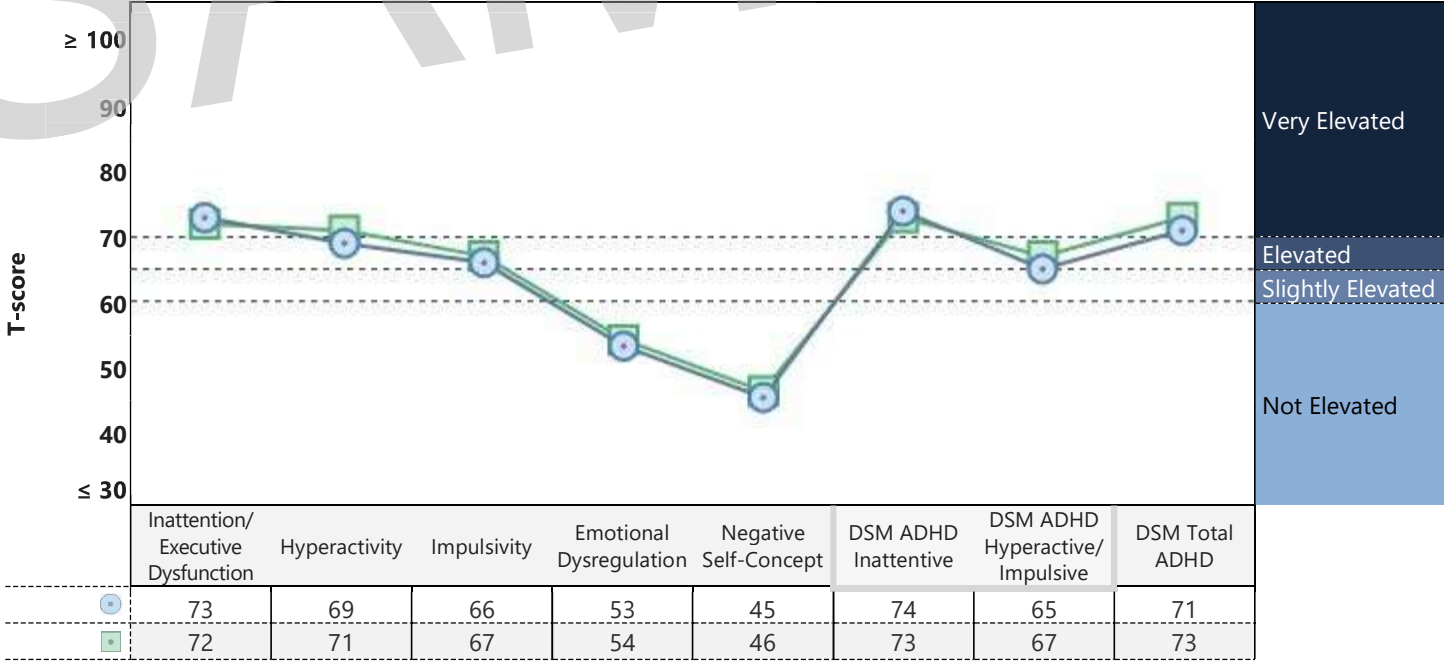
Response Style Analysis

10	>>	**Negative Impression Index** Raw Score		4	>>	**Inconsistency Index** Raw Score

Warrants follow-up.
May reflect an attempt to present an unrealistically negative impression, or an exaggerated description of problems.

Warrants follow-up.
May reflect inconsistent, careless, or random responding.

0	**Omitted Item(s)**		7.2	**Pace** Average # of items/minute

No items were omitted.

Within the expected range.
Typical Pace.

Associated Clinical Concern Items

Critical Items	**Suicidal thoughts/attempts** Never	**Self-injury** Never
	No reported history of suicidal thoughts/attempts.	No reported history of self-injurious behaviors.
Screening Items	**>> Anxiety/worry** Pretty much true; Often/Quite a bit	**>> Sadness** Pretty much true; Often/Quite a bit
	Follow-up is recommended.	Follow-up is recommended.

CAARS 2 Content and DSM Symptom Scales

Symptom Count

⊙ Norms–Combined Gender   ▢ Norms–Males

	7/9	6/9

	Inattention/ Executive Dysfunction	Hyperactivity	Impulsivity	Emotional Dysregulation	Negative Self-Concept	DSM ADHD Inattentive	DSM ADHD Hyperactive/ Impulsive	DSM Total ADHD
⊙	73	69	66	53	45	74	65	71
▢	72	71	67	54	46	73	67	73

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).

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CAARS 2–ADHD Index

95%
Probability Score

Very Low	Low	Borderline	High	Very High

0%   10%   40%   60%   90%   100%
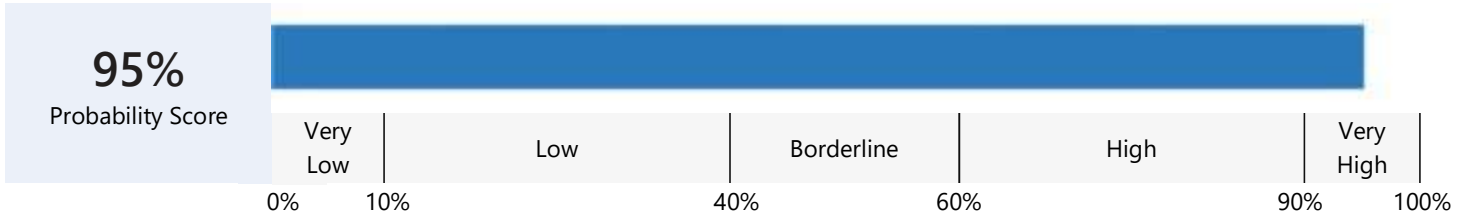
Impairment & Functional Outcome Items

Item Stem	Rating	Elevation
Bothered by the things endorsed on the CAARS 2	Never/Rarely	Not Elevated
Things endorsed on the CAARS 2 interfere with life	Never/Rarely	Not 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	Not true at all; Never/Rarely	Not 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	Just a little true/Occasionally	Not Elevated
Underachiever	Not true at all; Never/Rarely	Not Elevated
Sleep problems	Not true at all; Never/Rarely	Not Elevated
Problems managing money	Just a little true/Occasionally	Not Elevated
Neglects family/household responsibilities	Not true at all; Never/Rarely	Not Elevated
Risky driving	Not true at all; Never/Rarely	Not Elevated
Problems due to time spent online	Not true at all; Never/Rarely	Not Elevated

Additional Questions

Please describe any other issues or problems.

Juan necesita muchos recordatorios, así que trato de darle nuestro horario semanal. Pero incluso entonces, necesito recordarle todos los días lo que necesito que haga ese día.

What strengths or skills does this person have?

Juan es un esposo amoroso y un buen padre. Trabaja duro para nuestra familia. Es amable y paciente con nuestros hijos.

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CAARS 2 SCALES

Content Scales

	Raw Score	T-score	90% CI	Percentile	Guideline	# of Elevated Items
Inattention/ Executive Dysfunction	65	73	70-76	98th	Very Elevated	23/30
Hyperactivity	21	69	65-73	94th	Elevated	7/13
Impulsivity	22	66	61-71	92nd	Elevated	9/13
Emotional Dysregulation	9	53	48-58	70th	Not Elevated	2/9
Negative Self-Concept	3	45	40-50	35th	Not Elevated	1/7

Note(s). CI = Confidence Interval.

DSM Symptom Scales

	Raw Score	T-score	90% CI	Percentile	Guideline	Symptom Count ⓘ
ADHD Inattentive Symptoms	25	74	70-78	97th	Very Elevated	7/9
ADHD Hyperactive/ Impulsive Symptoms	17	65	60-70	90th	Elevated	6/9
Total ADHD Symptoms	42	71	66-76	95th	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	22	95%	Very High

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CAARS 2
Observer

ITEM RESPONSES

Item #	Rating	Item #	Rating	Item #	Rating	Item #	Rating
1.	3	25.	2	49.	2	73.	1
2.	0	26.	0	50.	2	74.	2
3.	3	27.	3	51.	2	75.	1
4.	0	28.	1	52.	3	76.	1
5.	0	29.	2	53.	2	77.	1
6.	3	30.	3	54.	0	78.	3
7.	1	31.	3	55.	0	79.	2
8.	1	32.	2	56.	2	80.	1
9.	2	33.	3	57.	3	81.	0
10.	2	34.	1	58.	2	82.	0
11.	1	35.	3	59.	3	83.	0
12.	2	36.	0	60.	1	84.	1
13.	0	37.	3	61.	0	85.	0
14.	1	38.	0	62.	3	86.	0
15.	2	39.	3	63.	3	87.	1
16.	2	40.	2	64.	3	88.	0
17.	2	41.	3	65.	2	89.	0
18.	2	42.	2	66.	2	90.	0
19.	2	43.	2	67.	2	91.	0
20.	1	44.	1	68.	2	92.	1
21.	2	45.	2	69.	1	93.	0
22.	0	46.	0	70.	3	94.	0
23.	1	47.	1	71.	0	95.	0
24.	0	48.	2	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
DK = Don't Know (only available as an option on items 83–86 and 91–95)
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
DK = Don't Know

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GLOSSARY

This glossary summarizes content, scores, and interpretive guidelines for the CAARS 2 Observer. 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 **7 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).

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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 *current* concern, a report of *past* 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. If the rater provided a response of Don't Know, assess for this critical content through other sources, particularly self-report. Follow-up with other sources, particularly with the client, if the rater omitted or responded Don't Know to either of the Critical Items to gather this important information.
Screening Items	Two items, one that asks about anxiety/worry and another that asks about sadness.	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.	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.
Hyperactivity	Items about seeming restless, having difficulty sitting still, tapping hands or feet, talking too much, distracting others, and having trouble doing activities quietly.	
Impulsivity	Items about seeming impatient, rushing through things, interrupting others, blurting out answers, acting before thinking, and having trouble waiting.	• **Very Elevated:** T-score ≥ 70 • **Elevated:** T-score = 65 to 69 • **Slightly Elevated:** T-score = 60 to 64 • **Not Elevated:** T-score < 60
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.	

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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.

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 ADHD Hyperactive/ Impulsive Symptoms** | Items representing the nine DSM-5-TR ADHD Criterion A Hyperactivity and Impulsivity symptoms. | |
| **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. | • **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 *and* **5 or more** hyperactivity/impulsivity symptoms for ADHD Combined presentation. |

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![CAARS 2 Observer logo]

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 ratings of the individual are more similar to ratings 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).

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	Item content includes: • how much issues endorsed on the CAARS 2 bother the individual being rated 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.	**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).

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