### Interpretive Report

**Client Name or ID:** ABC CDE  
**Age:** 19  
**Gender:** Male  
**Duration:** 10 minutes, 29 seconds  
**Administration Date:** January 09, 2017
Introduction

The Conners’ Adult ADHD Rating Scales–Self Report: Short Version (CAARS–S:S) is an assessment that prompts an adult to provide valuable information about themselves. This instrument is helpful when considering a diagnosis of ADHD or related problems. The normative sample includes 1026 adults. This report provides information about the adult's score, how he or she compares to other adults, and what subscales are elevated. See the Conner’s Adult ADHD Rating Scales Technical Manual (published by MHS) for more information about the instrument.

The computerized report is meant to act as an interpretive aid and should not be used as the sole basis for clinical diagnosis or intervention. This report works best when combined with other sources of relevant information. The CAARS results are based on the individual's current functioning and thus cannot be used to establish the childhood onset of symptoms, which is necessary for diagnosis. The report is based on an algorithm that produces the most common interpretations for the scores that have been obtained. Test users should review the individual's responses to specific items to ensure that these generic interpretations apply. Highly idiosyncratic response patterns must be explored in other ways and on a case-by-case basis.

CAARS–S:S Subscale T-Scores

The following graph provides ABC's T-scores for each of the CAARS–S:S subscales.
## Summary of Scores
The following table summarizes ABC’s scores and gives general information about how he compares to the normative group. More interpretive data are provided later in this report.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Raw Score</th>
<th>T-Score</th>
<th>Guideline</th>
<th>Common Characteristics of High Scorers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inattention/Memory Problems</td>
<td>15</td>
<td>80</td>
<td>Markedly atypical (indicates significant problem).</td>
<td>Difficulties may include trouble concentrating, difficulty planning or completing tasks, forgetfulness, absent-mindedness, being disorganized.</td>
</tr>
<tr>
<td>Hyperactivity/Restlessness</td>
<td>15</td>
<td>73</td>
<td>Markedly atypical (indicates significant problem).</td>
<td>Difficulties may include problems with working at the same task for long periods of time, feeling more restless than others seems to be, fidgeting.</td>
</tr>
<tr>
<td>Impulsivity/Emotional Lability</td>
<td>15</td>
<td>81</td>
<td>Markedly atypical (indicates significant problem).</td>
<td>Difficulties may include engaging in more impulsive acts than others do, low frustration tolerance, quick and frequent mood changes, feeling easily angered and irritated by people.</td>
</tr>
<tr>
<td>Problems with Self-Concept</td>
<td>15</td>
<td>77</td>
<td>Markedly atypical (indicates significant problem).</td>
<td>Difficulties may include poor social relationships, low self-esteem and self confidence.</td>
</tr>
<tr>
<td>ADHD Index</td>
<td>36</td>
<td>87</td>
<td>Markedly atypical (indicates significant problem).</td>
<td>Identifies individuals ’at risk’ for ADHD</td>
</tr>
<tr>
<td>Inconsistency Index</td>
<td>0</td>
<td>N/A</td>
<td>Probably valid.</td>
<td>High scores indicate that the participant may have been responding haphazardly, may have been unmotivated, and/or may have been trying to distort his or her results.</td>
</tr>
</tbody>
</table>
### Item Response Table

The following response values were entered for the items on CAARS–S:S.

<table>
<thead>
<tr>
<th>Item</th>
<th>Response</th>
<th>Item</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3</td>
<td>14</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>15</td>
<td>3</td>
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<tr>
<td>3</td>
<td>3</td>
<td>16</td>
<td>3</td>
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<td>4</td>
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<td>17</td>
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<td>18</td>
<td>3</td>
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<tr>
<td>6</td>
<td>3</td>
<td>19</td>
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<td>7</td>
<td>3</td>
<td>20</td>
<td>3</td>
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<td>8</td>
<td>3</td>
<td>21</td>
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<td>9</td>
<td>3</td>
<td>22</td>
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<td>10</td>
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<td>23</td>
<td>3</td>
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<td>11</td>
<td>3</td>
<td>24</td>
<td>3</td>
</tr>
<tr>
<td>12</td>
<td>3</td>
<td>25</td>
<td>3</td>
</tr>
<tr>
<td>13</td>
<td>3</td>
<td>26</td>
<td>3</td>
</tr>
</tbody>
</table>

### Response Key

0 = Not at all, Never  
1 = Just a little, Once in a while  
2 = Pretty much, Often  
3 = Very much, Very frequently  
? = Omitted Item

### Validity Assessment

If the findings presented here conflict with other sources of information, then the reason(s) for the conflicting information should be considered, and the results described in this report should be interpreted with these reasons in mind.

If these results conflict with other information, then it is possible that the respondent is either exaggerating current problems, or has denied the existence of problems previously. It is also possible, however, that behavior and attitudes are situation specific. That is, behavior and attitudes at home may be quite different than behavior and attitudes away from home (e.g., at work). Use of the CAARS observer form is recommended to help resolve apparent inconsistencies.

An examination of the individual item responses reveals a relatively consistent response style. However, relatively low scores on the Inconsistency Index do not guarantee validity. It is recommended that test users consider additional information gathered from other sources (e.g., assessment instruments, interview data) and from the client’s behavior during completion of this measure to help in determining whether the test results are valid.

### Examination of Subscale Scores

**ADHD Index: T-Score = 87**

Markedly elevated. This index consists of the best set of items on CAARS for identifying adults "at risk" for ADHD. ABC's score on this index is notably elevated, indicating possible ADHD. This finding should be combined with other information to corroborate whether a diagnosis of ADHD is appropriate.
Inattention/Memory Problems: T-Score = 80
Marked elevated. ABC could experience serious difficulties with organizing or planning his work, completing tasks or projects, and concentrating on tasks that require sustained mental effort. A number of items on this subscale indicate some difficulties related to memory and inattentiveness.

Hyperactivity/Restlessness: T-Score = 73
Markedly elevated. The high score obtained on this subscale indicates that ABC is impatient and has difficulty sitting still or remaining stationary for very long. He is likely to be more restless than most individuals, with a need to be always “on the go.” ABC’s score on this subscale indicates potentially serious problems with restlessness and tolerating sedentary activities.

Impulsivity/Emotional Lability: T-Score = 81
Markedly elevated: ABC's score on the Impulsivity/Emotional Lability subscale is quite high, indicating an individual who is very prone to emotional responses/behaviors like getting upset or having temper outbursts. ABC is likely to be more impulsive, both verbally and behaviorally, than is typical of others. He is also likely to have a low frustration tolerance and hence prone to moodiness and to be easily angered or irritated.

Problems with Self Concept: T-Score = 77
Markedly elevated. The score on this subscale indicates that ABC perceives himself as having low self-confidence and low self-esteem. Assessment efforts might focus on identifying the factor or factors that contribute to this individual's poor self-concept. He may lack confidence in his own abilities and avoid taking on new challenges as a result.

Integrating Results with Other Information, and (if required) Determine Intervention Strategy
The following subscale scores are elevated (T-Score > 60) and could be cause for concern.
- Inattention/Memory Problems
- Hyperactivity/Restlessness
- Impulsivity/Emotional Lability
- Problems with Self-Concept
- ADHD Index

These results must be incorporated with other information before drawing any conclusions. At a minimum, it is recommended that a comprehensive evaluation include

- A history of the pregnancy, delivery, and developmental milestones from infancy;
- A family history of psychiatric disorders;
- Assessment of specific symptoms, including onset, severity, frequency, chronicity, situational specificity, and duration;
- A functional assessment that covers school history, employment history, and work records;
- An overview of the individual's intrapsychic processes, including self-image and sense of efficacy with family, peers, and work;
- Current family interaction patterns and family structure;
- Screen for medical and psychiatric disorders and life circumstances that can lead to symptoms that mimic ADHD;
- An assessment of neurological status, when indicated by other evidence.

CAARS–S:S results interpreted without considering these other factors may have limited validity.
There are a large number of possible treatment approaches and the choice of which treatment is most appropriate can vary from case to case. The following resources are recommended for use in making treatment decisions:


Additional information can be obtained by contacting this organization:

Children and Adults with Attention Deficit Disorders (C.H.A.D.D.)
National Office
499 NW 70th Avenue, Suite 109
Plantation, FL
USA 33317

Phone: (305) 587-3700   Fax: (305) 587-4599

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End of Report