CAARS-2 Report Write-Up Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · July 2026

The CAARS-2 (MHS, 2023) is the second edition of the Conners Adult ADHD Rating Scales: Self-Report and Observer forms for adults 18 and older (full-length 97 items), T scores (mean 50, SD 10) for five content scales, three DSM-5-TR symptom scales, and a 12-item ADHD Index, plus response-style indices, clinical flags, and impairment items. The discipline in one line: name the edition and norms, report response style factually, and let the full evaluation, never a score, carry the diagnosis.

1 – Measures, forms, raters, norms which edition, whose ratings, which norms?

Do: name CAARS-2, form length, each rater's relationship, dates, and the norm reference (comparison sample; gender norms).

Pitfall: 1999 scale names ("Inattention/Memory Problems") signal a retired template; original scoring ended May 2025.

2 – Response style and clinical flags validity first, factual, non-accusatory

Do: report Negative Impression, Inconsistency, Omitted Items, Pace; disposition any Critical or Screening Item endorsements.

Pitfall: a clean index as proof of honesty or an elevated one as malingering; the index missed 92% of coached simulators.

3 – Self-report results five content scales, three DSM scales

Do: report content and DSM symptom scales with T scores and the manual's qualitative descriptors, in words.

Pitfall: promoting a number to a diagnosis; no authority publishes a T-score cutoff that establishes ADHD.

4 – Observer results and integration interpret, never average

Do: report the observer's scores, then interpret convergence and divergence; agreement runs moderate by design.

Pitfall: averaging raters or crowning one correct; adults with childhood ADHD tend to under-report relative to informants.

5 – ADHD Index a screening indicator, not a verdict

Do: frame the 12-item Index as raising or lowering the probability that the full evaluation supports ADHD.

Pitfall: "Index confirms ADHD"; coached simulators earn high Index scores easily.

6 – Impairment and functional outcomes Criterion D and accommodations live here

Do: summarize impairment endorsements by domain and task, and connect them to the accommodation or treatment rationale.

Pitfall: symptom counts with no functional story; reviewers act on documented limitation, not elevation.

7 – Childhood-onset evidence Criterion B needs its own paragraph

Do: establish onset before age 12 from history, school records, and collateral report, stated plainly.

Pitfall: citing current CAARS-2 elevations as onset evidence; the instrument measures current functioning only.

8 – Summary and recommendations linkage integrate, bound, connect

Do: integrate with interview, records, and validity testing; tie each recommendation to a finding; re-rate on the same norms.

Pitfall: "results confirm ADHD"; write "consistent with, and corroborated by" instead.

Before you sign

- ☐ Edition, form length, raters, and norm reference named
- ☐ Response style factual; never proof in either direction
- ☐ Critical and Screening Items dispositioned
- ☐ Descriptors in words; Index framed as screening
- ☐ Onset evidence separate from current ratings
- ☐ Recommendations trace to findings; re-rating dated

Drafting with AI

Paste your score summary: forms, raters, T scores, response-style notes. Not the items, not the protocol.

"Draft a CAARS-2 results section from this summary: self Inattention/Executive Dysfunction T 74, observer 68; DSM Inattentive 75 and 69; indices unremarkable; first-time adult ADHD referral; …"

Never paste client-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

150–400 words	**10–20 min**	**Ages 18+**	**Prescribers · agencies**
CAARS-2 section	per full form	self + observer	who reads it

CAARS-2 Results Section Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements.

Client (initials): | Age: | Ratings completed:

Edition / norm reference: | Forms administered: | Referral question:

Measures, forms, and raters

Form length per rater (full-length, Short, ADHD Index); observer relationship and time known; administration format; dates

Response style and rating quality

Negative Impression, Inconsistency, Omitted Items, Pace, stated factually; circumstances that could color ratings

Critical and Screening Items

Endorsed or not endorsed; follow-up conducted and where documented

Self-report results

Content scales and DSM symptom scales: T scores with descriptors in words; no score treated as a cutoff

Observer results and cross-informant integration

Each rater's scores; convergence and divergence interpreted, not averaged; what disagreement means here

ADHD Index

Screening indicator framing; never reported as a diagnosis

Impairment and functional outcomes

Domains and tasks endorsed; link to Criterion D and any accommodation rationale

Childhood-onset evidence (Criterion B)

History, school records, collateral report; kept separate from current ratings

Interpretive summary and recommendations linkage

What converges across sources; what the scores do not establish; each recommendation tied to a finding

Re-rating plan (forms, raters, timing): | Report due:

Evaluator signature / credentials: | Date signed:

Supervisor signature, where required: | Date: