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A Review of the Clinical Utility and Psychometric Properties of the Swanson, Nolan and Pelham Rating Scale (SNAP-IV) – 18 Item Version: Percentile Rankings and Qualitative Descriptors

The 18-item Swanson, Nolan and Pelham Rating Scale (SNAP-IV) assesses difficulties in attention and behavioural regulation in children and adolescents (Swanson, 1992; Swanson et al., 2012). This technical review provides clinicians with percentile rankings and qualitative descriptors to enhance the interpretation and clinical utility of SNAP-IV scores.

Click to view information on the SNAP-IV

January 2026

Developer & Author

The SNAP-IV is a revision of the original Swanson, Nolan and Pelham Rating Scale (SNAP), as documented by Swanson (1992):

> Swanson, J. M. (1992). School-Based Assessment and Interventions for ADD Students. Irvine, CA: KC Publications.

The 18-item SNAP-IV is documented by Swanson and colleagues (2012):

> Swanson, J. M., Schuck, S., Porter, M. M., Carlson, C., Hartman, C. A., Sergeant, J. A., Clevenger, W., Wasdell, M., McCleary, R., Lakes, K., & Wigal, T. (2012). Categorical and dimensional definitions and evaluations of symptoms of ADHD: History of the SNAP and the SWAN rating scales. *The International Journal of Educational and Psychological Assessment, 10*(1), 51-70.

This document was developed by NovoPsych to review contemporary literature and to describe original scoring methodologies and to provide interpretation material, enhance normative data and provide qualitative descriptors.

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Citation for this Paper

Baker, S., Kaufman, H., Wotherspoon, J., Buchanan, B., & Hegarty, D. (2026). A Review of the Clinical Utility and Psychometric Properties of the Swanson, Nolan and Pelham Rating Scale (SNAP-IV): Percentile Rankings and Qualitative Descriptors. https://doi.org/10.17605/OSF.IO/4HXRJ

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Description

The 18-item Swanson, Nolan and Pelham Rating Scale (SNAP-IV) assesses difficulties in attention and behavioural regulation in young people under the age of 18 years (Swanson, 1992; Swanson et al., 2012). The items ask parents, caregivers, or teachers about a young person's traits and behaviours based on DSM criteria for ADHD, yielding a score for two behavioural dimensions of ADHD:

- Inattention
- Hyperactivity/Impulsivity

The SNAP-IV was developed in 1992 as part of a lineage of scales dating back to the original SNAP in 1980. Multiple versions of varying length exist, including 90-, 43-, 30-, 26-, and 18-item versions. The 18-item version comprises the DSM-IV ADHD symptom criteria (9 Inattention items and 9 Hyperactivity/Impulsivity items), which are consistent with the DSM-5-TR ADHD symptom criteria, and is appropriate when the focus of assessment is solely on ADHD symptomatology. Longer versions that include items for other developmental and mental disorders may be preferable when a more comprehensive assessment of attention and behavioural regulation difficulties is required, such as for differential diagnosis.

It is also important to note that the SNAP-IV focuses on assessing Inattention- and Hyperactivity/Impulsivity-related deficits and/or symptom severity. In contrast, the Strengths and Weaknesses of Attention-Deficit/Hyperactivity Disorder Symptoms and Normal Behavior Scale (SWAN) (Swanson et al., 2012) assesses Inattention and Hyperactivity/Impulsivity on a continuum ranging from strengths to difficulties, providing a more balanced assessment of attention and behavioural regulation.

As the SNAP-IV is completed by an informant rather than the young person themselves, parent, caregiver, or teacher details can be added to the young person's client file. An informant can be added by following the steps outlined in the User Guide. Obtaining ratings from different informants is recommended, as each informant observes the young person in different settings. Parent and teacher ratings often differ due to genuine variability in behaviour across settings, different frames of reference, and other factors. Such discrepancies can provide valuable clinical information about the nature of a young person's difficulties and where they may benefit most from support.

The SNAP-IV can be used by an appropriately trained professional, such as a psychologist or paediatrician, for initial screening for ADHD before or as part of a comprehensive assessment. The SNAP-IV alone is not sufficient to establish a diagnosis.

Psychometric Properties

Although the 18-item version of the SNAP-IV has not been formally validated as a standalone measure, the modular structure of the SNAP-IV — with items directly mapping to DSM-IV ADHD symptom criteria and subscales scored independently — allows psychometric properties of the Inattention and Hyperactivity/Impulsivity subscales to be inferred from validation studies of other SNAP-IV versions that include the same items.

Internal Consistency

Bussing and colleagues (2008) examined the psychometric properties of the 26-item MTA (i.e., NIMH Multimodal Treatment Study of ADHD) version of the SNAP-IV in a community sample of school children (n = 1,613 parents; n = 1,205 teachers). Internal consistency was acceptable for both ADHD subscales: Cronbach's alpha coefficients ranged from .88 to .89 (parent) and .95 to .96 (teacher) for Inattention, and from .76 to .80 (parent) and .91 to .92 (teacher) for Hyperactivity/Impulsivity. Hall and colleagues (2019) reported similar findings in a clinical sample of children with suspected ADHD (n = 250), with Cronbach's alpha coefficients of .91 (parent) and .96 (teacher) for Inattention, and .86 (parent) and .93 (teacher) for Hyperactivity/Impulsivity.

Factor Structure

Factor analytic studies consistently find an Inattention factor and Hyperactivity/Impulsivity factor in the SNAP-IV (Bussing et al., 2008; Hall et al., 2019; Swanson et al., 2012). This is consistent with the DSM-IV and DSM-5-TR conceptualisation of ADHD as a two-dimensional construct.

Interrater Reliability

Interrater reliability between parent and teacher ratings is modest, with correlations of approximately .49 for Inattention and .43 for Hyperactivity/Impulsivity (Bussing et al., 2008). This level of agreement is consistent with the broader literature on parent-teacher concordance for child behaviour ratings. Such discrepancies are thought to reflect multiple factors: genuine differences in child behaviour across settings, differences in rater perceptions of developmentally normative behaviours (Amador-Campos et al., 2006), and different understandings of symptom criteria by parents and teachers (Garcia-Rosales et al., 2020). Teachers, who observe many children of similar ages, may have a broader frame of reference for judging what constitutes atypical behaviour, whereas parents tend to draw comparisons within their own family or among friends.

Validity

Research demonstrates good criterion validity for the SNAP-IV, with Inattention and Hyperactivity/Impulsivity scores showing significant associations with ADHD diagnoses derived from structured diagnostic interviews (Bussing et al., 2008; Hall et al., 2019). The SNAP-IV also demonstrates appropriate discriminant validity, with ADHD scores correlating more strongly with externalising behaviours than with internalising symptoms (Zieff et al., 2022). Across numerous clinical trials, including the MTA (Swanson et al., 2001), the SNAP-IV has been shown to be sensitive to treatment effects, demonstrating that it is useful for monitoring response to therapeutic interventions. Given its high sensitivity in identifying ADHD symptoms, the SNAP-IV is well-suited as a screening instrument and for tracking symptom change over time within a comprehensive clinical assessment framework; however, its lower specificity means it should be used as one component of a broader diagnostic evaluation rather than as a standalone diagnostic tool (Hall et al., 2019).

Cutoff Scores and Severity Classifications

In the context of ADHD assessment, cutoff scores indicate whether symptom levels are clinically significant, whereas severity classifications describe the frequency and intensity of symptoms. It is important to note that different studies and scoring guides describe different cutoff scores for the SNAP-IV, often without adequate documentation of their provenance or empirical basis. For instance, the origin of the "Tentative 5% Cutoffs" could not be identified in the available literature or documentation, despite appearing in some online materials.

Cutoff scores reported in Swanson (1992) should not be applied to the SNAP-IV as they are derived from teacher ratings for the original SNAP, which was based on DSM-III domains that included Impulsivity and Hyperactivity as separate subscales. This structure is incompatible with the combined Hyperactivity/Impulsivity subscale of the SNAP-IV.

Although the severity classifications recommended by the Canadian ADHD Resource Alliance (CADDRA) and Canadian Collaborative Mental Health Care Initiative have not been validated, NovoPsych examined their correspondence with percentiles calculated using pooled means and standard deviations obtained from a study by Bussing and colleagues (2008). The Mild, Moderate, and Severe classifications align with progressively higher percentile ranges, starting at a minimum of the 80th percentile for the Mild classification, suggesting the classifications capture meaningfully distinct levels of symptom severity. In the absence of validated alternatives, this correspondence supports their clinical use.

Normative Data

Normative data for the SNAP-IV are based on a community sample of school children aged 5 to 11 years (Bussing et al., 2008). The pooled means and standard deviations for parent- and teacher-rated subscale scores are as follows:

- Parent ratings (n = 1,613)
    - Inattention: Mean = 0.63, SD = 0.73
    - Hyperactivity/Impulsivity: Mean = 0.64, SD = 0.67
- Teacher ratings (n = 1,205)
    - Inattention: Mean = 0.69, SD = 0.83
    - Hyperactivity/Impulsivity: Mean = 0.45, SD = 0.69

These pooled means and standard deviations are used to convert the young person's subscale scores to percentiles, providing useful information about the extent of their attention and behavioural regulation difficulties relative to young people in the community. Note that the percentiles may be less applicable when assessing adolescents, as the normative sample did not include young people over the age of 11 years.

Scoring & Interpretation

The SNAP-IV consists of 18 items based on DSM criteria for ADHD, divided into two subscales:

- Inattention (Items 1-9)
- Hyperactivity/Impulsivity (Items 10-18)

Each item is rated on a 4-point scale (0 to 3), ranging from Not At All to Very Much. Subscale scores range between 0 and 27, with higher scores indicating greater symptom severity.

The scoring approach uses scoring guidelines recommended by the Canadian ADHD Resource Alliance (CADDRA) and Canadian Collaborative Mental Health Care Initiative to classify the severity of the young person's subscale scores:

- Symptoms not clinically significant - raw score of 0 to 12 (average score of 0 to 1.3)
- Mild symptoms - raw score of 13 to 17 (average score of 1.4 to 1.9)
- Moderate symptoms - raw score of 18 to 22 (average score of 2 to 2.4)
- Severe symptoms - raw score of 23 to 27 (average score of 2.6 to 3)

The average score for each subscale is calculated by dividing the subscale score by the number of items in the subscale. The average subscale scores are expressed as percentiles based on normative data for a community sample of school children aged 5 to 11 years (Bussing et al., 2008). These percentiles are informant-specific, derived from either parent- or teacher-rated SNAP-IV data. When the informant type is "Other" or unknown, percentiles derived from parent-rated SNAP-IV data are used. The percentiles contextualise the young person's scores relative to the typical scores of young people in the community. Note that the percentiles may be less applicable when assessing adolescents, as the normative sample did not include young people over the age of 11 years.

The SNAP-IV can be used by an appropriately trained professional, such as a psychologist or paediatrician, for initial screening for ADHD before or as part of comprehensive assessment. The SNAP-IV alone is not sufficient to establish a diagnosis.

Supporting Information

This section outlines NovoPsych's development of percentiles based on data obtained from a study by Bussing and colleagues (2008). These norms enhance the interpretability of SNAP-IV scores.

This section also outlines the classification thresholds and qualitative descriptors for SNAP-IV scores. These descriptors provide clinicians with clear and consistent classifications of the extent of attention and behavioural regulation difficulties, supporting better understanding and communication of SNAP-IV scores.

Lastly, this section describes the structure and adaptive logic of the automated interpretive text that NovoPsych provides in SNAP-IV reports. This interpretive text adapts to the young person's scores, providing clinicians with comprehensive, tailored interpretations of SNAP-IV results.

Percentile Calculations

The percentiles for the SNAP-IV Inattention and Hyperactivity/Impulsivity subscales shown in Table 1 are based on means and standard deviations for a community sample of school children aged 5 to 11 years obtained from a study by Bussing and colleagues (2008). NovoPsych has used pooled means and standard deviations — calculated as weighted averages of the age- and gender-specific means and standard deviations reported by Bussing and colleagues (2008, p. 323) — to convert average subscale scores to percentiles according to the following equation.

$$Percentile = 100 \times \Phi((x - M)/SD)$$

Where:

- x is the score
- M is the mean
- SD is the standard deviation
- Φ is the standard normal cumulative distribution function

This equation first standardises the score to a z-score by subtracting the mean and dividing by the standard deviation, then converts the z-score to a percentile by applying the standard normal cumulative distribution function and multiplying by 100.

These percentiles contextualise the young person's scores relative to typical scores among young people, offering a clearer perspective on how the young person's attention and behavioural regulation difficulties compare to those of their peers.

Percentile Table

Table 1. Percentiles for Swanson, Nolan and Pelham Rating Scale (SNAP-IV) Inattention and Hyperactivity/Impulsivity subscale scores relative to a community sample of school children.

			Percentile			
			Inattention		Hyperactivity/Impulsivity	
Descriptor	Raw Score	Average Score	Teacher-Rated	Parent-Rated	Teacher-Rated	Parent-Rated
	0	0	20	20	26	17
	1	0.1	24	24	31	21
	2	0.2	28	28	36	25
	3	0.3	32	33	41	30
	4	0.4	36	38	47	36
	5	0.6	46	49	59	47
	6	0.7	51	54	64	53
	7	0.8	55	59	69	59
	8	0.9	60	65	74	65
	9	1	65	70	79	70
	10	1.1	69	74	83	75
	11	1.2	73	78	86	80
	12	1.3	77	82	89	84
	13	1.4	80	85	92	87
	14	1.6	86	91	95	92
Mild	15	1.7	89	93	97	94
	16	1.8	91	95	97.5	96
	17	1.9	93	96	98.2	97
	18	2	94	97	98.8	97.9
	19	2.1	96	97.8	99.2	98.6
Moderate	20	2.2	97	98.4	99.5	99.0
	21	2.3	97.4	98.9	99.6	99.4
	22	2.4	98.0	99.2	99.8	99.6
	23	2.6	98.9	99.6	99.9	99.8
	24	2.7	99.2	99.8	99.95	99.9
Severe	25	2.8	99.4	99.8	99.97	99.94
	26	2.9	99.6	99.9	99.98	99.96
	27	3	99.7	99.94	99.99	99.98

Descriptors

The qualitative descriptors for specific severity ranges of the SNAP-IV Inattention and Hyperactivity/Impulsivity subscale scores were recommended by the Canadian ADHD Resource Alliance (CADDRA) and Canadian Collaborative Mental Health Care Initiative, as follows:

- 0 - 12 = Symptoms not clinically significant
- 13 - 17 = Mild symptoms
- 18 - 22 = Moderate symptoms
- 23 - 27 = Severe symptoms

The score ranges and corresponding percentiles are highlighted in different colours in Table 1.

Interpretive Text

The interpretive text for the SNAP-IV follows a structured format that adapts based on the young person's scores. The text begins with a statement about the informant and date of administration.

> *"The Swanson, Nolan and Pelham Rating Scale (SNAP-IV) was completed by the young person's <"parent/guardian" | "teacher"> on <Date>."*
>
> If the informant was not the young person's parent/guardian or teacher:
> *"The Swanson, Nolan and Pelham Rating Scale (SNAP-IV) was administered on <Date>."*

The text then indicates whether the young person is experiencing significant (i.e., "Mild", "Moderate", or "Severe") attention and/or behavioural regulation difficulties based on the classification of each subscale score.

> *"The subscale scores indicate that the young person is experiencing significant difficulties with <"Inattention" | "Hyperactivity/Impulsivity" | "both Inattention and Hyperactivity/Impulsivity">."*
>
> If the young person is over the age of 11 years:
> *"Note that the percentiles may be less applicable to this young person, as the normative sample did not include young people over the age of 11 years."*
>
> If both the Inattention and Hyperactivity/Impulsivity subscale scores are not classified as clinically significant:
> *"The subscale scores indicate that the young person is not experiencing clinically significant difficulties with either Inattention or Hyperactivity/Impulsivity."*

Additional information is then provided about the relevant subcale(s), including:
- The subscale's classification
- A specific percentile comparison to the community sample of school children
- The implications of significant (i.e., mild, moderate, or severe) scores on this subscale
- The specific questionnaire items that received the highest ratings

Inattention

*"The young person's score on the **Inattention** subscale indicates <"Mild" | "Moderate" | "Severe"> difficulties associated with the executive functions or skills that enable them to pay sustained attention to what is most important. Their Inattention subscale score is on the XXst/nd/rd/th percentile when compared to a community sample of school children. Inattention is related to executive functions and skills such as working memory, initiating tasks, staying on task, time management, and emotional control. These challenges can impact daily functioning and academic performance. They may have difficulty remembering or prioritising things, overlook details, or become easily distracted. The items with the highest ratings were:"*

Hyperactivity/Impulsivity

*"The young person's score on the **Hyperactivity/Impulsivity** subscale indicates <"Mild" | "Moderate" | "Severe"> difficulties characterised by a sense of restlessness, fidgeting, and a tendency to act quickly before fully considering consequences. Their Hyperactivity/Impulsivity subscale score is on the XXst/nd/rd/th percentile when compared to a community sample of school children. Hyperactivity and Impulsivity are related to difficulties with executive functions or skills such as behavioural and emotional regulation. These difficulties can lead to challenges in structured environments like classrooms as well as in social interactions. Individuals may appear excessively excited, impatient, or disruptive, which can affect their performance in various aspects of life. The items with the highest ratings were:"*

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Developer

Swanson, J. M. (1992). School-Based Assessment and Interventions for ADD Students. Irvine, CA: KC Publications.

Swanson, J. M., Schuck, S., Porter, M. M., Carlson, C., Hartman, C. A., Sergeant, J. A., Clevenger, W., Wasdell, M., McCleary, R., Lakes, K., & Wigal, T. (2012). Categorical and dimensional definitions and evaluations of symptoms of ADHD: History of the SNAP and the SWAN rating scales. *The International Journal of Educational and Psychological Assessment, 10*(1), 51-70.

References

Amador-Campos, J. A., Forns-Santacana, M., Guàrdia-Olmos, J., & Peró-Cebollero, M. (2006). DSM-IV Attention Deficit Hyperactivity Disorder symptoms: Agreement between informants in prevalence and factor structure at different ages. *Journal of Psychopathology and Behavioral Assessment, 28*, 23-32 (2006). https://doi.org/10.1007/s10862-006-4538-x

Bussing, R., Fernandez, M., Harwood, M., Wei Hou, Garvan, C. W., Eyberg, S. M., & Swanson, J. M. (2008). Parent and teacher SNAP-IV ratings of attention deficit hyperactivity disorder symptoms: Psychometric properties and normative ratings from a school district sample. *Assessment, 15*(3), 317-328. https://doi.org/10.1177/1073191107313888

Garcia-Rosales, A., Vitoratou, S., Faraone, S. V., Rudaizky, D., Banaschewski, T., Asherson, P., Sonuga-Barke, E., Buitelaar, J., Oades, R. D., Rothenberger, A., Steinhausen, H. C., Taylor, E., & Chen, W. (2021). Differential utility of teacher and parent-teacher combined information in the assessment of Attention Deficit/Hyperactivity Disorder symptoms. *European Child & Adolescent Psychiatry, 30*(1), 143-153. https://doi.org/10.1007/s00787-020-01509-4

Hall, C. L., Guo, B., Valentine, A. Z., Groom, M. J., Daley, D., Sayal, K., & Hollis, C. (2019). The validity of the SNAP-IV in children displaying ADHD symptoms. *Assessment, 27*(6), 1258-1271. https://doi.org/10.1177/1073191119842255

Swanson, J. M. (1992). School-Based Assessment and Interventions for ADD Students. Irvine, CA: KC Publications.

Swanson, J. M., Kraemer, H. C., Hinshaw, S. P., Arnold, L. E., Conners, C. K., Abikoff, H. B., Clevenger, W., Davies, M., Elliott, G. R., Greenhill, L. L., Hechtman, L., Hoza, B., Jensen, P. S., March, J. S., Newcorn, J. H., Owens, E. B., Pelham, W. E., Schiller, E., Severe, J. B., Simpson, S., … Wu, M. (2001). Clinical relevance of the primary findings of the MTA: Success rates based on severity of ADHD and ODD symptoms at the end of treatment. *Journal of the American Academy of Child and Adolescent Psychiatry, 40*(2), 168-179. https://doi.org/10.1097/00004583-200102000-00011

Swanson, J. M., Schuck, S., Porter, M. M., Carlson, C., Hartman, C. A., Sergeant, J. A., Clevenger, W., Wasdell, M., McCleary, R., Lakes, K., & Wigal, T. (2012). Categorical and dimensional definitions and evaluations of symptoms of ADHD: History of the SNAP and the SWAN rating scales. *The International Journal of Educational and Psychological Assessment, 10*(1), 51-70.

Zieff, M. R., Hoogenhout, M., Eastman, E., Christ, B. U., Galvin, A., de Menil, V., Abubakar, A., Newton, C. R., Robinson, E., & Donald, K. A. (2023). Validity of the SNAP-IV for ADHD assessment in South African children with neurodevelopmental disorders. *Journal of Autism and Developmental Disorders, 53*(7), 2851-2862. https://doi.org/10.1007/s10803-022-05530-1

Assessment Questions

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Swanson, Nolan and Pelham Rating Scale (SNAP-IV)

Instructions:

For each item, select the option which best describes this child:

		Not At All	Just A Little	Quite A Bit	Very Much
1	Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks	0	1	2	3
2	Often has difficulty sustaining attention in tasks or play activities	0	1	2	3
3	Often does not seem to listen when spoken to directly	0	1	2	3
4	Often does not follow through on instructions and fails to finish schoolwork, chores, or duties	0	1	2	3
5	Often has difficulty organizing tasks and activities	0	1	2	3
6	Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort	0	1	2	3
7	Often loses things necessary for activities (e.g., toys, school assignments, pencils, or books)	0	1	2	3
8	Often is distracted by extraneous stimuli	0	1	2	3
9	Often is forgetful in daily activities	0	1	2	3
10	Often fidgets with hands or feet or squirms in seat	0	1	2	3
11	Often leaves seat in classroom or in other situations in which remaining seated is expected	0	1	2	3
12	Often runs about or climbs excessively in situations in which it is inappropriate	0	1	2	3
13	Often has difficulty playing or engaging in leisure activities quietly	0	1	2	3
14	Often is “on the go” or often acts as if “driven by a motor”	0	1	2	3
15	Often talks excessively	0	1	2	3
16	Often blurts out answers before questions have been completed	0	1	2	3
17	Often has difficulty awaiting turn	0	1	2	3

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		Not At All	Just A Little	Quite A Bit	Very Much
18	Often interrupts or intrudes on others (e.g., butts into conversations/games)	0	1	2	3

		Parent/Guardian	Teacher	Other
19	Who is completing this questionnaire?	1	2	3

Developer Reference:

Swanson, J. M. (1992). School-Based Assessment and Interventions for ADD Students. Irvine, CA: KC Publications.

Swanson, J. M., Schuck, S., Porter, M. M., Carlson, C., Hartman, C. A., Sergeant, J. A., Clevenger, W., Wasdell, M., McCleary, R., Lakes, K., & Wigal, T. (2012). Categorical and dimensional definitions and evaluations of symptoms of ADHD: History of the SNAP and the SWAN rating scales. The International Journal of Educational and Psychological Assessment, 10(1), 51-70.

Administer Online

Sample Result

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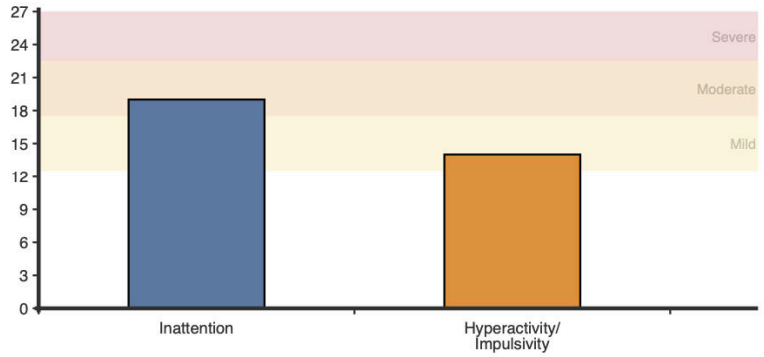
Swanson, Nolan and Pelham Rating Scale (SNAP-IV)

Client Name	Generic Client (Parent)	*Date administered*	14 Jan 2026
Date of birth (age)	1 Jan 2016 (10)	*Time taken*	2 min 38s
Assessor	Dr Simon Baker		

Results

	Score (0-27)	Average (0-3)	Percentile	Descriptor
Inattention	19	2.1	97.8	Moderate
Hyperactivity/Impulsivity	14	1.6	92	Mild

SNAP-IV Inattention and Hyperactivity/Impulsivity Scores



Interpretation

The Swanson, Nolan and Pelham Rating Scale (SNAP-IV) was completed by the young person's parent/guardian on 14 January 2026.

The subscale scores indicate that the young person is experiencing significant difficulties with both Inattention and Hyperactivity/Impulsivity.

The young person's score on the **Inattention** subscale indicates **Moderate** difficulties associated with the executive functions or skills that enable them to pay sustained attention to what is most important. Their Inattention subscale score is on the 97.8th percentile when compared to a community sample of school children. Inattention is related to executive functions and skills such as working memory, initiating tasks, staying on task, time management, and emotional control. These challenges can impact daily functioning and academic performance. They may have difficulty remembering or prioritising things, overlook details, or become easily distracted. The items with the highest ratings were:
- 1. Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks (Very Much)
- 2. Often has difficulty sustaining attention in tasks or play activities (Very Much)
- 5. Often has difficulty organizing tasks and activities (Very Much)
- 3. Often does not seem to listen when spoken to directly (Quite A Bit)
- 4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties

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Client Name	Generic Client (Parent)

(Quite A Bit)

The young person's score on the **Hyperactivity/Impulsivity** subscale indicates **Mild** difficulties characterised by a sense of restlessness, fidgeting, and a tendency to act quickly before fully considering consequences. Their Hyperactivity/Impulsivity subscale score is on the 92nd percentile when compared to a community sample of school children. Hyperactivity and Impulsivity are related to difficulties with executive functions or skills such as behavioural and emotional regulation. These difficulties can lead to challenges in structured environments like classrooms as well as in social interactions. Individuals may appear excessively excited, impatient, or disruptive, which can affect their performance in various aspects of life. The items with the highest ratings were:
- 10. Often fidgets with hands or feet or squirms in seat (Very Much)
- 14. Often is "on the go" or often acts as if "driven by a motor" (Very Much)
- 17. Often has difficulty awaiting turn (Quite A Bit)
- 11. Often leaves seat in classroom or in other situations in which remaining seated is expected (Just A Little)
- 12. Often runs about or climbs excessively in situations in which it is inappropriate (Just A Little)

Scoring and Interpretation Information

For comprehensive information on the SNAP-IV, see here.

The SNAP-IV consists of 18 items based on DSM criteria for ADHD, divided into two subscales:

- Inattention (Items 1-9)

- Hyperactivity/Impulsivity (Items 10-18)

Each item is rated on a 4-point scale (0 to 3), ranging from Not At All to Very Much. Subscale scores range between 0 and 27, with higher scores indicating greater symptom severity.

The scoring approach uses scoring guidelines recommended by the Canadian ADHD Resource Alliance (CADDRA) and Canadian Collaborative Mental Health Care Initiative to classify the severity of the young person's subscale scores:

- Symptoms not clinically significant: raw score of 0 to 12 (average score of 0 to 1.3)

- Mild symptoms: raw score of 13 to 17 (average score of 1.4 to 1.9)

- Moderate symptoms: raw score of 18 to 22 (average score of 2 to 2.4)

- Severe symptoms: raw score of 23 to 27 (average score of 2.6 to 3)

The average score for each subscale is calculated by dividing the subscale score by the number of items in the subscale. The average subscale scores are expressed as percentiles based on normative data for a community sample of school children aged 5 to 11 years (Bussing et al., 2008). These percentiles are informant-specific, derived from either parent- or teacher-rated SNAP-IV data. When the informant type is "Other" or unknown, percentiles derived from parent-rated SNAP-IV data are used. The percentiles contextualise the young person's scores relative

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Client Name	Generic Client (Parent)

to the typical scores of young people in the community. Note that the percentiles may be less applicable when assessing adolescents, as the normative sample did not include young people over the age of 11 years.

The SNAP-IV can be used by an appropriately trained professional, such as a psychologist or paediatrician, for initial screening for ADHD before or as part of comprehensive assessment. The SNAP-IV alone is not sufficient to establish a diagnosis.

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Client Name	Generic Client (Parent)

Client Responses

Inattention

		Not At All	Just A Little	Quite A Bit	Very Much
1	Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks	0	1	2	**3**
2	Often has difficulty sustaining attention in tasks or play activities	0	1	2	**3**
3	Often does not seem to listen when spoken to directly	0	1	**2**	3
4	Often does not follow through on instructions and fails to finish schoolwork, chores, or duties	0	1	**2**	3
5	Often has difficulty organizing tasks and activities	0	1	2	**3**
6	Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort	0	**1**	2	3
7	Often loses things necessary for activities (e.g., toys, school assignments, pencils, or books)	0	1	**2**	3
8	Often is distracted by extraneous stimuli	0	1	**2**	3
9	Often is forgetful in daily activities	0	**1**	2	3

Hyperactivity/Impulsivity

		Not At All	Just A Little	Quite A Bit	Very Much
10	Often fidgets with hands or feet or squirms in seat	0	1	2	**3**
11	Often leaves seat in classroom or in other situations in which remaining seated is expected	0	**1**	2	3
12	Often runs about or climbs excessively in situations in which it is inappropriate	0	**1**	2	3
13	Often has difficulty playing or engaging in leisure activities quietly	0	**1**	2	3
14	Often is “on the go” or often acts as if “driven by a motor”	0	1	2	**3**
15	Often talks excessively	0	**1**	2	3
16	Often blurts out answers before questions have been completed	0	**1**	2	3

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Client Name	Generic Client (Parent)

Client Responses (cont.)

		Not At All	Just A Little	Quite A Bit	Very Much
17	Often has difficulty awaiting turn	0	1	**2**	3
18	Often interrupts or intrudes on others (e.g., butts into conversations/games)	0	**1**	2	3

Informant

		Parent/Guardian	Teacher	Other
19	Who is completing this questionnaire?	**1**	2	3