

The APA is offering a number of “emerging measures” for further research and clinical evaluation. These patient assessment measures were developed to be administered at the initial patient interview and to monitor treatment progress. They should be used in research and evaluation as potentially useful tools to enhance clinical decision-making and not as the sole basis for making a clinical diagnosis. Instructions, scoring information, and interpretation guidelines are provided; further background information can be found in DSM-5-TR. The APA requests that clinicians and researchers provide further data on the instruments’ usefulness in characterizing patient status and improving patient care at <http://www.dsm5.org/Pages/Feedback-Form.aspx>.

**Measure:** LEVEL 2—Inattention—Parent/Guardian of Child Age 6–17 (Swanson, Nolan, and Pelham, version IV [SNAP-IV])

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## **LEVEL 2—Inattention—Parent/Guardian of Child Age 6–17\***

**\*Swanson, Nolan, and Pelham, version IV (SNAP-IV)**

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Date: \_\_\_\_\_

What is your relationship with the child receiving care? \_\_\_\_\_

**Instructions to parent/guardian:** On the DSM-5-TR Level 1 cross-cutting questionnaire that you just completed, you indicated that *during the past 2 weeks* your child receiving care has been bothered by “problems paying attention when he/she was in class or doing his/her homework or reading a book or playing a game” at a slight or greater level of severity. The questions below ask about these feelings in more detail and especially how often your child receiving care has been bothered by a list of symptoms during the past 7 days. Please respond to each item by marking (✓ or x) one box per row.

					Clinician Use	
For each item, choose the response which best describes your child in the last SEVEN (7) DAYS:		Not at All	Just a Little	Quite a Bit	Very Much	Item Score
1.	Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
2.	Often has difficulty sustaining attention in tasks or play activities.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
3.	Often does not seem to listen when spoken to directly.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
4.	Often does not follow through on instructions and fails to finish schoolwork, chores, or duties.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
5.	Often has difficulty organizing tasks and activities.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
6.	Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework).	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
7.	Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools.)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
8.	Often is distracted by extraneous stimuli.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
<b>Total/Partial Raw Score:</b>						
<b>Prorated Total Raw Score: (if 1-2 items left unanswered)</b>						
<b>Average Total Score</b>						

## Instructions to Clinicians

The DSM-5-TR Level 2—Inattention—Parent/Guardian of Child Age 6–17 is the Swanson, Nolan, and Pelham, version IV (SNAP-IV) that assesses the pure domain of inattention. The measure is completed by the parent or guardian about the child prior to a visit with the clinician. Each item asks the parent or guardian to rate the severity of the child’s inattention during the past 7 days.

## Scoring and Interpretation

Each item on the measure is rated on a 4-point scale (0=not at all; 1=just a little; 2=quite a bit; 3=very much). The total score can range from 0 to 24, with higher scores indicating greater severity of inattention symptoms. The clinician is asked to review the score of each item on the measure during the clinical interview and indicate the raw score for each item in the section provided for “Clinician Use.” The raw scores on the 8 items should be summed to obtain a total raw score. In addition, the clinician is asked to calculate and use the **average total score**. The **average total score** reduces the overall score to a 4-point scale, which allows the clinician to think of the child’s inattention in terms of none (0), mild (1), moderate (2), or severe (3). The use of the average total score was found to be reliable, easy to use, and clinically useful to the clinicians in the DSM-5 Field Trials. The **average total score** is calculated by dividing the partial or raw total score by number of items in the measure (i.e., 8).

**Note:** If 3 or more items are left unanswered on the measure, the total scores should not be calculated. Therefore, the parent or guardian should be encouraged to complete all of the items on the measure. If 1 or 2 items are left unanswered, you are asked to prorate the raw score by first summing the scores of items that were answered to get a **partial raw score**. Next, multiply the partial raw score by the total number of items on the measure (i.e., 8). Finally, divide the value by the number of items that were actually answered to obtain the prorated total raw score.

$$\text{Prorated Score} = \frac{(\text{Partial Raw Score} \times \text{number of items on the SNAP-IV})}{\text{Number of items that were actually answered}}$$

If the result is a fraction, round to the nearest whole number.

## Frequency of Use

To track change in the severity of the child’s inattention over time, the measure may be completed at regular intervals as clinically indicated, depending on the stability of the child’s symptoms and treatment status. For consistency, it is preferred that completion of the measures at follow-up appointments is by the same parent or guardian. Consistently high scores on a particular domain may indicate significant and problematic areas for the child that might warrant further assessment, treatment, and follow-up. Your clinical judgment should guide your decision.