

PADDS Test Results Report For:

Test Subject

Age: 8

Age at this testing 7

The SNAP-IV* **Parent** rating scale indicates the possibility of ADHD is #TRUE#, Details are given below.

SAMPLE DATA for evaluation

	Totals	Average	5% Cutoff	Indication
Average of scores for ADHD - Inattention	28	2.80	1.78	Inattention: #TRUE#
Average of scores for Hyperactivity/Impulsivity	27	2.70	1.44	Hyperactivity / Impulsivity: #TRUE#
Average of scores for ADHD - Combined Type	55	2.75	1.67	Combined-Type: #TRUE#

ADHD Criteria Rating Scales based on the SNAP-IV, James M. Swanson Ph.D. (used by permission, 2008)

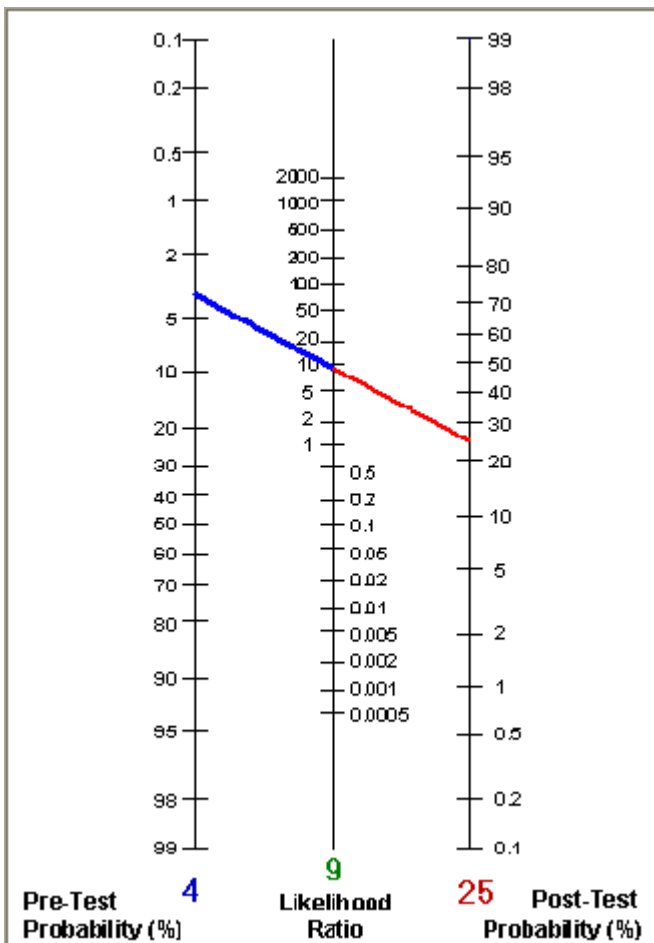
* Swanson J.M., Nolan W., Pelham W.E., (1992) The Snap-IV Rating Scale. <http://www.adhd.net>

The SNAP-IV* **Teacher** rating scale indicates the possibility of ADHD is #TRUE#, Details are given

	Totals	Average	5% Cutoff	Indication
Average of scores for ADHD - Inattention	25	2.50	2.56	Inattention: #FALSE#
Average of scores for Hyperactivity/Impulsivity	25	2.50	1.78	Hyperactivity / Impulsivity: #TRUE#
Average of scores for ADHD - Combined Type	50	2.50	2.00	Combined-Type: #TRUE#

ADHD Criteria Rating Scales based on the SNAP-IV, James M. Swanson Ph.D. (used by permission, 2008)

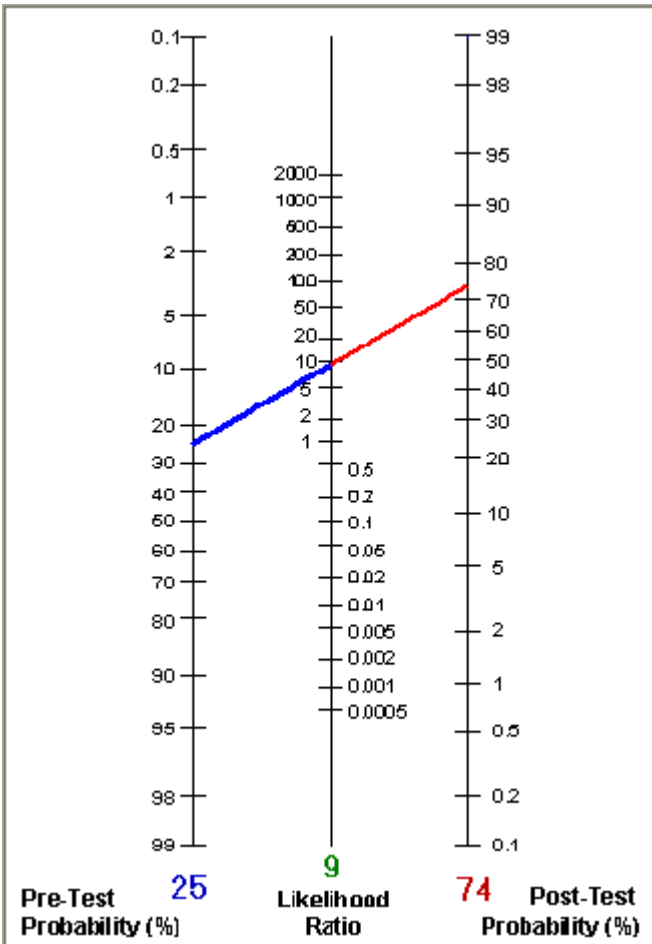
* Swanson J.M., Nolan W., Pelham W.E., (1992) The Snap-IV Rating Scale. <http://www.adhd.net>



This graph shows the change in probability made when the Parent Report suggests ADHD ~

The Calculated Likelihood Ratio is: **9**

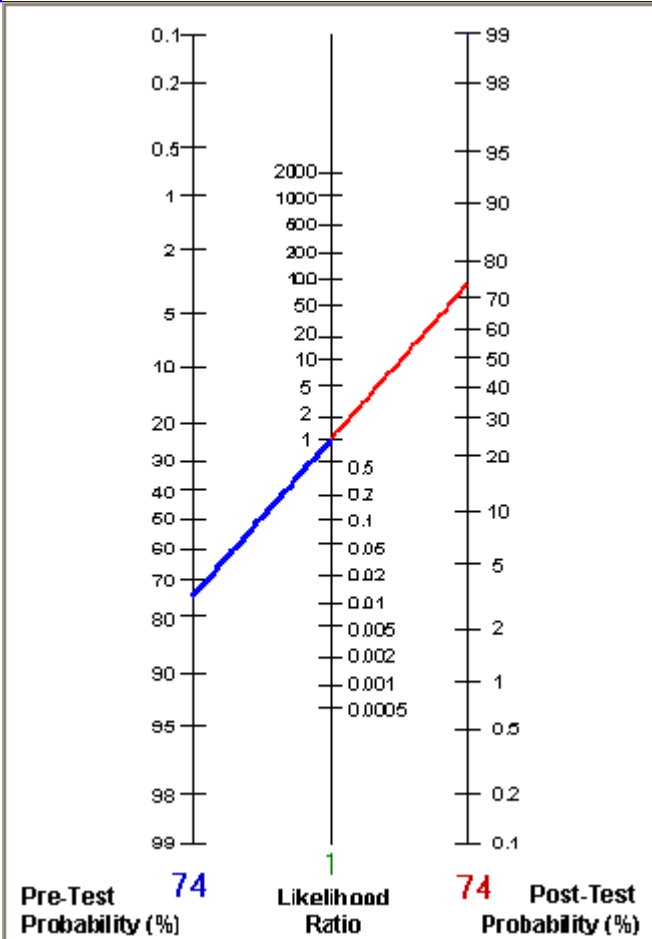
The new calculation seen here is made using the above likelihood ratio and shows the revised probability of **25 %** , that the condition exists at this point.



This graph shows the change in probability made when the Teacher Report suggests ADHD ~

The Calculated Likelihood Ratio is: **9**

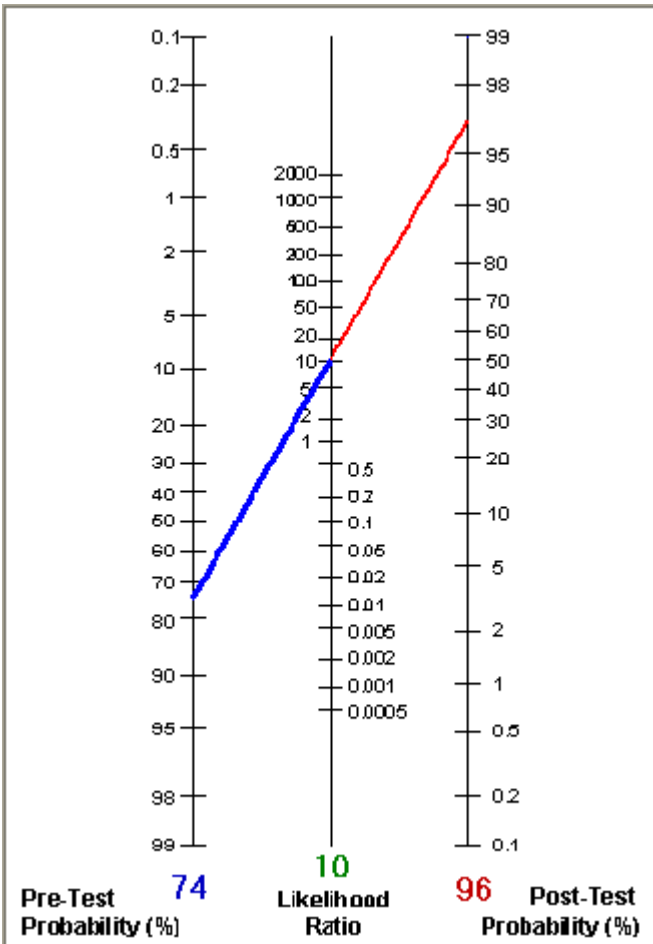
The new calculation seen here is made using the above likelihood ratio and shows the revised probability of **74** % , that the condition exists at this point.



This graph shows the change in probability made when the Target Recognition score is **101**

The Calculated Likelihood Ratio is: **1**

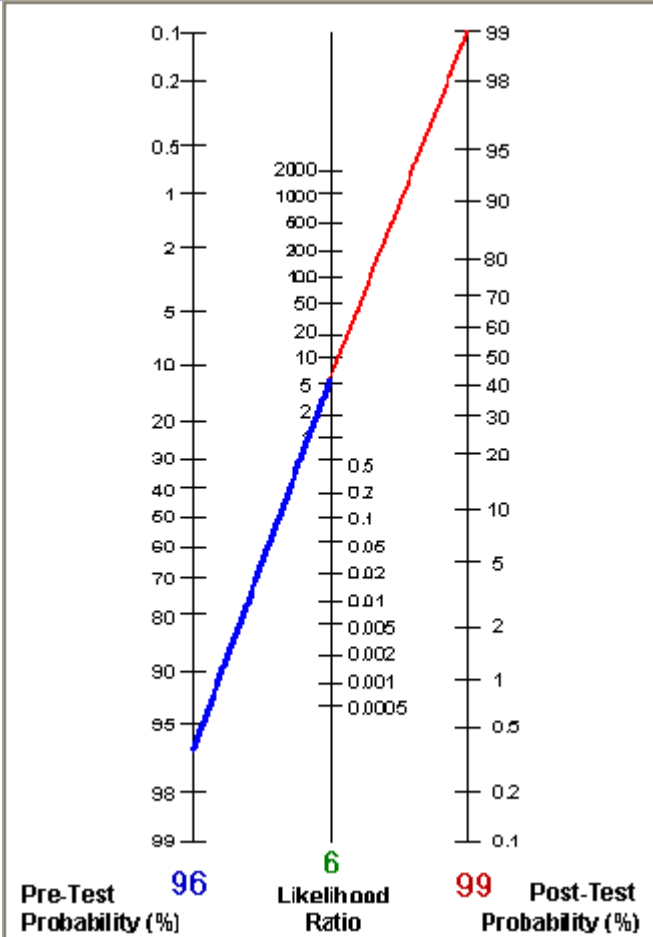
The new calculation seen here is made using the above likelihood ratio and shows the revised probability of **74** % , that the condition exists at this point.



This graph shows the change in probability made when the Target Sequence score is **15**

The Calculated Likelihood Ratio is: **10**

The new calculation seen here is made using the above likelihood ratio and shows the revised probability of **96** % , that the condition exists at this point.



This graph shows the change in probability made when the Target Tracking score is **5**

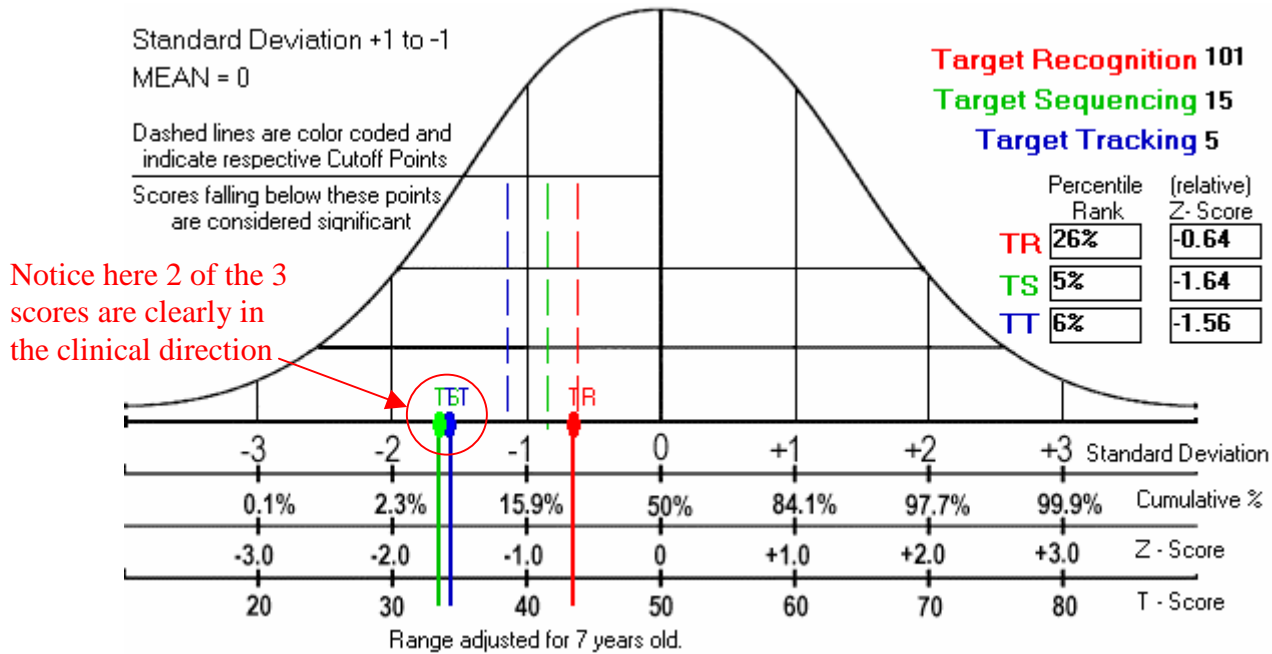
The Calculated Likelihood Ratio is: **6**

The new calculation seen here is made using the above likelihood ratio and shows the revised probability of **99** % , that the condition exists at this point.

The age adjusted score calculations for this session result in a: **99 % Overall Probability**

STANDARD SCORE COMPARISONS OF TARGET TEST PERFORMANCES:

This standard score comparison depicts the relative placement of the subject's Target Subtest Raw Scores to the Normalized distribution of the PADDs NON-Clinical reference group.



It is possible in unusual instances for a single subtest performance to significantly alter the predictive index in an unexpected direction. This graph above is used to visually compare the individual tests performance, (color coded indicators), to the non-clinical group cutoff points for that age, (color coded dashed lines). Test indicators that fall on or to the left of the matching cutoff line are considered to be clinically significant. This is where it may be helpful to apply the "2 out of 3" rule in addition to your clinical judgement.

REVIEW OF 95 % CONFIDENCE INTERVALS FOR TR, TS & TT RAW SCORES:

RAW SCORES

TR = 101

TS = 15

TT = 5

AGE	PADDs subtest	Cut score	7 YRS M	Typical SD	SEM	95% CI
	TR	>102	111.75	24.92	9.32	93 – 130
7 yrs	TS	>26	30.29	5.2	1.95	26 – 34
	TT	>6	10.13	3.18	1.18	8 – 12

The PADDs system is designed to combine all three subtests into one predictive index. Therefore, it is possible in unusual instances for a single subtest performance to significantly alter the predictive index in an unexpected direction. A quick comparison to the age appropriate cut off points and the 95% confidence intervals (in the table above) can reveal if this performance is not in agreement with the bulk of other information obtained.

Chapter 6 in the clinical manual shows the clinical utility (Sensitivity, Specificity, Positive & Negative predictive Power) of the Target subtests when two of the three subtests fall within the predicted direction of the normative samples. Thus, if behavior ratings are positive and impairment is evident then, despite an unusually high single score, the "2 out of 3" rule should be considered to help inform clinical judgment and to validate the confidence of using the remaining evidence.

In the previous nomograms, the age adjusted score calculations for this session were combined incrementally and resulted in a: 99 % Overall Probability that ADHD is present.

INTERPRETATION GUIDELINES:

90-99 Percent Probability:

PADDS Predictive Index Scores in this range clearly support a diagnosis of ADHD and suggests that strong consideration of the risk for intervening should be made against the risks of not intervening. Typically, Scores in this range will have multiple confirming sources of information from well-established measures including demonstrated impairment in academic and or social/emotional areas of functioning. A review of PADDS inputs will show that Parent and/or Teacher Ratings and at least two of the three Target subtests were found in the clinical range (See published Cut Off scores listed below for the Target Tests of Executive Functions). Consideration of the objective assessment must be made in conjunction with Clinical Judgment, and other sources of information (i.e. the CADI or other interview and information or tests deemed useful).

80-90 Percent Probability:

PADDS Predictive Index Scores in this range are suggestive of ADHD. Again multiple inputs will be found supporting a diagnosis. *However*, Actual Impairment may not be as evident from the background report and should be considered in conjunction with Clinical Judgment and other information deemed appropriate. (i.e. the CADI or other interview and information or tests deemed useful).

Below 80 Percent Probability:

PADDS Predictive Index Scores below this range are not deemed adequate to support a clinical diagnosis of ADHD and suggests that comorbid issues should be looked at closely. *However*, other information obtained by the clinician along with clinical judgment may in fact show that a diagnosis is warranted.

Clinical Notes: