

SNAP RATING SCALE

Child's Name: Age: School year:..... Date:

Completed by name:..... Relationship to child
(e.g. mother/father/teacher)

Period of time covered by rating: Past week ____ Past month ____ Past year ____ Lifetime ____ Other ____

Tick one column which **best** describes the 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				
2.	Often has difficulty sustaining attention in tasks or play activities				
3.	Often does not seem to listen when spoken to directly				
4.	Often does not follow through on instructions and fails to finish schoolwork, chores or duties				
5.	Often has difficulty organising tasks and activities				
6.	Often avoids, dislikes or reluctantly engages in tasks requiring sustained mental effort				
7.	Often loses things necessary for activities (e.g., toys, school assignments, pencils or books)				
8.	Often is distracted by extraneous stimuli				
9.	Often is forgetful in daily activities				
10.	Often has difficulty maintaining alertness, orienting to requests or executing directions				
11.	Often fidgets with hands or feet, or squirms in seat				
12.	Often leaves seat in classroom or in other situations in which remaining seated is expected				
13.	Often runs about or climbs excessively in situations in which it is inappropriate				
14.	Often has difficulty playing or engaging in leisure activities quietly				
15.	Often is "on the go" or acts as if "driven by a motor"				
16.	Often talks excessively				
17.	Often blurts out answers before questions have been completed				
18.	Often has difficulty awaiting turn				
19.	Often interrupts or intrudes on others (e.g., butts into conversations/games)				
20.	Often has difficulty sitting still, being quiet or inhibiting impulses in the classroom or at home.				
21.	Often loses temper				
22.	Often argues with adults				
23.	Often actively defies or refuses adult requests or rules				
24.	Often deliberately does things that annoy other people.				
25.	Often blames others for his or her mistakes or misbehaviour				
26.	Often touchy or easily annoyed by others				
27.	Often is angry and resentful				
28.	Often is spiteful or vindictive				
29.	Often is quarrelsome				
30.	Often is negative, defiant, disobedient, or hostile toward authority figures				

Please indicate how the behaviours rated over page compared during morning and afternoon times for the prior month by circling one of the choices below:

Note: If you only have this child in class during morning or afternoon, this does not apply.

Morning better than afternoon	No clear difference	Afternoon better than morning
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Circle the value below to indicate the approximate percentage of assigned class work that this child completed during the past month:

0	10	20	30	40	50	60	70	80	90	100
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In general, the quality of work completed by this child this month was:

Very poor	Poor	Satisfactory	Good	Very good
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If the quality of this child's work varied significantly between academic subjects, please indicate this in the next column.	
Did this child turn in all assigned homework? If not, please indicate the missing assignments.	
Please indicate any other comments or observations that you believe are important.	

SNAP RATING SCALE - SCORING SHEET

Child's Name: Age:

Completed by name:.....

SCORING **0** **1** **2** **3**

Not at **Just a** **Quite a** **Very much**

all **little** **bit**

ADHD-In

ADHD-H/Im

ODD

1		11		21	
2		12		22	
3		13		23	
4		14		24	
5		15		25	
6		16		26	
7		17		27	
8		18		28	
9		19		29	
10		20		30	

Total = _____ = _____ = _____

Average = _____ = _____ = _____

Side Effects Assessment Criteria

Instructions: Please rate each behaviour from 0 to 10 (serious). Circle only one number beside each item. A zero means that you have not seen the behaviour in this child during the past week, and a ten means that you have noticed it and believe it to be either very serious or to occur very frequently.

Behaviour	Absent										Serious											
*Insomnia or trouble sleeping	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
*Nightmares	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Stares a lot or daydreams	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Talks less with others	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Uninterested in others	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Decreased appetite	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Irritable	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Stomachaches	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Headaches	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Drowsiness	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Sad/unhappy	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Prone to crying	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Anxious	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Bites fingernails	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Euphoric/usually happy	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Dizziness	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Tics or nervous movements	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10

*** QUESTION TO BE COMPLETED BY PARENTS / GUARDIANS ONLY.**