

# SNAP-IV 26 – Teacher and Parent Rating Scale

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Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Class Size: \_\_\_\_\_

Completed by: \_\_\_\_\_  Teacher  Parent

| For each item, check the column 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 |            |               |             |           |
| 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 organizing 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 fidgets with hands or feet or squirms in seat   |            |               |             |           |
| 11. Often leaves seat in classroom or in other situations in which remaining seated is expected     |            |               |             |           |
| 12. Often runs about or climbs excessively in situations in which it is inappropriate               |            |               |             |           |
| 13. Often has difficulty playing or engaging in leisure activities quietly                          |            |               |             |           |
| 14. Often is "on the go" or often acts as if "driven by a motor"                                    |            |               |             |           |
| 15. Often talks excessively   |            |               |             |           |
| 16. Often blurts out answers before questions have been completed                                   |            |               |             |           |
| 17. Often has difficulty awaiting turn  |            |               |             |           |
| 18. Often interrupts or intrudes on others (e.g. butts into conversations/ games)                   |            |               |             |           |
| 19. Often loses temper  |            |               |             |           |
| 20. Often argues with adults  |            |               |             |           |
| 21. Often actively defies or refuses adult requests or rules  |            |               |             |           |
| 22. Often deliberately does things that annoy other people  |            |               |             |           |
| 23. Often blames others for his or her mistakes or misbehavior                                      |            |               |             |           |
| 24. Often touchy or easily annoyed by others  |            |               |             |           |
| 25. Often is angry and resentful  |            |               |             |           |
| 26. Often is spiteful or vindictive   |            |               |             |           |

# WEISS FUNCTIONAL IMPAIRMENT RATING SCALE – PARENT REPORT (WFIRS-P)

Your name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

*Circle the number for the rating that best describes how your child's emotional or behavioural problems have affected each item in the last month.*

|          |   | Never or<br>Not at all | Sometimes or<br>somewhat | Often or<br>much | Very often or<br>very much | n/a |
|----------|---|------------------------|--------------------------|------------------|----------------------------|-----|
| <b>A</b> | <b>FAMILY</b>   |                        |                          |                  |                            |     |
| 1        | Having problems with brothers & sisters                     |                        |                          |                  |                            |     |
| 2        | Causing problems between parents                            |                        |                          |                  |                            |     |
| 3        | Takes time away from family members' work or activities     |                        |                          |                  |                            |     |
| 4        | Causing fighting in the family                              |                        |                          |                  |                            |     |
| 5        | Isolating the family from friends and social activities     |                        |                          |                  |                            |     |
| 6        | Makes it hard for the family to have fun together           |                        |                          |                  |                            |     |
| 7        | Makes parenting difficult                                   |                        |                          |                  |                            |     |
| 8        | Makes it hard to give fair attention to all family members  |                        |                          |                  |                            |     |
| 9        | Provokes others to hit or scream at him/her                 |                        |                          |                  |                            |     |
| 10       | Costs the family more money                                 |                        |                          |                  |                            |     |
| <b>B</b> | <b>SCHOOL</b>   |                        |                          |                  |                            |     |
|          | <b>Learning</b>   |                        |                          |                  |                            |     |
| 1        | Makes it difficult to keep up with schoolwork               |                        |                          |                  |                            |     |
| 2        | Needs extra help at school                                  |                        |                          |                  |                            |     |
| 3        | Needs tutoring  |                        |                          |                  |                            |     |
| 4        | Receives grades that are not as good as his/her ability     |                        |                          |                  |                            |     |
|          | <b>Behaviour</b>  |                        |                          |                  |                            |     |
| 1        | Causes problems for the teacher in the classroom            |                        |                          |                  |                            |     |
| 2        | Receives "time-out" or removal from the classroom           |                        |                          |                  |                            |     |
| 3        | Having problems in the school yard                          |                        |                          |                  |                            |     |
| 4        | Receives detentions (during or after school)                |                        |                          |                  |                            |     |
| 5        | Suspended or expelled from school                           |                        |                          |                  |                            |     |
| 6        | Misses classes or is late for school                        |                        |                          |                  |                            |     |
| <b>C</b> | <b>LIFE SKILLS</b>  |                        |                          |                  |                            |     |
| 1        | Excessive use of TV, computer, or video games               |                        |                          |                  |                            |     |
| 2        | Keeping clean, brushing teeth, brushing hair, bathing, etc. |                        |                          |                  |                            |     |
| 3        | Problems getting ready for school                           |                        |                          |                  |                            |     |
| 4        | Problems getting ready for bed                              |                        |                          |                  |                            |     |
| 5        | Problems with eating (picky eater, junk food)               |                        |                          |                  |                            |     |
| 6        | Problems with sleeping                                      |                        |                          |                  |                            |     |

|          |   | Never or Not at all | Sometimes or somewhat | Often or much | Very often or very much | n/a |
|----------|---|---------------------|-----------------------|---------------|-------------------------|-----|
| 7        | Gets hurt or injured  |                     |                       |               |                         |     |
| 8        | Avoids exercise   |                     |                       |               |                         |     |
| 9        | Needs more medical care   |                     |                       |               |                         |     |
| 10       | Has trouble taking medication, getting needles or visiting the doctor/dentist |                     |                       |               |                         |     |
| <b>D</b> | <b>CHILD'S SELF-CONCEPT</b>   |                     |                       |               |                         |     |
| 1        | My child feels bad about himself/herself                                      |                     |                       |               |                         |     |
| 2        | My child does not have enough fun   |                     |                       |               |                         |     |
| 3        | My child is not happy with his/her life                                       |                     |                       |               |                         |     |
| <b>E</b> | <b>SOCIAL ACTIVITIES</b>  |                     |                       |               |                         |     |
| 1        | Being teased or bullied by other children                                     |                     |                       |               |                         |     |
| 2        | Teases or bullies other children  |                     |                       |               |                         |     |
| 3        | Problems getting along with other children                                    |                     |                       |               |                         |     |
| 4        | Problems participating in after-school activities (sports, music, clubs)      |                     |                       |               |                         |     |
| 5        | Problems making new friends   |                     |                       |               |                         |     |
| 6        | Problems keeping friends  |                     |                       |               |                         |     |
| 7        | Difficulty with parties (not invited, avoids them, misbehaves)                |                     |                       |               |                         |     |
| <b>F</b> | <b>RISKY ACTIVITIES</b>   |                     |                       |               |                         |     |
| 1        | Easily led by other children (peer pressure)                                  |                     |                       |               |                         |     |
| 2        | Breaking or damaging things   |                     |                       |               |                         |     |
| 3        | Doing things that are illegal   |                     |                       |               |                         |     |
| 4        | Being involved with the police  |                     |                       |               |                         |     |
| 5        | Smoking cigarettes  |                     |                       |               |                         |     |
| 6        | Taking illegal drugs  |                     |                       |               |                         |     |
| 7        | Doing dangerous things  |                     |                       |               |                         |     |
| 8        | Causes injury to others   |                     |                       |               |                         |     |
| 9        | Says mean or inappropriate things   |                     |                       |               |                         |     |
| 10       | Sexually inappropriate behaviour  |                     |                       |               |                         |     |

Number of Items Scored '2' or '3'

|   |                      |          |  |
|---|----------------------|----------|--|
| A | Family               |          |  |
| B | School               | Learning |  |
|   |                      | Behavior |  |
| C | Life skills          |          |  |
| D | Child's self-concept |          |  |
| E | Social activities    |          |  |
| F | Risky activities     |          |  |
|   | <b>TOTAL</b>         |          |  |

Total Score

|   |                      |          |  |
|---|----------------------|----------|--|
| A | Family               |          |  |
| B | School               | Learning |  |
|   |                      | Behavior |  |
| C | Life skills          |          |  |
| D | Child's self-concept |          |  |
| E | Social activities    |          |  |
| F | Risky activities     |          |  |
|   | <b>TOTAL</b>         |          |  |

Mean Score (N/A items not included in calculation)

|   |                      |          |  |
|---|----------------------|----------|--|
| A | Family               |          |  |
| B | School               | Learning |  |
|   |                      | Behavior |  |
| C | Life skills          |          |  |
| D | Child's self-concept |          |  |
| E | Social activities    |          |  |
| F | Risky activities     |          |  |
|   | <b>MEAN*</b>         |          |  |

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## WEISS SYMPTOM RECORD II

**PATIENT:** \_\_\_\_\_

**INFORMANT:** \_\_\_\_\_

This is a problem checklist. Not all the items will be appropriate for you. Please indicate the level of difficulty associated with each item:

- None:** This is not a problem or concern. Any challenges are age-appropriate
- Mild:** Some difficulty (somewhat)
- Moderate:** This is a problem (pretty much)
- Severe:** This is a serious problem (very much)
- NA:** Not applicable. Check this column if the item is not a problem or not relevant to you.

| <i>Difficulty with:</i>                                | <i>None (0)</i> | <i>Mild (1)</i> | <i>Moderate (2)</i> | <i>Severe (3)</i> | <i>N/A</i> |
|--|-----------------|-----------------|---------------------|-------------------|------------|
| <b>ATTENTION: Mean Score</b> _____                     |                 |                 |                     |                   |            |
| Attention to details or makes careless mistakes        |                 |                 |                     |                   |            |
| Holding attention or remaining focused                 |                 |                 |                     |                   |            |
| Listening or mind seems elsewhere                      |                 |                 |                     |                   |            |
| Instructions or finishing work                         |                 |                 |                     |                   |            |
| Organizing (e.g. time, messy, deadlines)               |                 |                 |                     |                   |            |
| Avoids or dislikes activities requiring effort         |                 |                 |                     |                   |            |
| Loses or misplaces things                              |                 |                 |                     |                   |            |
| Easily distracted                                      |                 |                 |                     |                   |            |
| Forgetful (e.g. chores, bills, appointments)           |                 |                 |                     |                   |            |
| <b>HYPERACTIVITY AND IMPULSIVITY: Mean Score</b> _____ |                 |                 |                     |                   |            |
| Fidgets or squirms                                     |                 |                 |                     |                   |            |
| Trouble staying seated                                 |                 |                 |                     |                   |            |
| Runs about or feels restless inside                    |                 |                 |                     |                   |            |
| Loud or difficulty being quiet                         |                 |                 |                     |                   |            |
| Often on the go  |                 |                 |                     |                   |            |
| Talks too much   |                 |                 |                     |                   |            |
| Blurts out comments                                    |                 |                 |                     |                   |            |
| Dislikes waiting (e.g. taking turns or in line)        |                 |                 |                     |                   |            |
| Interrupts or intrudes on others (e.g. butting in)     |                 |                 |                     |                   |            |
| <b>OPPOSITIONAL: Mean Score</b> _____                  |                 |                 |                     |                   |            |
| Loses temper   |                 |                 |                     |                   |            |
| Easily annoyed   |                 |                 |                     |                   |            |
| Angry and resentful                                    |                 |                 |                     |                   |            |
| Argues   |                 |                 |                     |                   |            |
| Defiant  |                 |                 |                     |                   |            |
| Deliberately annoys other people                       |                 |                 |                     |                   |            |
| Blames other people rather than themselves             |                 |                 |                     |                   |            |
| Spiteful   |                 |                 |                     |                   |            |

## WEISS SYMPTOM RECORD II

| <i>Difficulty with:</i>                            | <i>None (0)</i> | <i>Mild (1)</i> | <i>Moderate (2)</i> | <i>Severe (3)</i> | <i>N/A</i> |
|--|-----------------|-----------------|---------------------|-------------------|------------|
| <b>DEVELOPMENT AND LEARNING: Mean Score _____</b>  |                 |                 |                     |                   |            |
| Wetting, (after age 5)                             |                 |                 |                     |                   |            |
| Soiling (after age 4)                              |                 |                 |                     |                   |            |
| Reading  |                 |                 |                     |                   |            |
| Spelling   |                 |                 |                     |                   |            |
| Math   |                 |                 |                     |                   |            |
| Writing  |                 |                 |                     |                   |            |
| <b>AUTISM SPECTRUM: Mean Score _____</b>           |                 |                 |                     |                   |            |
| Difficulty with talking back and forth             |                 |                 |                     |                   |            |
| Unusual eye contact or body language               |                 |                 |                     |                   |            |
| Speech is odd (monotone, unusual words)            |                 |                 |                     |                   |            |
| Restricted, fixed, intense interests               |                 |                 |                     |                   |            |
| Odd, repetitive movements (e.g. flapping)          |                 |                 |                     |                   |            |
| Does not easily "chit chat"                        |                 |                 |                     |                   |            |
| <b>MOTOR DISORDERS: Mean Score _____</b>           |                 |                 |                     |                   |            |
| Repetitive noises (e.g. sniffing, throat clearing) |                 |                 |                     |                   |            |
| Repetitive movements (blinking, shrugging)         |                 |                 |                     |                   |            |
| Clumsy   |                 |                 |                     |                   |            |
| <b>PSYCHOSIS: Mean Score _____</b>                 |                 |                 |                     |                   |            |
| Hearing voices that are not there                  |                 |                 |                     |                   |            |
| Seeing things that are not there                   |                 |                 |                     |                   |            |
| Scrambled thinking                                 |                 |                 |                     |                   |            |
| Paranoia (feeling people are against you)          |                 |                 |                     |                   |            |
| <b>DEPRESSION: Mean Score _____</b>                |                 |                 |                     |                   |            |
| Sad or depressed most of the day                   |                 |                 |                     |                   |            |
| Lack of interest or pleasure most of the day       |                 |                 |                     |                   |            |
| Weight loss, weight gain or change in appetite     |                 |                 |                     |                   |            |
| Difficulty sleeping or sleeping too much           |                 |                 |                     |                   |            |
| Agitated   |                 |                 |                     |                   |            |
| Slowed down  |                 |                 |                     |                   |            |
| Feels worthless                                    |                 |                 |                     |                   |            |
| Tired, no energy                                   |                 |                 |                     |                   |            |
| Hopeless, pessimistic                              |                 |                 |                     |                   |            |
| Withdrawal from usual interests/people             |                 |                 |                     |                   |            |
| Decrease in concentration                          |                 |                 |                     |                   |            |

## WEISS SYMPTOM RECORD II

| <i>Difficulty with:</i>                                | <i>None (0)</i> | <i>Mild (1)</i> | <i>Moderate (2)</i> | <i>Severe (3)</i> | <i>N/A</i> |
|--|-----------------|-----------------|---------------------|-------------------|------------|
| <b>MOOD REGULATION: Mean Score _____</b>               |                 |                 |                     |                   |            |
| Distinct period(s) of intense excitement               |                 |                 |                     |                   |            |
| Distinct period(s) of inflated self-esteem, grandiose  |                 |                 |                     |                   |            |
| Distinct period(s) of increased energy                 |                 |                 |                     |                   |            |
| Distinct period(s) of decreased need for sleep         |                 |                 |                     |                   |            |
| Distinct Period(s) of racing thoughts or speech        |                 |                 |                     |                   |            |
| Irritable behaviour that is out of character           |                 |                 |                     |                   |            |
| Rage attacks, anger outbursts, hostility               |                 |                 |                     |                   |            |
| <b>SUICIDE: Mean Score _____</b>                       |                 |                 |                     |                   |            |
| Suicidal thoughts                                      |                 |                 |                     |                   |            |
| Suicide attempt(s) or a plan                           |                 |                 |                     |                   |            |
| <b>ANXIETY: Mean Score _____</b>                       |                 |                 |                     |                   |            |
| Intense fears (e.g. heights, crowds, spiders)          |                 |                 |                     |                   |            |
| Fear of social situations or performing                |                 |                 |                     |                   |            |
| Panic attacks  |                 |                 |                     |                   |            |
| Fear of leaving e.g. the house, public transportation. |                 |                 |                     |                   |            |
| Worrying and/or anxious most days                      |                 |                 |                     |                   |            |
| Nervous, can't relax                                   |                 |                 |                     |                   |            |
| Obsessive thoughts (e.g. germs, perfectionism)         |                 |                 |                     |                   |            |
| Compulsive rituals (e.g. checking, hand washing)       |                 |                 |                     |                   |            |
| Hair pulling, nail biting or skin picking              |                 |                 |                     |                   |            |
| Preoccupation with physical complaints                 |                 |                 |                     |                   |            |
| Chronic pain   |                 |                 |                     |                   |            |
| <b>STRESS RELATED DISORDERS: Mean Score _____</b>      |                 |                 |                     |                   |            |
| Physical abuse   |                 |                 |                     |                   |            |
| Sexual abuse   |                 |                 |                     |                   |            |
| Neglect  |                 |                 |                     |                   |            |
| Other severe trauma                                    |                 |                 |                     |                   |            |
| <b>PTSD: Mean Score _____</b>                          |                 |                 |                     |                   |            |
| Flashbacks or nightmares                               |                 |                 |                     |                   |            |
| Avoidance  |                 |                 |                     |                   |            |
| Intrusive thoughts of traumatic events                 |                 |                 |                     |                   |            |
| <b>SLEEP: Mean Score _____</b>                         |                 |                 |                     |                   |            |
| Trouble falling asleep or staying asleep               |                 |                 |                     |                   |            |
| Excessive daytime sleepiness                           |                 |                 |                     |                   |            |
| Snoring or stops breathing during sleep                |                 |                 |                     |                   |            |

## WEISS SYMPTOM RECORD II

| <i>Difficulty with:</i>                            | <i>None (0)</i> | <i>Mild (1)</i> | <i>Moderate (2)</i> | <i>Severe (3)</i> | <i>N/A</i> |
|--|-----------------|-----------------|---------------------|-------------------|------------|
| <b>EATING: Mean Score _____</b>                    |                 |                 |                     |                   |            |
| Distorted body image                               |                 |                 |                     |                   |            |
| Underweight  |                 |                 |                     |                   |            |
| Binge eating                                       |                 |                 |                     |                   |            |
| Overweight   |                 |                 |                     |                   |            |
| Eating too little or refusing to eat               |                 |                 |                     |                   |            |
| <b>CONDUCT: Mean Score _____</b>                   |                 |                 |                     |                   |            |
| Verbal aggression                                  |                 |                 |                     |                   |            |
| Physical aggression                                |                 |                 |                     |                   |            |
| Used a weapon against people (stones, sticks etc.) |                 |                 |                     |                   |            |
| Cruel to animals                                   |                 |                 |                     |                   |            |
| Physically cruel to people                         |                 |                 |                     |                   |            |
| Stealing or shoplifting                            |                 |                 |                     |                   |            |
| Deliberately sets fires                            |                 |                 |                     |                   |            |
| Deliberately destroys property                     |                 |                 |                     |                   |            |
| Frequent lying                                     |                 |                 |                     |                   |            |
| Lack of remorse or guilt                           |                 |                 |                     |                   |            |
| Lack of empathy or concern for others              |                 |                 |                     |                   |            |
| <b>SUBSTANCE USE: Mean Score _____</b>             |                 |                 |                     |                   |            |
| Misuse of prescription drugs                       |                 |                 |                     |                   |            |
| Alcohol > 14 drinks/week or 4 drinks at once       |                 |                 |                     |                   |            |
| Smoking or tobacco use                             |                 |                 |                     |                   |            |
| Marijuana  |                 |                 |                     |                   |            |
| Other street drugs                                 |                 |                 |                     |                   |            |
| Excessive over the counter medications             |                 |                 |                     |                   |            |
| Excessive caffeine (colas, coffee, tea, pills)     |                 |                 |                     |                   |            |
| <b>ADDICTIONS: Mean Score _____</b>                |                 |                 |                     |                   |            |
| Gambling   |                 |                 |                     |                   |            |
| Excessive internet, gaming or screen time          |                 |                 |                     |                   |            |
| Other addiction _____                              |                 |                 |                     |                   |            |

## WEISS SYMPTOM RECORD II

| <i>Difficulty with:</i>   | <i>None (0)</i> | <i>Mild (1)</i> | <i>Moderate (2)</i> | <i>Severe (3)</i> | <i>N/A</i> |
|---|-----------------|-----------------|---------------------|-------------------|------------|
| <b>PERSONALITY: Mean Score _____</b>                                    |                 |                 |                     |                   |            |
| Self-destructive  |                 |                 |                     |                   |            |
| Stormy, conflicted relationships  |                 |                 |                     |                   |            |
| Self-injurious behaviour (e.g. cutting)                                 |                 |                 |                     |                   |            |
| Low self-esteem   |                 |                 |                     |                   |            |
| Manipulative  |                 |                 |                     |                   |            |
| Self-centered   |                 |                 |                     |                   |            |
| Arrogant  |                 |                 |                     |                   |            |
| Suspicious  |                 |                 |                     |                   |            |
| Deceitful with no remorse   |                 |                 |                     |                   |            |
| Breaking the law or antisocial behaviour                                |                 |                 |                     |                   |            |
| Tends to be a loner   |                 |                 |                     |                   |            |
| <b>OTHER (Please indicate any other difficulties): Mean Score _____</b> |                 |                 |                     |                   |            |
|   |                 |                 |                     |                   |            |
|   |                 |                 |                     |                   |            |
|   |                 |                 |                     |                   |            |
|   |                 |                 |                     |                   |            |

### MEAN SCORE

*(N/A items not included in calculation)*

|                                      |  |
|--------------------------------------|--|
| <b>ATTENTION</b>                     |  |
| <b>HYPERACTIVITY AND IMPULSIVITY</b> |  |
| <b>OPPOSITIONAL</b>                  |  |
| <b>DEVELOPMENT AND LEARNING</b>      |  |
| <b>AUTISM SPECTRUM</b>               |  |
| <b>MOTOR DISORDERS</b>               |  |
| <b>PSYCHOSIS</b>                     |  |
| <b>DEPRESSION</b>                    |  |
| <b>MOOD REGULATION</b>               |  |
| <b>SUICIDE</b>                       |  |

|                                 |  |
|---------------------------------|--|
| <b>ANXIETY</b>                  |  |
| <b>STRESS RELATED DISORDERS</b> |  |
| <b>PTSD</b>                     |  |
| <b>SLEEP</b>                    |  |
| <b>EATING</b>                   |  |
| <b>CONDUCT</b>                  |  |
| <b>SUBSTANCE USE</b>            |  |
| <b>ADDICTIONS</b>               |  |
| <b>PERSONALITY</b>              |  |
| <b>OTHER</b>                    |  |

\*Calculated from \_\_\_\_\_ answered questions

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