

The SNAP-IV Rating Scale *Provincial ADHD Program*

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Name: _____ Gender: _____ Age: _____ Date: _____

Completed by: _____ Relation to Patient: _____

For each item, check the column which best describes this child:

Not At Just A Quite Very
All Little A Bit Much

1. Often fails to give close attention to details or makes careless mistakes in work or tasks				
2. Often has difficulty sustaining attention in tasks or activities				
3. Often does not seem to listen when spoken to directly				
4. Often does not follow through on instructions and fails to finish work, 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., daytimer, books, equipment)				
8. Often is distracted by extraneous stimuli				
9. Often is forgetful in daily activities				
1. Often fidgets with hands or feet or squirms in seat				
2. Often leaves seat in situations in which remaining seated is expected				
3. Often runs about or climbs excessively in situations in which it is inappropriate				
4. Often has difficulty engaging in leisure activities quietly				
5. Often is "on the go" or often acts as if "driven by a motor"				
6. Often talks excessively				
7. Often blurts out answers before questions have been completed				
8. Often has difficulty awaiting turn				
9. Often interrupts or intrudes on others (e.g., butts into conversations/games)				
1. Often loses temper				
2. Often argues with family, friends, co-workers, supervisors				
3. Often actively defies or refuses requests or rules				
4. Often deliberately does things that annoy other people				
5. Often blames others for his or her mistakes or misbehavior				
6. Often touchy or easily annoyed by others				
7. Often is angry and resentful				
8. Often is spiteful or vindictive				
1. Has difficulty getting started on work, tasks or assignments				
2. Has difficulty staying on task				
3. Has problems in completion of work in relation to tasks or assignments				
4. Has problems in accuracy or neatness of written work				
5. Has difficulty attending to a group activity or discussion				
6. Has difficulty making transitions to the next topic or task				
7. Has problems in interactions with family, peers or co-workers				
8. Has problems in interactions with supervisors				
9. Has difficulty remaining quiet or behaving appropriately according to office rules				
10. Has difficulty staying seated according to office rules				

COMMENTS:

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Change on medication? What are the child's strengths? What is your main concern?

Name: _____

DATE COMPLETED: _____