

# SNAP-IV 26 – Teacher and Parent Rating Scale

<b>For Office Use</b>	Patient ID: _____
	Return to: _____

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

Completed by:

Patient

Other

If other, please specify relationship to patient: \_\_\_\_\_

For each item, check the 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 organizing tasks and activities mental effort				
6. Often avoids, dislikes, or reluctantly engages in tasks requiring sustained				
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				

## SNAP-IV 26 – Teacher and Parent Rating Scale

Domains	Count	Total	Average
IA			
HI			
OD			
Total			

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

<b>For Office Use</b> Patient ID: _____ Return to: _____
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Date: \_\_\_\_\_ Completed by: Parent Other

If other, please specify relationship to patient: \_\_\_\_\_

*Pick the answer that best describes how your child's emotional or behavioural problems have affected each item in the last month.*

		Never or Not at all	Sometimes or somewhat	Often or much	Very often or 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		
	School Behavior		
C	Life skills		
D	Child's self-concept		
E	Social activities		
F	Risky activities		
TOTAL			

**Total Score**

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

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

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

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# WEISS SYMPTOM RECORD II

For Office Use Patient ID: \_\_\_\_\_

Return to: \_\_\_\_\_

Date: \_\_\_\_\_ Completed by: \_\_\_\_\_ Patient \_\_\_\_\_ Other \_\_\_\_\_

If other, please specify relationship to patient: \_\_\_\_\_

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: MeanScore</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: MeanScore</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)

ATTENTION	
HYPERACTIVITY AND IMPULSIVITY	
OPPOSITIONAL	
DEVELOPMENT AND LEARNING	
AUTISM SPECTRUM	
MOTOR DISORDERS	
PSYCHOSIS	
DEPRESSION	
MOOD REGULATION	
SUICIDE	

ANXIETY	
STRESS RELATED DISORDERS	
PTSD	
SLEEP	
EATING	
CONDUCT	
SUBSTANCE USE	
ADDICTIONS	
PERSONALITY	
OTHER	

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

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# Screen for Child Anxiety Related Disorders (SCARED)

## Parent Version (to be filled out by the parent)

<b>For Office Use</b>	Patient ID: _____
	Return to: _____

Date: \_\_\_\_\_ Completed by:      Parent      Other

If other, please specify relationship to patient: \_\_\_\_\_

**Directions:**

Below is a list of sentences that describe how people feel. Read each phrase and decide if it is "Not True or Hardly Ever True" or "Somewhat True or Sometimes True" or "Very True or Often True" for your child. Then, for each statement, fill in one circle that corresponds to the response that seems to describe your child for the last 3 months. Please respond to all statements as well as you can, even if some do not seem to concern your child.

	Not True or Hardly Ever True	Somewhat True or Sometimes True	Very True or Often True
1. When my child feels frightened, it is hard for him/her to breathe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My child gets headaches when he/she am at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My child doesn't like to be with people he/she doesn't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My child gets scared if he/she sleeps away from home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My child worries about other people liking him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. When my child gets frightened, he/she feels like passing out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. My child is nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. My child follows me wherever I go.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. People tell me that my child looks nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My child feels nervous with people he/she doesn't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. My child gets stomachaches at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. When my child gets frightened, he/she feels like he/she is going crazy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. My child worries about sleeping alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. My child worries about being as good as other kids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. When my child gets frightened, he/she feels like things are not real.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. My child has nightmares about something bad happening to his/her parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. My child worries about going to school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. When my child gets frightened, his/her heart beats fast.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. He/she child gets shaky.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. My child has nightmares about something bad happening to him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Screen for Child Anxiety Related Disorders (SCARED)

## Parent Version (to be filled out by the parent)

	Not True or Hardly Ever True	Somewhat True or Sometimes True	Very True or Often True
21. My child worries about things working out for him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. When my child gets frightened, he/she sweats a lot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. My child is a worrier.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. My child gets really frightened for no reason at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. My child is afraid to be alone in the house.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. It is hard for my child to talk with people he/she doesn't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. When my child gets frightened, he/she feels like he/she is choking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. People tell me that my child worries too much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. My child doesn't like to be away from his/her family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. My child is afraid of having anxiety (or panic) attacks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. My child worries that something bad might happen to his/her parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. My child feels shy with people he/she doesn't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. My child worries about what is going to happen in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. When my child gets frightened, he/she feels like throwing up.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. My child worries about how well he/she does things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. My child is scared to go to school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. My child worries about things that have already happened.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. When my child gets frightened, he/she feels dizzy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. My child feels nervous when he/she is with other children or adults and he/she has to do something while they watch him/her (for example: read aloud, speak, play a game, play a sport).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. My child feels nervous when he/she is going to parties, dances, or any place where there will be people that he/she doesn't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. My child is shy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Subscale	Total	Subscale	Total
PN		SC	
GD		SH	
SP		Total	

Developed by Boris Birmaher, M.D., Suneeta Khetarpal, M.D., Marlane Cully, M.Ed., David Brent, M.D., and Sandra McKenzie, Ph.D., Western Psychiatric Institute and Clinic, University of Pittsburgh (October, 1995). E-mail: birmaherb@upmc.edu  
 See: Birmaher, B., Brent, D. A., Chiappetta, L., Bridge, J., Monga, S., & Baugher, M. (1999). Psychometric properties of the Screen for Child Anxiety Related Emotional Disorders (SCARED): a replication study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38(10), 1230-6.

*The SCARED is available at no cost at [www.wpic.pitt.edu/research](http://www.wpic.pitt.edu/research) under tools and assessments, or at [www.pediatric bipolar.pitt.edu](http://www.pediatric bipolar.pitt.edu) under instruments.*