

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>
ATTENTION: Mean Score _____					
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)					
HYPERACTIVITY AND IMPULSIVITY: Mean Score _____					
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)					
OPPOSITIONAL: Mean Score _____					
Loses temper					
Easily annoyed					
Angry and resentful					
Argues					
Defiant					
Deliberately annoys other people					
Blames other people rather than themselves					
Spiteful					

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<i>Difficulty with:</i>	<i>None (0)</i>	<i>Mild (1)</i>	<i>Moderate (2)</i>	<i>Severe (3)</i>	<i>N/A</i>
DEVELOPMENT AND LEARNING: Mean Score _____					
Wetting, (after age 5)					
Soiling (after age 4)					
Reading					
Spelling					
Math					
Writing					
AUTISM SPECTRUM: Mean Score _____					
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"					
MOTOR DISORDERS: Mean Score _____					
Repetitive noises (e.g. sniffing, throat clearing)					
Repetitive movements (blinking, shrugging)					
Clumsy					
PSYCHOSIS: Mean Score _____					
Hearing voices that are not there					
Seeing things that are not there					
Scrambled thinking					
Paranoia (feeling people are against you)					
DEPRESSION: Mean Score _____					
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					

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<i>Difficulty with:</i>	<i>None (0)</i>	<i>Mild (1)</i>	<i>Moderate (2)</i>	<i>Severe (3)</i>	<i>N/A</i>
MOOD REGULATION: Mean Score _____					
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					
SUICIDE: Mean Score _____					
Suicidal thoughts					
Suicide attempt(s) or a plan					
ANXIETY: Mean Score _____					
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					
STRESS RELATED DISORDERS: Mean Score _____					
Physical abuse					
Sexual abuse					
Neglect					
Other severe trauma					
PTSD: Mean Score _____					
Flashbacks or nightmares					
Avoidance					
Intrusive thoughts of traumatic events					
SLEEP: Mean Score _____					
Trouble falling asleep or staying asleep					
Excessive daytime sleepiness					
Snoring or stops breathing during sleep					

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EATING: Mean Score _____					
Distorted body image					
Underweight					
Binge eating					
Overweight					
Eating too little or refusing to eat					
CONDUCT: Mean Score _____					
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					
SUBSTANCE USE: Mean Score _____					
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)					
ADDICTIONS: Mean Score _____					
Gambling					
Excessive internet, gaming or screen time					
Other addiction _____					

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PERSONALITY: Mean Score _____					
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					
OTHER (Please indicate any other difficulties): Mean Score _____					

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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SNAP-IV 26 – Teacher and Parent Rating Scale

James M. Swanson, Ph.D., University of California, Irvine, CA 92715

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				