

SNAP ADHD

This form will only show questions for Child Cases.

Override Subject Type restriction?

Yes

[Interviewer: For each item, select the box that best describes this child over the past year]

[Prompt for parent:]

I would like to ask you some questions about [i_sub_name]'s behavior over the past year.

	Not at all	Just a Little	Quite a Bit	Very Much
How often does [i_sub_name] fail to give close attention to details or makes careless mistakes in schoolwork, work, or other activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often does [i_sub_name] have difficulty sustaining attention in tasks or play activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often does [i_sub_name] not seem to listen when spoken to directly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often does [i_sub_name] not follow through on instructions and fail to finish schoolwork, chores or duties?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often does [i_sub_name] have difficulty organizing tasks and activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often does [i_sub_name] avoid, dislike, or act reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often does [i_sub_name] lose things necessary for tasks or activities (e.g., toys, assignments, pencils, books, or tools)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often is [i_sub_name] distracted by extraneous stimuli (e.g. noises made by others)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often is [i_sub_name] forgetful in daily activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For each item, select the box that best describes this child over the past year

	Not at all	Just a Little	Quite a Bit	Very Much
How often does [i_sub_name] fidget with their hands or feet or squirms in their seat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often does [i_sub_name] leave their seat in the classroom or in other situations in which remaining seated is expected?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often does [i_sub_name] run about or climb excessively in situations in which it is inappropriate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often does [i_sub_name] have difficulty playing or engaging in leisure activities quietly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often is [i_sub_name] "on the go" or act as if "driven by a motor"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often does [i_sub_name] talk excessively?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often does [i_sub_name] blurt out answers before questions have been completed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often does [i_sub_name] have difficulty awaiting their turn?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often does [i_sub_name] interrupt or intrude on others (e.g., butts into conversations/games)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Average Score for ADHD-Inattention

Average Score for ADHD-Hyperactivity-Impulsivity

Average Score for ADHD-Combined

Additional Notes
