

SNAP (Sunnybrook Neglect Assessment Procedure):  
Summary Sheet

Name: \_\_\_\_\_ Test Date: \_\_\_\_\_  
 Lesion Date: \_\_\_\_\_ Previous SNAP Date: \_\_\_\_\_  
 Hospital File Number: \_\_\_\_\_ Room: \_\_\_\_\_  
 Sex: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Hand Used: \_\_\_\_\_  
 Lesion Location: \_\_\_\_\_

TEST	RESULT	NORMS	SCORE
Drawings (# abnormal)	_____	0	_____/30
Line Cancellation (# omissions, contralesional side)	_____	0	_____/30
Line Bisection (mean % deviation)	_____	-3.6 (LHD) 2.8 (RHD)	_____/10
Figure Cancellation (# omissions, contralesional side)	_____	1	_____/30
NEGLECT SCORE			_____/100

IMPAIRMENT CATEGORY \_\_\_\_\_

COMMENTS:

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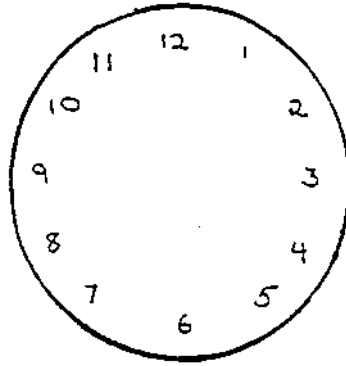
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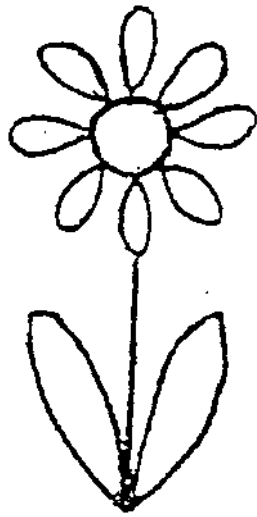


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