

Name : _____

Master

Child/Adolescent Symptom Checklist

Check all symptoms your child is experiencing:

- Fails to give close attention to detail or makes careless mistakes
 - Difficulty paying attention to tasks or play activities
 - Does not seem to listen when spoken to directly
 - Difficulty organizing tasks and activities
 - Avoids doing tasks that require a lot of mental effort
 - Loses things necessary for tasks
 - Easily distracted by other things going on
 - Forgetful in daily activities
 - Fidgets with hands or feet, squirms in seat
 - Difficulty remaining seated when asked to do so
 - Runs about or climbs when asked not to
 - Difficulty playing quietly
 - Is on the go or acts as if driven by a motor
 - Talks excessively
 - Blurts out answers to questions before they have been completed
 - Has difficulty awaiting a turn in groups
 - Interrupts people or butts into other children's activities

 - Loses temper
 - Argues with adults
 - Defies or refuses what you tell them to do
 - Does things to deliberately annoy others
 - Blames others for own misbehavior or mistakes
 - Touchy or easily annoyed by others
 - Angry and resentful
 - Takes anger out on others or tries to get even

 - Breaks a lot of rules
 - In trouble for cursing or swearing
 - Parents dislike by friends
 - Takes things that belongs to others
 - Fight/urge to hurt others

 - Use until alcohol or drugs are gone
 - Trying to cut down on alcohol or drugs
 - Family members concerned about my use
 - Blame others for my alcohol or drug use
 - Loss of memory after using alcohol or drugs
 - Miss school to use alcohol or drugs
- Overconcerned about abilities in academic, athletic, or social activities
 - Has difficulty controlling worries
 - Acts restless or edgy
 - Is irritable for most of the day
 - Is extremely tense or unable to relax
 - Has difficulty falling asleep or staying asleep
 - Complains about physical problems e.g. headache, upset stomach for which there is no apparent cause
 - Shows excessive fear to specific objects or situations e.g. animals, storms, insects
 - Cannot get distressing thoughts out of his/her mind
 - Feels compelled to perform unusual habits
 - Has experienced an upsetting event and continues to be bothered by it.
 - Does unusual movements for no apparent reason
 - Makes vocal sounds for no apparent reason

 - Depressed for most of the day
 - Shows little interest in or enjoyment of pleasurable activities
 - Thinking about dying or killing myself
 - Feels worthless or guilty
 - Low energy level or is tired for no apparent reason
 - Has little confidence
 - Feels things never work out right
 - Experienced a change in normal appetite or weight
 - Experienced a change in normal sleeping habits
 - Experienced a big change in normal activity level
 - Experienced a change in ability to concentrate

 - Avoids eye contact
 - Does not play or relate with other children
 - Excessive preoccupation with one topic
 - Makes strange repetitive movements e.g. flapping arms
 - Upset when child expects to be separated from home or parents
 - Afraid to go to sleep unless near parent
 - Wets bed at night
 - Wets or soils underwear during daytime hours

Signature: _____

Date: _____