

Child's Name _____

Date _____



Child/Teen General Symptom Checklist

Instructions : Please rate each symptom below using the following scale for yourself or your child. If the question does not apply or you do not know the answer simply leave it blank.

0 Never	1 Rarely	2 Occasionally	3 Frequently	4 Very Frequently
	1. Depressed or sad mood 2. Not as much interest in things that are usually fun 3. Significant recent weight or appetite changes 4. Recurrent thoughts of death or suicide 5. Sleep changes, lack of/marked increase in sleep			6. Low energy or feelings of hopelessness 7. Plays alone or socially withdrawn 8. Cries easily 9. Negative thinking 10. Feeling worthless/helpless/hopeless/guilt
	11. Periods of decreased need for sleep without feeling tired 12. Periods of a very high self esteem or big thinking 13. Periods of an elevated, high, or irritable mood 14. More talkative than usual or feel pressure to keep talking.			15. Fast thoughts or frequent jumping from one subject to another 16. Easily distracted by irrelevant things 17. Marked increase in activity level 18. Cyclic periods of angry, mean, or violent behavior.
	19. Periods of time where you feel intensely anxious or nervous 20. Periods of trouble breathing or feeling smothered 21. Periods of trembling, shaking, or sweating 22. Periods of nausea, abdominal pain or choking			23. Periods of heart pounding, fast heart rate or chest pain 24. Periods of feeling dizzy, faint, or unsteady on your feet 25. Intense fear of dying
	26. Lacks confidence in abilities 27. Needs lots of reassurance 28. Needs to be perfect 29. Seems fearful or anxious			30. Seems shy or timid 31. Easily embarrassed 32. Sensitive to criticism 33. Bites fingernails or chews clothing
	34. Recurrent bothersome thoughts, ideas or images which you try to ignore 35. Trouble getting "stuck" on certain thoughts or having the same thought over and over 36. Compulsive behaviors that you must do or you feel very anxious, such as excessive hand washing, cleaning, checking locks, counting or spelling			37. Excessive or senseless worrying 38. Needing to have things done a certain way or you get very upset 39. Others complain that you worry too much or get "stuck" on the same thoughts
	40. Persistent refusal to go to school 41. Excessive anxiety concerning separation from home or from those to whom the child attached			42. Excessive fear of interacting with children or adults 43. Persistent excessive fear(s) (heights, closed spaces, specific animals, etc. _____)
	44. Feelings of reliving a past upsetting event 45. Recurrent distressing dreams of a past upsetting event 46. Recurrent and upsetting thoughts of a past traumatic event 47. Feel like you're always waiting for bad things to happen			48. Startle easily 49. Feeling that your future is shortened 50. Spend effort avoiding thoughts or feelings related to a past trauma
	51. Refusal to maintain body weight above a level most people consider healthy 52. Feelings of being fat despite being underweight			53. Intense fear of gaining weight or becoming fat even though underweight

<p>54. Engage in activities to eliminate excess food, such as vomiting, laxatives, strict dieting or strenuous exercise</p> <p>55. A feeling of lack of control over eating behavior</p>	<p>56. Recurrent episodes of eating large amounts of food</p> <p>57. Persistent worry with body shape and weight</p>
<p>58. Delusional or bizarre thoughts (ones you know other would think are false)</p> <p>59. Visual hallucination, seeing objects or images that are not really present</p> <p>60. Hearing voices that are not really present</p>	<p>61. Inappropriate mood for the situation (i.e., laughing at sad events)</p> <p>62. Poor personal hygiene or grooming</p> <p>63. Odd behaviors</p>
<p>64. Force others to do things they don't want to do (sexually or criminally)</p> <p>65. Stay out at night despite parents saying no</p> <p>66. Bullies, threatens, or intimidates others</p> <p>67. Cruel to animals</p> <p>68. Destroys property</p> <p>69. Runs away overnight</p> <p>70. Doesn't seem sorry for hurting others</p>	<p>71. Break into homes, schools, cars, or places of business</p> <p>72. Steals</p> <p>73. Initiates physical fights</p> <p>74. Sets fires</p> <p>75. Lies</p> <p>76. Skips school</p>
<p>77. Actively defies or refuses to comply with adults' requests or rules</p> <p>78. Negative, hostile, or defiant behavior</p> <p>79. Argues with adults</p> <p>80. Touchy or easily annoyed by others</p> <p>81. Spiteful or vindictive</p>	<p>82. Blames others for his or her mistakes or misbehavior</p> <p>83. Loses temper</p> <p>84. Deliberately annoys people</p> <p>85. Angry and resentful</p>
<p>86. Often feel warm when others feel fine or they feel cold</p> <p>87. Feel tired during the day</p> <p>88. Problems with dry skin</p> <p>89. Problems with chronic anxiety or tension</p>	<p>90. Feel cold when others feel fine or are warm</p> <p>91. Problems with brittle or dry hair</p> <p>92. Problems with sweating</p>
<p>93. Problems with social relatedness before the age of 5, either by failing to respond appropriately to others or becoming indiscriminately attached to others</p>	<p>94. Multiple caregivers before age 5</p> <p>95. Frequent feelings that someone or something is out to hurt you.</p>
<p>95. Passage of feces in inappropriate places (i.e., clothing or floor)</p> <p>96. Failure to speak in specific social situations (in which there is an expectation for speaking, e.g., at school) despite speaking in other situations</p>	<p>97. Bed wetting</p> <p>98. Stutters</p>
<p>99. Involuntary motor tics (such as eye blinking, shoulder shrugging, head jerking or picking) Present since? _____ How often? _____ Describe: _____</p> <p>100. Repetitive, seemingly driven motor behavior (e.g., hand shaking or waving, body rocking, head banging, mouthing of objects, self-biting, picking at skin or bodily orifices, hitting own body) that interferes with normal activities or results in self-inflicted bodily injury that requires medical treatment or preventative measures</p>	<p>101. Involuntary vocal sounds or verbal tics (such as coughing, puffing, blowing, whistling, swearing) Present since? _____ How often? _____ Describe: _____</p> <p>102. Frequent feelings that someone or something is out to hurt you</p>

<p>103. Delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)</p> <p>104. Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level</p>	<p>105. In individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation</p> <p>106. Repetitive use of language or odd language</p>
<p>107. Lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest)</p> <p>108. Failure to develop peer relationships appropriate to developmental level</p>	<p>109. Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction</p> <p>110. Lack of social or emotional reciprocity</p>
<p>111. Repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole body movements)</p> <p>112. Rigid adherence to specific, nonfunctional routines or rituals</p>	<p>113. Preoccupation with an area that is abnormal either in intensity or focus</p> <p>114. Persistent preoccupation with parts of objects</p>

Form Completed by:

Parent Guardian Child Other

Date

