

Name:

Date of Birth:

ADOLESCENT SYMPTOMS CHECKLIST (11-17yrs)

Please mark all of the symptoms that currently apply. Rate the severity of symptoms utilizing the following scale:

0 = None/Not Applicable **1 = Mild** **2 = Mild/Moderate** **3 = Moderate** **4 = Moderate/Severe** **5 = Severe/Extreme**

ATTENTION

I make careless mistakes	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
I have a poor attention span	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
I don't listen	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
I don't finish tasks	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
I have problems organizing	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
I avoid tasks that require me to focus	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
I often lose things	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
I get easily distracted	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
I have trouble remembering	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
I am often fidgety or squirmy	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
I leave my seat when I need to sit	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
I am on the go or feel driven	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
I am restless more than usual	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
I talk all the time	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
I have a problem waiting my turn	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
I interrupt	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

MOOD

0 = None/Not Applicable **1 = Mild** **2 = Mild/Moderate** **3 = Moderate** **4 = Moderate/Severe** **5 = Severe/Extreme**

I experience weight/appetite changes	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
I experience energy level changes	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
I have difficulty sleeping	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
I have difficulty concentrating	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
I experience crying spells	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

I have loss of interest/pleasure	<input type="radio"/>	0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>	5
I have feelings of hopelessness	<input type="radio"/>	0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>	5
I have guilty feelings	<input type="radio"/>	0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>	5
I isolate myself	<input type="radio"/>	0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>	5
I have low self-esteem/self-hate	<input type="radio"/>	0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>	5
I give things away more than usual	<input type="radio"/>	0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>	5
I have suicidal thoughts	<input type="radio"/>	0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>	5
I have attempted suicide	<input type="radio"/>	0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>	5
I had or do have a suicide plan	<input type="radio"/>	0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>	5
I hurt myself	<input type="radio"/>	0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>	5
I often think about death/hurting people	<input type="radio"/>	0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>	5
I have outbursts of rage	<input type="radio"/>	0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>	5
I see or hear things that others don't	<input type="radio"/>	0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>	5
I sometimes talk too fast or have racing thoughts	<input type="radio"/>	0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>	5
I think I'm the smartest/best person in the world	<input type="radio"/>	0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>	5

OPPOSITIONAL BEHAVIORS

	0 = None/Not Applicable	1 = Mild	2 = Mild/Moderate	3 = Moderate	4 = Moderate/Severe	5 = Severe/Extreme						
I am touchy or easily annoyed	<input type="radio"/>	0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>	5
I argue	<input type="radio"/>	0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>	5
I am defiant	<input type="radio"/>	0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>	5
I feel angry	<input type="radio"/>	0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>	5
I throw tantrums	<input type="radio"/>	0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>	5
I bother others on purpose	<input type="radio"/>	0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>	5
I am spiteful or mean	<input type="radio"/>	0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>	5
I blame others for my own mistakes	<input type="radio"/>	0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>	5

ANXIETY/WORRY

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I worry something terrible will happen to myself, my friends or my family	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
I often refuse or am reluctant to go places without friends or family	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
I avoid being alone	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
I have nightmares about being separated from friends or family	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
I experience physical symptoms when I have to separate from friends/family	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
I worry about my parent(s) leaving	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
I am fearful of new situations, people or things	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
I feel a need to repeat certain behaviors (counting, cleaning, organizing, hand washing, etc.)	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
I worry too much about everyday things	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
I fear or worry about social situations	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
I experience intrusive memories	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
I experience recurrent distressing dreams	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
I experience recurrent flashbacks	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
I am very easily startled	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Sometimes my mind goes blank	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
I experience episodes of lost time	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
I fantasize or daydream excessively	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

CONDUCT

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I am absent a lot	<input type="checkbox"/>	History	<input type="checkbox"/>	Current
I run away from home	<input type="checkbox"/>	History	<input type="checkbox"/>	Current
I skip school	<input type="checkbox"/>	History	<input type="checkbox"/>	Current
I bully or threaten others	<input type="checkbox"/>	History	<input type="checkbox"/>	Current
I start fights	<input type="checkbox"/>	History	<input type="checkbox"/>	Current

I use weapons	<input type="checkbox"/>	History	<input type="checkbox"/>	Current
I am physically cruel to people/animals	<input type="checkbox"/>	History	<input type="checkbox"/>	Current
I steal from people	<input type="checkbox"/>	History	<input type="checkbox"/>	Current
I steal when no one is looking	<input type="checkbox"/>	History	<input type="checkbox"/>	Current
I make people do sexual things with me	<input type="checkbox"/>	History	<input type="checkbox"/>	Current
I deliberately set fires	<input type="checkbox"/>	History	<input type="checkbox"/>	Current
I break the law	<input type="checkbox"/>	History	<input type="checkbox"/>	Current

Further comments about any of the above:

Signature: _____

Date: _____