



Symptom Checklist for TEENS/CHILDREN

Please note that the responses you provide here are protected as confidential information.

Check any of the following symptoms that your teen/child is currently experiencing.

<input type="checkbox"/> Bullies other children	____/____	<input type="checkbox"/> Insists on things remaining the same	____/____
<input type="checkbox"/> Frequently seems disorganized	____/____	<input type="checkbox"/> Emotional reactions are inappropriate to the situation	____/____
<input type="checkbox"/> Frequently lies or steals	____/____	<input type="checkbox"/> Reports seeing/hearing things that others cannot	____/____
<input type="checkbox"/> Sets fires or breaks into houses	____/____	<input type="checkbox"/> Needs a great deal of assistance with eating, dressing or bathing	____/____
<input type="checkbox"/> Does not seem to care about others' feelings	____/____	<input type="checkbox"/> Stutters	____/____
<input type="checkbox"/> Refuses to talk even though can speak and understand language	____/____	<input type="checkbox"/> Goes back and forth between groups of friends	____/____
<input type="checkbox"/> Unable to choose career	____/____	<input type="checkbox"/> Has joined numerous groups (e.g. religious cults)	____/____
<input type="checkbox"/> Seems unsure of who s/he is and where s/he is heading in life	____/____	<input type="checkbox"/> Seems self-conscious about his/her body	____/____
<input type="checkbox"/> Acts more like an adult than a child	____/____	<input type="checkbox"/> Frequently has bruises, cuts, or burns	____/____
<input type="checkbox"/> Gets picked on by other kids	____/____	<input type="checkbox"/> Withdrawn, prefers to be alone	____/____
<input type="checkbox"/> Is excitable	____/____	<input type="checkbox"/> Can't wait for his/her turn in a game	____/____
<input type="checkbox"/> Sulks or pouts	____/____	<input type="checkbox"/> Blurts out answers before hearing whole question	____/____
<input type="checkbox"/> Has problems showing or accepting love	____/____	<input type="checkbox"/> Can't follow instructions well	____/____
<input type="checkbox"/> Has attempted suicide or had suicidal ideas	____/____	<input type="checkbox"/> Goes from one thing to another without finishing	____/____
<input type="checkbox"/> Daydreams or stares "into space"	____/____	<input type="checkbox"/> Can't play quietly when asked	____/____
<input type="checkbox"/> Thinking seems sluggish	____/____	<input type="checkbox"/> Talks excessively	____/____
<input type="checkbox"/> Takes a long time to start a task	____/____	<input type="checkbox"/> Interrupts or intrudes on others	____/____
<input type="checkbox"/> Tries to get back at others	____/____	<input type="checkbox"/> Doesn't listen to what is being said to him/her	____/____
<input type="checkbox"/> Swears or uses obscene language	____/____	<input type="checkbox"/> Loses things (books, toys, pencils, assignments)	____/____
<input type="checkbox"/> Loses temper	____/____	<input type="checkbox"/> Does dangerous things (e.g., runs into street, etc.)	____/____
<input type="checkbox"/> Argues with adults	____/____	<input type="checkbox"/> Blames others for own mistakes	____/____
<input type="checkbox"/> Is angry and resentful	____/____		
<input type="checkbox"/> Refuse adult requests or rules	____/____		
<input type="checkbox"/> Does things to annoy people	____/____		
<input type="checkbox"/> Is touchy or easily annoyed by others	____/____		

PAPERWORK SHREDDED AFTER 90 DAYS IF NO APPOINTMENT IS MADE FOR COUNSELING.

*Below this line is for office use only*

Columns: F = Frequency (D=Day W=Week M=Month)  
I = Intensity Rating Scale 1 to 10 (high)