

**Child Symptom Screener** (Please give only one answer to EVERY question)

Directions for questions 1-55: Each rating should be considered in the context of what is appropriate for the age of the child. When completing these 55 questions, please think about the child's behaviors in the past **6 months**.

	<b>Was on Medication</b>	<b>Was Not on Medication</b>	<b>Not Sure?</b>
Is this evaluation based on a time when the child			

	<b>Never</b>	<b>Occasionally</b>	<b>Often</b>	<b>Very Often</b>
1. Does not pay attention to details or makes careless mistakes with, for example, homework				
2. Has difficulty keeping attention to what needs to be done				
3. Does not seem to listen when spoken to directly				
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)				
5. Has difficulty organizing tasks and activities				
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort				
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)				
8. Is easily distracted by noises or other stimuli				
9. Is forgetful in daily activities				
10. Fidgets with hands or feet or squirms in seat				
11. Leaves seat when remaining seated is expected				
12. Runs about or climbs too much when remaining seated is expected				
13. Has difficulty playing or beginning quiet play activities				
14. Is "on the go" or often acts as if "driven by a motor"				
15. Talks too much				
16. Blurts out answers before questions have been completed				
17. Has difficulty waiting his or her turn				
18. Interrupts or intrudes in on others' conversations and/or activities				
19. Argues with adults				
20. Loses temper				
21. Actively defies or refuses to go along with adults' requests or rules				
22. Deliberately annoys people				
23. Blames others for his or her mistakes or misbehaviors				
24. Is touchy or easily annoyed by others				
25. Is angry or resentful				
26. Is spiteful and wants to get even				
27. Bullies, threatens, or intimidates others				
28. Starts physical fights				
29. Lies to get out of trouble or to avoid obligations (i.e., "cons" others)				
30. Is truant from school (skips school) without permission				

					62. Complains of headache
					61. Moves slowly
					60. Cries often
					59. Unable to make up his/her mind
					58. Appears happy
					57. Pouts and sulks
					56. Complains of stomach aches
	Very Much	Pretty Much	Sometimes	Not at All	
	All the Time				

Directions for questions 56-93: Please select the answer that best describes your child.

					55. Participation in organized activities (e.g., teams)
					54. Relationship with peers
					53. Relationship with siblings
					52. Relationship with parents
					51. Mathematics
					50. Writing
					49. Reading
					48. Overall school performance
	Problematic	Somewhat of a Problem	Average	Above Average	Excellent

					47. Is self-conscious or easily embarrassed
					46. Is sad, unhappy, or depressed
					45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"
					44. Blames self for problems, feels guilty
					43. Feels worthless or inferior
					42. Is afraid to try new things for fear of making mistakes
					41. Is fearful, anxious, or worried
					40. Has forced someone into sexual activity
					39. Has run away from home overnight
					38. Has stayed out at night without permission
					37. Has broken into someone else's home, business, or car
					36. Has deliberately set fires to cause damage
					35. Is physically cruel to animals
					34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)
					33. Deliberately destroys others' property
					32. Has stolen things that have value
					31. Is physically cruel to people
	Very Often	Often	Occasionally	Never	

	Not at All	Sometimes	Pretty Much	Very Much	All the Time
63. Demonstrates slow speech					
64. Spends more time with adults					
65. Talks a lot					
66. Spends time alone in room					
67. Carefree in spirit					
68. Self critical					
69. Finds it difficult to leave parents					
70. Enjoys new situations					
71. Forgetful					
72. Easily frustrated					
73. Tires easily					
74. Gets angry					
75. Hostile to others					
76. Sullen/Gloomy					
77. Bowel problems					
78. Cheerful in nature					
79. Nausea or vomiting					
80. Temper outbursts					
81. Neat appearance					
82. Suicidal thoughts					
83. Eats poorly					
84. Falls asleep well					
85. Refuses to go to school					
86. Leaves school - "hooks"					
87. Moody or irritable					
88. Talks about fear of parents dying					
89. Works on tasks enthusiastically					
90. Sleeps through the night					
91. Awakens in morning earlier than necessary					
92. Needs help from adults					
93. Generally outgoing					

Directions for questions 94-134: Below is a list of sentences that describe how people feel. Read each phrase and decide if it is "Not True or Hardly Ever True" or "Somewhat True or Sometimes True" or "Very True or Often True" for your child. Then, for each statement, select the response that seems to describe your child for the last 3 months. Please respond to all statements as well as you can, even if some do not seem to concern your child.

	Not True or Hardly Ever True	Somewhat True or Sometimes True	Very True or Often True
94. When my child feels frightened, it is hard for him/her to breathe			
95. My child gets headaches when he/she is at school			

Very True or Often True	Somewhat True or Sometimes True	Not True or Hardly Ever True	
			96. My child doesn't like to be with people he/she doesn't know well.
			97. My child gets scared if he/she sleeps away from home
			98. My child worries about other people liking him/her
			99. When my child gets frightened, he/she feels like passing out
			100. My child is nervous
			101. My child follows me wherever I go
			102. People tell me that my child looks nervous
			103. My child feels nervous with people he/she doesn't know well
			104. My child gets stomachaches at school
			105. When my child gets frightened, he/she feels like he/she is going crazy
			106. My child worries about sleeping alone
			107. My child worries about being as good as other kids
			108. When my child gets frightened, he/she feels like things are not real
			109. My child has nightmares about something bad happening to his/her parents
			110. My child worries about going to school
			111. When my child gets frightened, his/her heart beats fast
			112. My child gets shaky
			113. My child has nightmares about something bad happening to him/her
			114. My child worries about things working out for him/her
			115. When my child gets frightened, he/she sweats a lot
			116. My child is a worrier
			117. My child gets really frightened for no reason at all
			118. My child is afraid to be alone in the house
			119. It is hard for my child to talk with people he/she doesn't know well
			120. When my child gets frightened, he/she feels like he/she is choking
			121. People tell me that my child worries too much
			122. My child doesn't like to be away from his/her family
			123. My child is afraid of having anxiety (or panic) attacks
			124. My child worries that something bad might happen to his/her parents
			125. My child feels shy with people he/she doesn't know well
			126. My child worries about what is going to happen in the future
			127. When my child gets frightened, he/she feels like throwing up

	Not True or Hardly Ever True	Somewhat True or Sometimes True	Very True or Often True
128. My child worries about how well he/she does things			
129. My child is scared to go to school			
130. My child worries about things that have already happened			
131. When my child gets frightened, he/she feels dizzy			
132. My child feels nervous when he/she is with other children or adults and he/she has to do something while they watch him/her (e.g., read aloud, speak, play a game, play a sport)			
133. My child feels nervous when he/she is going to parties, dances, or any place where there will be people that he/she doesn't know well			
134. My child is shy			

Directions for questions 135-146: Please select "yes" or "no" for each question.

	Yes	No
135. Does your child have thoughts or obsessions about which they can't stop thinking? Obsessions are thoughts, ideas, or pictures that keep coming into your child's mind even though he or she does not want them to.		
136. Does your child have compulsions or habits which they can't stop doing? Compulsions are things that your child feels he or she has to do although he or she may know they do not make sense.		
137. Has your child ever experienced any of the following traumatic events: natural disaster (e.g., flood, hurricane, tornado, earthquake), fire, explosion, or industrial accident; transportation accident (e.g., car accident, plane crash); physical assault (e.g., being attacked, beaten up); sexual assault (e.g., rape, attempted rape, made to perform any type of sexual act through force or threat of harm); captivity or exposure to a war-zone; life-threatening illness or injury; sudden, unexpected death of or injury to someone close to them; or serious injury, harm, or death to someone else that they witnessed or caused?		
138. Has your child had any unusual experiences such as: hearing voices, seeing visions, having ideas they later found out were not true, mind reading, ESP, thoughts being controlled by others, or seeing things on TV that they think refer to them specifically?		
139. Are you concerned your child has been drinking alcohol?		
140. Are you concerned your child has been using marijuana, illegal drugs, or prescription medications for non-medical reasons?		
141. Are you concerned about your child's overall level of development?		
142. Are you concerned about your child's development in the areas of speech and language?		
143. Are you concerned about your child's learning development in the areas of mathematics, reading, etc.?		
144. Has your child had problems with social interactions (e.g., eye contact, social reciprocity, making and keeping friends); social communications (e.g., delays in language, inability to initiate or sustain a conversation, echolalia); or restricted repetitive and stereotyped patterns of behavior, interests, and activities (e.g., hand or finger flapping; rigid, perseverative play)?		
145. Has your child had any problems with enuresis (bed-wetting)?		
146. Has your child had any problems with encopresis (fecal incontinence)?		