



SYMPTOM CHECKLIST FOR CHILDREN & ADOLESCENTS

NAME: _____

DATE: _____

Please circle the answer that describes the level you experience for each of the following symptoms:

| <u>Symptoms</u> | <u>Always</u> | <u>Often</u> | <u>Sometimes</u> | <u>Seldom</u> | <u>Never</u> |
|---------------------------------------|---------------|--------------|------------------|---------------|--------------|
| Persistent feelings of sadness | 4 | 3 | 2 | 1 | 0 |
| Crying spells | 4 | 3 | 2 | 1 | 0 |
| Increased irritability | 4 | 3 | 2 | 1 | 0 |
| Feelings of worthlessness | 4 | 3 | 2 | 1 | 0 |
| Loss of interest in usual activities | 4 | 3 | 2 | 1 | 0 |
| Outbursts of anger | 4 | 3 | 2 | 1 | 0 |
| Insomnia – not able to sleep | 4 | 3 | 2 | 1 | 0 |
| Unusual desire for sleep | 4 | 3 | 2 | 1 | 0 |
| Decreased energy | 4 | 3 | 2 | 1 | 0 |
| Poor concentration or indecision | 4 | 3 | 2 | 1 | 0 |
| Loss of appetite | 4 | 3 | 2 | 1 | 0 |
| Increased appetite | 4 | 3 | 2 | 1 | 0 |
| Decrease in friendships | 4 | 3 | 2 | 1 | 0 |
| | | | | | |
| Mood swings | 4 | 3 | 2 | 1 | 0 |
| Hyper behavior | 4 | 3 | 2 | 1 | 0 |
| Out of control spending | 4 | 3 | 2 | 1 | 0 |
| Increased sexual activity | 4 | 3 | 2 | 1 | 0 |
| | | | | | |
| Thoughts of suicide | 4 | 3 | 2 | 1 | 0 |
| Self-mutilating thoughts or behaviors | 4 | 3 | 2 | 1 | 0 |
| Provocative behavior | 4 | 3 | 2 | 1 | 0 |
| | | | | | |
| Anxiety or nervousness | 4 | 3 | 2 | 1 | 0 |
| Phobias | 4 | 3 | 2 | 1 | 0 |
| Fear of being alone | 4 | 3 | 2 | 1 | 0 |
| Avoiding people or social functions | 4 | 3 | 2 | 1 | 0 |

| <u>Symptoms</u> | <u>Always</u> | <u>Often</u> | <u>Sometimes</u> | <u>Seldom</u> | <u>Never</u> |
|---|---------------|--------------|------------------|---------------|--------------|
| Obsessive thoughts or worries | 4 | 3 | 2 | 1 | 0 |
| Feeling compelled to do certain things | 4 | 3 | 2 | 1 | 0 |
| Unusual habits | 4 | 3 | 2 | 1 | 0 |
| Intrusive negative or horrible thoughts | 4 | 3 | 2 | 1 | 0 |
| Low self-esteem | 4 | 3 | 2 | 1 | 0 |
| Feelings of inferiority or shame | 4 | 3 | 2 | 1 | 0 |
| Guilty conscience | 4 | 3 | 2 | 1 | 0 |
| Loneliness | 4 | 3 | 2 | 1 | 0 |
| Perfectionism | 4 | 3 | 2 | 1 | 0 |
| Fear of rejection | 4 | 3 | 2 | 1 | 0 |
| Sensitivity to criticism | 4 | 3 | 2 | 1 | 0 |
| Jealousy | 4 | 3 | 2 | 1 | 0 |
| Trouble getting along with others | 4 | 3 | 2 | 1 | 0 |
| Problems at school | 4 | 3 | 2 | 1 | 0 |
| Fear of "going crazy" | 4 | 3 | 2 | 1 | 0 |
| Suspiciousness | 4 | 3 | 2 | 1 | 0 |
| Hallucinations | 4 | 3 | 2 | 1 | 0 |
| Feeling of unreality | 4 | 3 | 2 | 1 | 0 |
| Headaches | 4 | 3 | 2 | 1 | 0 |
| Stomach trouble | 4 | 3 | 2 | 1 | 0 |
| Heart palpitations | 4 | 3 | 2 | 1 | 0 |
| Chest pain | 4 | 3 | 2 | 1 | 0 |
| Tingling or numbness | 4 | 3 | 2 | 1 | 0 |
| Seizures or convulsions | 4 | 3 | 2 | 1 | 0 |
| Dizziness or fainting spells | 4 | 3 | 2 | 1 | 0 |
| Quality sleep | 4 | 3 | 2 | 1 | 0 |
| Overeating | 4 | 3 | 2 | 1 | 0 |
| Binging | 4 | 3 | 2 | 1 | 0 |
| Purging | 4 | 3 | 2 | 1 | 0 |
| Negative body image | 4 | 3 | 2 | 1 | 0 |
| Lustful thoughts | 4 | 3 | 2 | 1 | 0 |
| Viewing pornography | 4 | 3 | 2 | 1 | 0 |
| Alcohol abuse | 4 | 3 | 2 | 1 | 0 |
| Illegal drug use | 4 | 3 | 2 | 1 | 0 |
| Abuse of prescription drugs | 4 | 3 | 2 | 1 | 0 |