

Adolescent symptom inventory - Parent checklist 12-18 years

Youth's Name	Date of birth	Age
Name of School	Today's Date	Male/Female

Name of person completing this form: _____

Relationship to this youth: (e.g. Parent, teacher, counselor): _____

Is youth receiving special education? Please circle YES NO

If "yes" what special education services (resource room, speech therapy, counseling, etc.): _____

Do you have any concerns about this youth's behavior? (If "yes" please specify): _____

Age when behavior or emotional problems first began: _____

Have you sought help for these problems before? (If "yes" please specify): _____

Is youth currently receiving medication for an emotional or behavioral problem? Please circle YES NO

If youth is taking medication please specify name(s): _____

Directions: Check which rating best describes this child's overall behavior in or around school. Answer each question to the best of your ability.

CATEGORY A	NEVER	SOMETIMES	OFTEN	VERY OFTEN
Fails to give close attention to details or makes careless mistakes				
Has difficulty paying attention to tasks or play activities				
Does not seem to listen when spoken to directly				
Has difficulty following through on instructions and fails to finish things				
Has difficulty organizing tasks and activities				
Avoids doing tasks that require a lot of mental effort (Schoolwork, Homework, ETC)				
Loses things necessary for activities				
Is easily distracted by other things going on				
Is forgetful in daily activities				

CATEGORY B	NEVER	SOMETIMES	OFTEN	VERY OFTEN
Plays hookey from school				
Stays out at night when not supposed to				
Lies to get things or to avoid responsibility ("cons" others)				
Bullies, threatens or intimidates others				
Starts physical fights				
Has run away from home overnight				
Has stolen things when others are not looking (e.g. Shoplifting)				
Has deliberately destroyed other's property				
Has deliberately started fires				
Has stolen things from others using physical force (e.g. purse snatching, mugging)				
Has broken into someone else's house, building or car				
Has used a weapon when fighting (bat, bottle, knife, etc)				
Has been physically cruel to animals				
Has been physically cruel to people				
Has forced someone into sexual activity				
Is impulsive or doesn't plan ahead				
Acts reckless with no concern for safety of self or others				
Irresponsible when it comes to school, work, or money				
Does not seem to care about pain or suffering he/she causes to other people				

CATEGORY C	NEVER	SOMETIMES	OFTEN	VERY OFTEN
Loses temper				
Argues with adults				
Defies or refuses what you tell him/her to do				
Does things to deliberately annoy others				
Blames others for own misbehavior or mistakes				
Is touchy or easily annoyed by others				
Is angry and resentful				
Takes anger out on others or tries to get even				

CATEGORY D	NEVER	SOMETIMES	OFTEN	VERY OFTEN
Is overly concerned about abilities in academic, athletic or social activities				
Has difficulty controlling worries				
Acts restless or edgy				
Is irritable for most of the day				
Is extremely tense or unable to relax				
Has difficulty falling asleep or staying asleep				

CATEGORY E	NEVER	SOMETIMES	OFTEN	VERY OFTEN
Is overly fearful of (or tries to avoid) specific objects or stimulations (animals, heights, storms, going places alone, being "trapped", etc.)				
Complains about heart pounding, shortness of breath, feeling dizzy, trembling or fear of dying				
Cannot get distressing thoughts out of his/her mind (worries about germs or doing things perfectly, etc.)				
Feels compelled to perform unusual habits (hand washing, checking locks, repeating things a set number of times)				
Has experienced an extremely upsetting event and continues to be bothered by it				
Has distressing memories or dreams about an extremely upsetting event				
Makes twitching or jerking movements for no apparent reason (eye blinking, nose twitching, grimacing, lip licking, head jerking, etc.)				
Makes vocal sounds for no apparent reason (coughing, throat clearing, sniffing, grunting, etc.)				
Complains about physical problems (headaches, upset stomach, etc.) for which there is no apparent cause				
Worries about physical health				

CATEGORY F	NEVER	SOMETIMES	OFTEN	VERY OFTEN
Is more anxious in social situations than most other youths				
Is excessively shy with peers				

CATEGORY G	NEVER	SOMETIMES	OFTEN	VERY OFTEN
Gets very upset when he/she expects to be separated from home or parents				
Worries that parents will be hurt or leave home and not come back				
Worries that some disaster (getting lost, kidnapped, etc.) will separate him/her from parents				
Tries to avoid going to school in order to stay home with parents				
Worries about being left at home alone				
Afraid to go to sleep unless near parent				
Has nightmares about being separated from parent				
Complains about feeling sick when he/she expects to be separated from home or parents				

CATEGORY H	NEVER	SOMETIMES	OFTEN	VERY OFTEN
Prefers to be alone rather than with friends or family				
Shows little interest in having close relationships				
Is emotionally cold or indifferent toward people				

CATEGORY I	NEVER	SOMETIMES	OFTEN	VERY OFTEN
Has strange ideas or beliefs that are not real (Child's food is poisoned, people are trying to get him/her ETC.)				
Had auditory hallucinations - Hears voices talking to or telling him/her to do things				
Has extremely strange and illogical thoughts or ideas				
Laughs/cries at inappropriate times or shows no emotion in situations where most others of same age would react				
Does extremely odd things (Excessive preoccupation with fantasy friends, talk to self in a strange way, ETC.)				

CATEGORY J	NEVER	SOMETIMES	OFTEN	VERY OFTEN
Wets bed at night				
Wets or soils underwear during daytime hours				

Does this youth have periods lasting at least several days where he/she does the following?

CATEGORY K	NEVER	SOMETIMES	OFTEN	VERY OFTEN
Is depressed for most of the day				
Shows little interest in (or enjoyment of) pleasurable activities				
Talks about death or suicide				
Feels worthless or guilty				
Has low energy level or is tired for no apparent reason				
Has little confidence or feels inferior to others				
Feels that things never work out right				

Circle YES or NO

Has experienced a big change in his/her normal appetite or weight	NO	YES
Has experienced a big change in his/her normal sleeping habits – trouble sleeping or sleeps too much	NO	YES
Has experienced a big change in his/her normal activity level – overactive or inactive	NO	YES
Has experienced a big change in his/her ability to concentrate or make decision	NO	YES
Has experienced a big drop in school grades or schoolwork	NO	YES
Has become more sensitive or tearful than usual	NO	YES
Has experienced a very stressful event such as parent divorce, death of a friend or relative, serious illness	NO	YES

Does this youth have periods lasting at least several days where he/she does the following?

CATEGORY L	NEVER	SOMETIMES	OFTEN	VERY OFTEN
Is much more cheerful than usual				
Is much more irritable or explosive than usual				
Becomes much more active or busy than usual				
Needs far less sleep than usual				
Is much more talkative than usual				
Is far more distractible than usual				
Does far more reckless or silly things than usual				
Switches rapidly from one topic or another				
Believes that he/she has special abilities or can do things that are obviously unrealistic				



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Name: _____ Gender: _____ Age: _____ Date: _____

Completed by: _____ Relation to Patient: _____

For each item, check the column which best describes this child:

	Not At All	Just A Little	Quite A Bit	Very Much
1.Often fails to give close attention to detail or makes careless mistakes in work or tasks				
2.Often has difficulty sustaining attention in tasks or activities				
3.Often does not seem to listen when spoken to directly				
4.Often does not follow through on instructions and fails to finish work, chores, or duties				
5.Often has difficulty organizing tasks and activities				
6.Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort				
7.Often loses things necessary for activities (e.g., day timer, books, equipment)				
8.Often is distracted by extraneous stimuli				
9.Often is forgetful in daily activities				
1.Often fidgets with hands or feet or squirms in seat				
2.Often leaves seat in situations in which remaining seated is expected				
3.Often runs about or climbs excessively in situations in which it is inappropriate				
4.Often has difficulty engaging in leisure activities quietly				
5.Often is "on the go" or often acts as if "driven by a motor"				
6.Often talks excessively				
7.Often blurts out answers before questions have been completed				
8.Often has difficulty awaiting turn				
9.Often interrupts or intrudes on others (e.g., butts into conversations/games)				
1.Often loses temper				
2.Often argues with family, friends, co-workers, supervisors				
3.Often actively defies or refuses requests or rules				
4.Often deliberately does things that annoy others people				
5.Often blames others for his or her mistakes or misbehavior				
6.Often touchy or easily annoyed by others				
7.Often is angry and resentful				
8.Often is spiteful or vindictive				
1.Has difficulty getting started on work, tasks or assignments				
2.Has difficulty staying on task				
3.Has problems in completion of work in relation to tasks or assignments				
4.Has problems in accuracy or neatness of written work				
5.Has difficulty attending to a group activity or discussion				
6.Has difficulty making transitions to the next topic or task				
7.Has problems in interactions with family, peers or co-workers				
8.Has problems in interactions with supervisors				
9.Has difficulty remaining quiet or behaving appropriately according to office rules				
10.Has difficulty staying seated according to office rules				
Comments:				
Change on medication? What are the child's strengths? What is your main concern?				

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*Denotes Incorporation