

CHILD SYMPTOM INVENTORY – PARENT CHECKLIST AGES 5-12 YEARS

Child's Name	Gender	Date of Birth	Age
School		Grade	Today's Date
Name of person Completing form		Relation to Child	

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

CATEGORY A	NEVER	SOMETIMES	OFTEN	VERY OFTEN
Fails to give close attention to detail 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				
Fidgets with hands or feet or squirms in seat				
Has difficulty remaining seated when asked to do so				
Runs about or climbs on things when asked not to do so				
Has difficulty playing quietly				
Is "on the go" or acts as if "driven by a motor"				
Talks excessively				
Blurts out answers to questions before they have been completed				
Has difficulty awaiting turn in group activities				
Interrupts people or butts into other children's activities				

CATEGORY B	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 C	NEVER	SOMETIMES	OFTEN	VERY OFTEN
Plays hooky from school				
Lies to get things or avoids responsibility				
Bullies, threatens or intimidates others				
Starts physical fights				
Has stolen things when others were not looking				
Has deliberately destroyed others property				
Has stolen things from others using physical force				
Has used a weapon when fighting (bat, brick, bottle, etc)				
Has been physically cruel to people				
CATEGORY D	NEVER	SOMETIMES	OFTEN	VERY OFTEN
Is over 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				

CATEGORY E	NEVER	SOMETIMES	OFTEN	VERY OFTEN
Shows excessive fear to specific objects or situations (Animals, heights, storms, insects, etc.)				
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 or times.				
Has experienced an extremely upsetting event and continues to be bothered by it				
Makes vocal sounds for no apparent reason (coughing, Throat clearing, sniffing, grunting, etc.)				

CATEGORY F	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 or 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 G	NEVER	SOMETIMES	OFTEN	VERY OFTEN
Is depressed for most of the day				
Shows little interest in (or enjoyment of) pleasurable activities				
Has recurrent thoughts of death and suicide				
Feels worthless or guilty				
Has low energy level or is tired for no apparent reason				
Has little confidence or is very self conscious				
Feels that things never work out right				

Has experienced a big change in his/her normal appetite or weight (circle Yes or No)	NO	YES
Has experienced a big change in his/her normal sleeping Habits – cannot sleep or sleeps too much (circle Yes or No)	NO	YES
Has experienced a big change in his/her normal activity level - overactive or inactive (circle Yes or No)	NO	YES
Has experienced a big change in his/her ability to concentrate (circle Yes or No)	NO	YES
Has experienced a big drop in school grades or schoolwork (circle Yes or No)	NO	YES

CATEGORY H	NEVER	SOMETIMES	OFTEN	VERY OFTEN
Has a peculiar way of relating to others (avoids eye contact, odd facial expressions or gestures, etc.)				
Does not play or relate well with other children				
Not interested in making friends				

	NEVER	SOMETIMES	OFTEN	VERY OFTEN
Is unaware or takes no interest in other people's feelings				
Has a significant problem with language				
Has difficulty making socially appropriate conversation				
Talks in a strange way (repeats what others say, confuses words like "you" and "I", uses odd words or phrases, etc)				
In unable to "pretend" or "make believe" when playing				
Shows excessive preoccupation with one topic				
Gets very upset over small changes in routine or surroundings				
Makes strange repetitive movements (flapping arms etc)				
Has strange fascination for parts or objects				

CATEGORY I	NEVER	SOMETIMES	OFTEN	VERY OFTEN
Tries to avoid contact with strangers; abnormally shy				
Is excessively shy with peers				
Is generally warm and outgoing with family members and familiar adults				
When put in an uncomfortable social situation, child cries, freezes, or withdraws from interacting				

CATEGORY J	NEVER	SOMETIMES	OFTEN	VERY OFTEN
Gets very upset when child 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 child from parents				
Tries to avoid going to school to stay home with parent				
Worries about being left at home alone or with a sitter				
Afraid to go to school unless near parent				
Has nightmares about being separated from parent				
Complains about feeling sick when child expects to be separated from home or parents				
Wets bed at night				
Wets or soils underwear during daytime hours				

Other problems or comments: _____





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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