

## CHILD AND TEEN CHECKLIST

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship to Child \_\_\_\_\_

**Check each one you consider to be a significant problem for your child now or in the recent past and indicate the age the problem started. If there are any you do not understand, please discuss with the counselor/therapist.**

**IMPULSIVITY/OVERACTIVITY:** \_\_\_ fidgets \_\_\_ difficulties remaining seated \_\_\_ often talks too much \_\_\_ often restless when seated for too long \_\_\_ often is "on the go" or acts as if "driven by a motor" \_\_\_ difficulty working quietly \_\_\_ difficulty awaiting turn \_\_\_ often blurts out answers before questions have been completed \_\_\_ often interrupts others conversations and activities  
\_\_\_ Age Problem Started

**INATTENTION:** \_\_\_ fails to give close attention to details/makes careless mistakes in schoolwork or other boring activities \_\_\_ difficulty following instructions \_\_\_ difficulty keeping attention on what needs to be done \_\_\_ difficulty organizing tasks or activities \_\_\_ often avoids, dislikes, or does not want to start things that require ongoing mental effort (reading, homework, projects, etc.) \_\_\_ easily distracted \_\_\_ often forgetful \_\_\_ often does not listen \_\_\_ often loses things  
\_\_\_ Age Problem Started

### ANGRY/DEFIANT BEHAVIORS:

*Angry/Irritable Mood:* \_\_\_ often loses temper \_\_\_ often touchy or easily annoyed by others \_\_\_ often angry or resentful

*Argumentative/Defiant Behavior:* \_\_\_ often argues with adults \_\_\_ often **actively defies** or **refuses** adult requests or does not go by rules \_\_\_ often deliberately annoys other people \_\_\_ often blames others for own mistakes

*Vindictiveness:* \_\_\_ often spiteful or vindictive  
\_\_\_ Age Problem Started

### PROBLEMS WITH CONDUCT:

*Aggression to people and animals:* \_\_\_ often bullies, threatens or intimidates others \_\_\_ often initiates physical fights \_\_\_ has used a weapon that can cause serious physical harm to others (a bat, brick, broken bottle, knife, gun, etc.) \_\_\_ has been physically cruel to people \_\_\_ has been physically cruel to animals \_\_\_ has stolen while confronting a victim (mugging, purse snatching, extortion, armed robbery) \_\_\_ has forced someone into sexual activity

*Destruction of Property:* \_\_\_ has deliberately engaged in fire setting with the intention of causing serious damage \_\_\_ has deliberately destroyed others' property (other than by fire setting)

*Deceitfulness or Theft:* \_\_\_ has broken into someone else's house, building or car \_\_\_ often lies to obtain goods or favor or to avoid obligations (i.e., cons others) \_\_\_ has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering, forgery)

*Serious Violation of Rules:* \_\_\_ often stays out at night past curfew before age 13 \_\_\_ has run away from home overnight at least twice while living in parent's home, foster care or group home \_\_\_ is often truant from school before age 13  
\_\_\_ Age Problem Started

### ANXIETY ABOUT SEPARATION:

\_\_\_ inappropriate and excessive fear or anxiety when anticipating or experiencing separation from home or major attachment figures \_\_\_ excessive worry about possible harm to attachment figures or losing them \_\_\_ excessive worry about an event separating them from a major attachment figure (i.e., getting lost, being kidnapped, or having an accident) \_\_\_ reluctance or refusal to go out away from home because of fear of separation \_\_\_ excessive fear of or reluctance to being alone without major attachment figures \_\_\_ excessive fear or reluctance to sleep away from home or without a major attachment figure \_\_\_ repeated nightmares about separation \_\_\_ complaints such as headaches, stomachaches, nausea, vomiting, etc.

\_\_\_ Age Problem Started

**SOCIAL ANXIETY DISORDER:** \_\_\_ fear or anxiety in one or more situations around people (must include peers) in which the individual is exposed to possible judgment by others (having a conversation, meeting unfamiliar people, being observed eating or drinking, and performing in front of others) \_\_\_ individual fears he/she will act in a way that will be humiliating or embarrassing and will be rejected by others \_\_\_ the situations are avoided or endured with intense fear or anxiety  
\_\_\_ Age Problem Started

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**PECIFIC PHOBIAS:** (Is child very afraid of any of the following?) \_\_\_ animals or bugs \_\_\_ going outside alone \_\_\_ crowds \_\_\_ shots at Dr's office \_\_\_ being in a small place (elevator, closet, etc.) \_\_\_ heights \_\_\_ going swimming or being near rivers, lakes or the ocean \_\_\_ fire \_\_\_ the dark \_\_\_ thunderstorms \_\_\_ lightning \_\_\_ tornadoes \_\_\_ going through tunnels or crossing bridges \_\_\_ being on an airplane \_\_\_ fear/anxiety keeps them from sleeping, going to school, doing schoolwork, playing, doing activities or other things they want to do  
\_\_\_ Age Problem Started

**PANIC ATTACKS:** \_\_\_ rapid heartbeat \_\_\_ sweating \_\_\_ trembling \_\_\_ shortness of breath \_\_\_ feeling of choking \_\_\_ chest pain \_\_\_ nausea \_\_\_ dizziness, lightheadedness or feeling faint \_\_\_ feeling things are not real or being detached from themselves \_\_\_ fear of losing control or going crazy \_\_\_ fear of dying \_\_\_ chills or hot flashes \_\_\_ numbness or tingling  
\_\_\_ Age Problem Started How Often \_\_\_\_\_

**GENERALIZED ANXIETY:** \_\_\_ excessive anxiety and worry occurring more often than not for at least six months \_\_\_ child finds it difficult to control the worry \_\_\_ restlessness or feeling keyed up or on edge \_\_\_ easily fatigued \_\_\_ trouble with concentration \_\_\_ irritability \_\_\_ muscle tension \_\_\_ trouble with sleep  
\_\_\_ Age Problem Started

**POSTTRAUMATIC STRESS:** \_\_\_ has experienced a traumatic or life-threatening event (such as automobile accident, sexual abuse, tornado), or observed or learned something traumatic happened to a close family member or friend, or experiencing repeated or extreme exposure to traumatic events; i.e., military, policemen, firemen, etc.) \_\_\_ has recurrent thoughts or flashbacks of traumatic event \_\_\_ feels or acts as if the event is happening again \_\_\_ has recurrent dreams or nightmares of event \_\_\_ gets very upset when something reminds him/her of trauma \_\_\_ avoids thoughts and situations that remind him/her of the event \_\_\_ can't remember important aspects of the event \_\_\_ exaggerated negative beliefs and expectations and negative emotional state about oneself, others, and the world \_\_\_ loss of interest in and participation in activities \_\_\_ feels detached or estranged from family and friends \_\_\_ inability to experience positive emotions \_\_\_ irritability and angry outbursts \_\_\_ reckless or self-destructive behavior \_\_\_ is hypervigilant \_\_\_ has an exaggerated startle response \_\_\_ concentration difficulties \_\_\_ sleep difficulties \_\_\_ feels things are not real \_\_\_ feels numb or in a daze  
Age(s) when trauma occurred \_\_\_\_\_  
\_\_\_ Age Problems (Symptoms) Started

**OBSESSIVE-COMPULSIVE DISORDER:** \_\_\_ has thoughts, ideas or pictures that will not leave his/her mind (i.e., hands are dirty, they'll hurt someone, things have to be in certain order) \_\_\_ attempts to ignore or to put them out of mind but can't \_\_\_ repetitive behaviors (e.g., hand-washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the child feels driven to perform \_\_\_ child believes doing these things will make the situation better or will stop something bad from happening and reduces anxiety or distress \_\_\_ thoughts and behaviors take more than an hour a day and significantly interfere with the child's normal routines or social relationships with others  
\_\_\_ Age Problem Started \_\_\_ Number of times/day

**DEPRESSION:** \_\_\_ depressed or irritable mood most of day, nearly every day, for more than two weeks \_\_\_ depressed or irritable mood for most of day, more days than not, for one year or more \_\_\_ diminished pleasure in activities \_\_\_ decreased appetite \_\_\_ increased appetite \_\_\_ difficulties sleeping (\_\_\_ daily) \_\_\_ sleeping too much (\_\_\_ daily) \_\_\_ agitation or difficulties getting motivated \_\_\_ fatigue or loss of energy (\_\_\_ daily) \_\_\_ feelings of worthlessness or low self-esteem \_\_\_ diminished ability to think or concentrate or difficulties making decisions (\_\_\_ daily) \_\_\_ diminished pleasure in all or almost all activities on a daily basis \_\_\_ significant weight loss or weight gain \_\_\_ feelings of hopelessness \_\_\_ recurrent thoughts of death  
\_\_\_ Age Problem Started

**SUICIDAL THINKING:** \_\_\_ has thoughts of not wanting to live or wishing they were dead \_\_\_ says "I want to die" or "I wish I was dead" \_\_\_ has made specific plans to take their life \_\_\_ has attempted to take own life \_\_\_ how many times? \_\_\_ when was last time child had these thoughts or last time attempted to take life?  
\_\_\_ Age Problem Started

**SLEEP DIFFICULTIES:** \_\_\_ difficulties falling asleep \_\_\_ difficulties staying asleep \_\_\_ restless sleep \_\_\_ sleeping too much \_\_\_ sleeping during the daytime \_\_\_ night terrors \_\_\_ sleepwalking \_\_\_ frequent nightmares \_\_\_ sleep apnea (difficulty breathing)  
\_\_\_ Age Problem Started

**APPETITE DIFFICULTIES:** \_\_\_ increased appetite \_\_\_ decreased appetite \_\_\_ excessive weight gain \_\_\_ excessive weight loss \_\_\_ throws up after eating  
\_\_\_ Age Problem Started

**DISRUPTIVE MOOD DYSREGULATION**

**DISORDER:** \_\_\_ Severe recurrent verbal/behavioral rages grossly out of proportion to the situation \_\_\_ Temper outbursts are inconsistent with developmental (age) level \_\_\_ Temper outbursts occur on average three or more times per week Behavior is present in \_\_\_home, \_\_\_school, \_\_\_with peers \_\_\_ Mood between outbursts is persistently irritable/angry most of the day, nearly every day \_\_\_Age Problem Started

**MOOD DISORDER:** \_\_\_periods of elevated, expansive, or irritable moods with increased energy and activity During these periods the following are present: \_\_\_inflated self-esteem or grandiosity (feels able to accomplish anything) \_\_\_more talkative than usual or pressure to keep talking \_\_\_thoughts seem to be racing \_\_\_more easily distracted than usual \_\_\_decreased need for sleep (i.e. feels rested after three hours of sleep) \_\_\_increased goal-directed activity (either socially, at home, work, or school) \_\_\_becomes highly involved in activities without regard for consequences (e.g., spending excessively, taking risks, driving too fast, etc.) \_\_\_Age Problem Started

**DISTURBANCE IN THINKING:**

*Does child hear things others do not hear, such as:* \_\_\_people calling name \_\_\_people talking \_\_\_people telling the child to do things \_\_\_noises Explain: \_\_\_\_\_

*Does child see things others do not see, such as:* \_\_\_seeing dead relatives when first waking up \_\_\_seeing dead relatives after being awake \_\_\_seeing other people or things \_\_\_seeing insects or bugs \_\_\_seeing shadows out of corner of eye Explain: \_\_\_\_\_

*Does the child smell bad odors, such as:* \_\_\_things rotting or people dying \_\_\_things burning \_\_\_food cooking \_\_\_pleasant odors such as flowers or perfume Explain: \_\_\_\_\_ Does the child frequently feel unusual things on body such as bugs crawling? Yes\_\_\_ No\_\_\_ Explain: \_\_\_\_\_ \_\_\_Age Problem Started

**LEARNING PROBLEMS:** \_\_\_recognizing unfamiliar words when reading \_\_\_understanding the meaning of what has been read \_\_\_spelling \_\_\_expressing ideas in writing \_\_\_expressing ideas orally \_\_\_memory \_\_\_handwriting \_\_\_arithmetic computation \_\_\_arithmetic problem-solving (word problems) \_\_\_organizing work and homework \_\_\_completing homework on his/her own and in a timely manner \_\_\_excessive absences from school \_\_\_little effort made to achieve up to his/her potential \_\_\_Age Problem Started

**DEVELOPMENTAL DISORDERS:** (complete only if you are referred for or believe your child has these difficulties)

*Difficulties in social communication in many different situations:* \_\_\_difficulties in social or emotional reciprocity (the normal back-and-forth of interacting with others) \_\_\_the failure to initiate or respond in social interactions \_\_\_marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye contact, facial expression, body postures, gestures \_\_\_deficits in developing, maintaining, and understanding relationships (i.e., failure to make friends, absence of interest in peers, adjusting behavior to the situation) \_\_\_difficulties in imaginative play with others

*Restricted, repetitive and stereotyped patterns of behavior, interests, and activities:* \_\_\_odd motor movements, use of objects, or speech (such as hand/finger movements, spinning, walking on tiptoes, head banging, lining up toys, echoing what they hear, etc.) \_\_\_insistence of sameness (i.e., unable to cope with minor changes, has compulsive need to do things in the same manner every day \_\_\_highly restricted, fixated interests (i.e., overly preoccupied with or attached to objects, smells, textures, or sounds) \_\_\_is over or under sensitive to stimuli (such as sound, light, touch, temperature, smells) \_\_\_Age Problem Started