



Today's Date: _____

Name: _____

SYMPTOM AND BEHAVIOR CHECKLIST – ADOLESCENTS

Directions: This checklist is to be completed by the adolescent regarding him/herself.

Below is a list of problems and complaints that people sometimes have. Please read each item carefully, then circle the number that best describes how much that problem has bothered you in the PAST MONTH INCLUDING TODAY.

0 – Not at all 1 – A little bit 2 – Moderately 3 – Quite a bit 4 - Extremely

Soreness of your muscles	0 1 2 3 4	Hot or cold spells	0 1 2 3 4
Numbness or tingling in parts of your body	0 1 2 3 4	Trouble catching your breath	0 1 2 3 4
Weakness in parts of your body	0 1 2 3 4	Faintness or dizziness	0 1 2 3 4
Pains in heart or chest	0 1 2 3 4	Lump in your throat	0 1 2 3 4
Headaches	0 1 2 3 4	Nausea or upset stomach	0 1 2 3 4
Having to double-check what you do	0 1 2 3 4	Trouble concentrating	0 1 2 3 4
Doing things slowly in order to be accurate	0 1 2 3 4	Difficulty making decisions	0 1 2 3 4
Repeating the same action, such as counting, washing	0 1 2 3 4	Trouble remembering things	0 1 2 3 4
Your mind goes blank	0 1 2 3 4		
Feeling afraid to go out of your house alone	0 1 2 3 4	Afraid of being alone	0 1 2 3 4
Afraid you will faint in public	0 1 2 3 4	Feeling uneasy in crowds, such as at the mall or movies	0 1 2 3 4
Feeling that most people can't be trusted	0 1 2 3 4	Feeling others are to blame for most of your problems	0 1 2 3 4
Having ideas or beliefs that others do not share	0 1 2 3 4	Feeling that people will take advantage of you if you let them	0 1 2 3 4
Hearing voices that other people do not hear	0 1 2 3 4	The idea that something is wrong with your mind	0 1 2 3 4
Having thoughts about sex that bother you a lot	0 1 2 3 4	Feeling that you should be punished for your sins	0 1 2 3 4

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Poor appetite	0	1	2	3	4	Sleep that is restless or disturbed	0	1	2	3	4
Overeating	0	1	2	3	4	Thought of death or dying	0	1	2	3	4
Trouble falling asleep	0	1	2	3	4	Feelings of guilt	0	1	2	3	4
Awakening early in the morning	0	1	2	3	4						
Being critical of others	0	1	2	3	4	Feeling inferior to others	0	1	2	3	4
Feeling shy or uneasy with the opposite sex	0	1	2	3	4	Feeling uncomfortable when eating or drinking in public	0	1	2	3	4
Your feelings are easily hurt	0	1	2	3	4	Feeling self-conscious with others	0	1	2	3	4
Feeling that people are unfriendly or dislike you	0	1	2	3	4						
Low energy, feeling slowed down	0	1	2	3	4	Blaming yourself for things	0	1	2	3	4
Thoughts of ending your life	0	1	2	3	4	Feeling lonely	0	1	2	3	4
Crying easily	0	1	2	3	4	Feeling blue	0	1	2	3	4
Feeling hopeless about the future	0	1	2	3	4	Worrying too much about things	0	1	2	3	4
Feeling worthless	0	1	2	3	4	Loss of interest in things you used to enjoy	0	1	2	3	4
Nervous or shaky inside	0	1	2	3	4	Everything feels like it's an effort	0	1	2	3	4
Feeling pushed to get things done	0	1	2	3	4	Feeling tense or keyed up	0	1	2	3	4
Fearful	0	1	2	3	4	Feelings of panic	0	1	2	3	4
Heart pounding or racing	0	1	2	3	4						
Easily annoyed or irritated	0	1	2	3	4	Having urges to break or smash things	0	1	2	3	4
Temper outbursts you can't control	0	1	2	3	4	Getting into arguments frequently	0	1	2	3	4
Having urges to beat, injure, or hurt someone	0	1	2	3	4	Shouting or throwing things	0	1	2	3	4

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