

**Today's Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**SYMPTOM AND BEHAVIOR CHECKLIST – PARENTS**

**Directions:** This checklist is to be completed by the parent(s) of the child regarding the child's behaviors.

Below is a list of observations and problems that adults may have with children. Please read each item carefully, then circle the number that best describes how much that problem has been observed in your child in the PAST MONTH INCLUDING TODAY.

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

**Problems of Eating:**

Rapid weight gain/loss recently	0	1	2	3	4	Underweight	0	1	2	3	4
Picky and finicky	0	1	2	3	4	Overweight	0	1	2	3	4
Binge eating	0	1	2	3	4	Vomiting after bingeing	0	1	2	3	4

**Problems of Sleep:**

Restless	0	1	2	3	4	Cannot fall asleep	0	1	2	3	4
Nightmares	0	1	2	3	4	Wakes up early	0	1	2	3	4
Awakens at night	0	1	2	3	4						

**Fears and Worries:**

Afraid of new situations	0	1	2	3	4	Afraid of being alone	0	1	2	3	4
Afraid of people	0	1	2	3	4	Worries about illness and death	0	1	2	3	4

**Muscle Movement:**

Body is stiff and rigid	0	1	2	3	4	Shakes	0	1	2	3	4
Twitches, jerks, etc.	0	1	2	3	4	Clumsy	0	1	2	3	4

**Speech Problems:**

Stuttering	0	1	2	3	4	Hard to understand	0	1	2	3	4
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**Bowel/Bladder Habits:**

Bed wetting	0	1	2	3	4	Soils self	0	1	2	3	4
Runs to bathroom	0	1	2	3	4	Holds back bowel movements	0	1	2	3	4

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**Physical Complaints:**

Headaches	0	1	2	3	4	Aches and pains	0	1	2	3	4
Stomachaches	0	1	2	3	4	Feeling ill on school mornings	0	1	2	3	4
Vomiting	0	1	2	3	4	Often tired	0	1	2	3	4
Low energy, feeling slowed down	0	1	2	3	4						

**Sucking, Chewing, Picking Problems:**

Sucks thumb	0	1	2	3	4	Pulls hair	0	1	2	3	4
Bites or picks nails	0	1	2	3	4	Chews clothes, blankets	0	1	2	3	4
Picks skin, scabs	0	1	2	3	4	Picks at clothes or other things	0	1	2	3	4

**Immaturity:**

Does not act their age	0	1	2	3	4	Clings to parent(s) / other adult	0	1	2	3	4
Cries	0	1	2	3	4	Baby talk	0	1	2	3	4
Wants help doing things should do independently	0	1	2	3	4						

**Feelings:**

Keeps anger to self	0	1	2	3	4	Carries a chip on his/her shoulder	0	1	2	3	4
Lets self get pushed around by peers	0	1	2	3	4	Is a worrier	0	1	2	3	4
Unhappy	0	1	2	3	4	Mood changes quickly	0	1	2	3	4
Feelings easily hurt	0	1	2	3	4						

**Respectful of Others:**

Bullies peers or siblings	0	1	2	3	4	Sassy with adults	0	1	2	3	4
Bragging and boasting about self to others	0	1	2	3	4	Critical of others	0	1	2	3	4

**Social Relationships:**

Shy	0	1	2	3	4	Prefers to be alone	0	1	2	3	4
Afraid others do not like him/her	0	1	2	3	4	Trouble relating to same sex	0	1	2	3	4
Has no friends	0	1	2	3	4	Trouble relating to opposite sex	0	1	2	3	4
Has mostly older friends	0	1	2	3	4	Wants to run things	0	1	2	3	4
Has mostly younger friends	0	1	2	3	4	Mean towards brother(s)/ sister(s)	0	1	2	3	4
Picks on peers	0	1	2	3	4	Fights with brother(s)/ sister(s)	0	1	2	3	4
Gets picked on by peers	0	1	2	3	4	Involved in sex play with others	0	1	2	3	4
Disturbs peers	0	1	2	3	4	Sexually Active	0	1	2	3	4
Feels cheated by peers	0	1	2	3	4						

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**Restlessness:**

Overactive, restless, as if driven by a motor	0	1	2	3	4	Short attention span	0	1	2	3	4
Excitable, impulsive	0	1	2	3	4	Fidgety	0	1	2	3	4
Fails to finish things once started	0	1	2	3	4	Inattentive, easily distracted	0	1	2	3	4
Cannot be left alone	0	1	2	3	4	Climbing, gets into things	0	1	2	3	4
Runs around between mouthfuls at meals	0	1	2	3	4	Laces and zippers are open	0	1	2	3	4

**Problems in School:**

Does not like to attend school	0	1	2	3	4	Poorly aware of surroundings or time of day	0	1	2	3	4
Truant or skips class	0	1	2	3	4	Fails to turn in work on time	0	1	2	3	4
Daydreams	0	1	2	3	4	Disobeys school rules	0	1	2	3	4
Is afraid to go to school	0	1	2	3	4	Problems with learning	0	1	2	3	4

**Rule Breaking Behaviors:**

Steals from parents	0	1	2	3	4	Sets fires	0	1	2	3	4
Steals at school	0	1	2	3	4	Gets into trouble with police	0	1	2	3	4
Steals from stores and other places	0	1	2	3	4	Is part of a group that causes trouble	0	1	2	3	4
Destroys property	0	1	2	3	4	Uses drugs, alcohol, or tobacco	0	1	2	3	4

**Lying:**

Denies having done wrong	0	1	2	3	4	Tells stories that did not happen	0	1	2	3	4
Blames others for own mistakes	0	1	2	3	4						

**Temper:**

Outbursts, explosive, unpredictable behavior	0	1	2	3	4	Throws and breaks things	0	1	2	3	4
Throws self around	0	1	2	3	4	Pouts and sulks	0	1	2	3	4
Easily frustrated	0	1	2	3	4						

Overall, how serious a problem do you think your child has at this time?

**0      1      2      3      4**