* *		
Name:		
T ACCULATION		

Amen Child/Teen General Symptom Checklist

Parents please rate your child or teen on each of the symptoms listed below using the following scale. If possible, to give us the most complete picture, have the child or teen rate him/herself as well. For young children it may not be practical to have them fill out the questionnaire. Use your best judgment and do the best you can.

0	1	2	3	4	NA			
Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable/Not Known			
Cl./T	Danant							
Cn/1n	Parent 1. depressed or sad mood							
3			that are usually f	iin				
	2. not as much interest in things that are usually fun3. significant recent weight or appetite changes							
2		houghts of death or						
1		ges, lack of sleep o		e in sleep				
	_	y or feelings of tire		1				
		7. feelings of being worthless, helpless, hopeless or guilty						
	8. plays alone or appears socially withdrawn 9. cries easily							
	10. negative t	_		*				
	-	f an elevated, high						
		f a very high self es						
	13. periods of decreased need for sleep without feeling tired							
		ative than usual or						
		thts or frequent jum		bject to another				
		tracted by irrelevan	•					
		ncrease in activity le		ior				
	 18. cyclic periods of angry, mean or violent behavior 19. periods of time where you feel intensely anxious or nervous 							
	20. periods of trible breathing of feeling smothered							
		f feeling dizzy, fain						
		f heart pounding, fa						
-	_	f trembling, shakin						
· · · · · · · · · · · · · · · · · · ·	24. periods of nausea, abdominal upset or choking							
	25. intense fe							
V	26. lacks con	fidence in abilities						
	27. needs lots	s of reassurance						
-	28. needs to l	~						
		arful and anxious						
	30. seems shy							
	31. easily em							
	32. sensitive							
		gernails or chews cl						
		t refusal to go to sc		on or adults				
	35. excessive fear of interacting with other children or adults 36. persistent, excessive fear (heights, closed spaces, specific animals, etc.) please list							
-	30. persistent	anviety concernin	g separation from	home or from those	to whom the child is attached.			
	38 recurrent	hothersome though	hts ideas or imag	es which you try to i	gnore			
-	39 trouble of	etting "stuck" on ce	ertain thoughts, or	having the same tho	ought over and over			
		e or senseless worry						
				get "stuck" on the sar	me thoughts			
-	42. compulsi	ve behaviors that v	ou must do or vo	u feel very anxious,	such as excessive hand washing,			
-		g, checking locks, o			,			
				you become very up	set			

Name:_	
	44. recurrent and upsetting thoughts of a past traumatic event (molest, accident, fire, etc.),
-	
	please list45. recurrent distressing dreams of a past upsetting event
	46. feelings of reliving a past upsetting event
	47. spend effort avoiding thoughts or feelings related to a past trauma
-	48. feeling that your future is shortened
	40. teering that your ruture is shortened
	 49. startle easily 50. feel like you're always watching for bad things to happen 51. refusal to maintain body weight above a level most people consider healthy
	51. refusal to maintain holy weight above a level most people consider healthy
	51. Iclustration inflammation body weight above a level most people consider including factors. See the control of the co
	53. feelings of being fat, even though you're underweight
	54. recurrent episodes of eating large amounts of food
	55. a feeling of lack of control over eating behavior
	55. a recting of tack of control over eating behavior 56. engage in activities to eliminate excess food, such as self induced vomiting, laxatives,
	strict dieting or strenuous exercise
	57. persistent worry with body shape and weight
	57. persistent worry with body shape and weight 58. involuntary physical movements or motor tics (such as eye blinking, shoulder shrugging, head
	jerking or picking). How long have motor tics been present? How often?
	describe
	59. involuntary vocal sounds or verbal tics (such as coughing, puffing, blowing, whistling,
	swearing). How long have verbal tics been present? How often?
	describe
	60. repetitive, seemingly driven motor behavior (e.g., hand shaking or waving, body rocking, head
	banging, mouthing of objects, self-biting, picking at skin or bodily orifices, hitting own body) that
	interferes with normal activities or results in self-inflicted bodily injury that requires medical treatment
	(or would result in an injury if preventive measures were not used).
	61. passage of feces in inappropriate places (e.g., clothing or floor).
***************************************	62. bed wetting. If present, how often?
-	63. failure to speak in specific social situations (in which there is an expectation for speaking, e.g.,
	at school) despite speaking in other situations.
	64. delusional or bizarre thoughts (thoughts you know others would think are false)
	65. visual hallucination, seeing objects or images are not really present
	66. hearing voices that are not really present
	67. odd behaviors
	68. poor personal hygiene or grooming
	69. inappropriate mood for the situation (i.e., laughing at sad events)
	70. frequent feelings that someone or something is out to hurt you
0	70. Inequality rectings that someone or someoning to the large of 5, either by failing to respond appropriately
	to others or becoming indiscriminately attached to others
	72. multiple changes in caregivers before the age of 5
	73. steals
-	74. bullies, threatens, or intimidates others
	75. initiates physical fights
	76. cruel to animals
	70. Gree to difficulty 77. force others into things they do not want to do (sexually or criminally)
	78. sets fires
	70. destroys property
	80. break in to others home, school, car or place of business
	81. lies
	82. stays out at night despite parental prohibitions
-	82. stays out at high despite parental promotions 83. runs away overnight
	84. cuts school
	85. doesn't seem sorry for hurting others
	26 pagetive hostile or defiant behavior

Name:	
	 87. loses temper 88. argues with adults 89. actively defies or refuses to comply with adults' requests or rules 90. deliberately annoys people 91. blames others for his or her mistakes or misbehavior 92. touchy or easily annoyed by others 93. angry and resentful 94. spiteful or vindictive
	 95. impairment in communication as manifested by at least one of the following: delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime) in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others repetitive use of language or odd language lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level
	 96. impairment in social interaction, with at least two of the following: marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction failure to develop peer relationships appropriate to developmental level lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest) lack of social or emotional reciprocity
	 97. repetitive patterns of behavior, interests, and activities, as manifested by at least one of following: preoccupation with an area of that is abnormal either in intensity or focus rigid adherence to specific, nonfunctional routines or rituals repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements) persistent preoccupation with parts of objects
	98. stutters 99. feel tired during the day 100. feel cold when others feel fine or they are warm 101. often feel warm when others feel fine or they are cold 102. problems with brittle or dry hair 103. problems with dry skin 104. problems with sweating 105. problems with chronic anxiety or tension