

RATE YOUR CHILD'S SYMPTOMS SINCE LAST VISIT

Please Rate ALL Symptoms - Rating Scale 0 = None 1 = Mild 2 = Moderate 3 = Severe

Name _____ **Date** _____

Sad mood	Loss of interest	Feeling bored	E
Crying	Hearing voices	Feeling restless	
Irritability	Appetite decreased	Decreased energy	
Anger	Appetite increased	Feeling worthless	D
Blow-ups	Difficulty going to sleep	Feeling guilty	
Problems paying attention	Difficulty staying asleep	Feeling hopeless	
Hard time making decisions	Waking early	Thoughts of suicide	
Mood swings	Excessive sleep	Suicide plans	M

Making careless mistakes	Hard time with details	Hard time keeping focus	D
Answering questions before question completed	Hard time with boring schoolwork or chores	Forgetting things, homework, chores	
Easily distracted	Problems organizing	Losing things like clothing	
Fidgety	Have to be on the go	Hard time sitting still	H
Talking too much	Interrupting others	Not completing projects	D
Hard time waiting (turn, lines)	Talking too loudly	Restless inside	
Difficulty listening	Hard time with instructions	Doing things impulsively	A

Big plans <input type="checkbox"/> Unrealistic plans <input type="checkbox"/>	Big mood changes (cycles)	Extra distracted	D
Feeling extra good	Hearing voices	Thoughts racing	
Spending too much <input type="checkbox"/>	Getting by on little sleep	Talking fast	
Extra silly <input type="checkbox"/> Overly happy <input type="checkbox"/>	Very irritable <input type="checkbox"/> Frustrated <input type="checkbox"/>	Sexual interest High <input type="checkbox"/> Inappropriate <input type="checkbox"/>	
Dangerous daredevil behavior	Many projects at once	Temper outbursts <input type="checkbox"/> Hitting <input type="checkbox"/>	
Feeling extra energetic	Interrupting others	Rage attacks <input type="checkbox"/> Aggression <input type="checkbox"/>	P
Extremely active (super "hyper")	Having to talk a lot	Doing risky things <input type="checkbox"/> Reckless <input type="checkbox"/>	B

Often loses temper	Refuses to go by rules	Spiteful <input type="checkbox"/> Mean <input type="checkbox"/>	D
Touchy or easily annoyed	Annoys others on purpose	Vindictive <input type="checkbox"/> Tries to get even <input type="checkbox"/>	D
Resentful <input type="checkbox"/> Bitter <input type="checkbox"/>	Blames others for mistakes	Argues with adults	O

Bad dreams	Flashbacks	Thoughts about trauma	D
Reliving trauma (abuse, etc.)	Upsetting memories	Avoid thinking about trauma	S
Feeling bad if reminded of trauma (abuse, accident, etc.)	Pushing down thoughts of trauma (abuse, accident)	Hard time talking about trauma (abuse, accident, etc.)	T
Feeling like trauma happening again (abuse, accident, etc.)	Problems remembering parts of trauma (abuse, accident, etc.)	Avoiding activities associated with trauma (abuse, accident, etc.)	P
Negative feelings about self	Startles easily	Fear of being hurt	
Feels different from others	Being bullied	Withdrawal from others	
Hard time being positive	Blames self for trauma	Negative feelings toward life	

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Panic attacks		Rapid heart beat		Shortness of breath	D
Unexplained chills		Hot flashes		Fearing loss of control	
Super anxious		Feeling faint		Numb or tingly	P
Rapid onset of anxiety		Fear of dying		Sweating	
Can't control worries		Fear of social situations		Worried a lot	
Hands cold and clammy		Problems with attention		Mouth dry	D
Feeling on edge		Muscle tension		Easily startled	A
Easily tired		Chest pains		Light headed	G

Disturbing thoughts <input type="checkbox"/> Urges <input type="checkbox"/>		Senseless thoughts-urges <input type="checkbox"/>		Can't ignore thoughts <input type="checkbox"/> Urges <input type="checkbox"/>	D
Doing things to prevent thoughts		Washing hands too much		Need to count things	C
Needing things in order		Checking things too much		Needing to clean	O
Can't stop doing things (Compulsions)		Can't stop thinking about things (Obsessions)		Having to do things because of thoughts	

Hurting self		Acting without thinking		Basically unhappy	
Cutting on self		Feeling abandoned		Feeling empty	P
Get too close too quickly		Emotions change quickly		Feeling evil or bad	
Concerns about weight		Rarely feeling good		Feel people don't give back	B
Eating too much		Disappointed by relationships		Difficulty being alone	

Feel people out to get me		Feel people watching me		Feel people trying to control me	Z
Thoughts disorganized		People stealing thoughts		Getting off tract easily	I
Hear voices in head		See things not there		Problems relating to others	H
Hard time functioning		Unusual or odd beliefs		Lack of emotions	C
Poor self care		Severe disorganization		Do not look people in the eye	S
Hand flapping		Unusual speech		Thoughts about hurting others	

Using drugs – What?	How much?	Using alcohol – How much?
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LIST THREE THINGS THAT CAUSED YOU THE MOST PROBLEMS RECENTLY.

1. _____
2. _____
3. _____

RATE THE FOLLOWING ON A SCALE OF 1 TO 10 VERY POOR 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10 VERY GOOD

____ School or work ____ Thinking clearly ____ Feelings about self ____ Exercise
 ____ Getting along with others ____ Having fun ____ Handling emotions ____ Diet
 ____ Response to treatment ____ Structure in life ____ Feeling successful ____ **OVERALL FUNCTIONING**