

Please print. Be sure to answer all items.

Below is a list of items that describe children and youths. For each item that describes your child **now or within the past 6 months**, please circle the **2** if the item is **very true or often true** of your child. Circle the **1** if the item is **somewhat or sometimes true** of your child. If the item is **not true** of your child, circle the **0**. Please answer all items as well as you can, even if some do not seem to apply to your child.

0 = Not True (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True or Often True

- 0 1 2 1. Acts too young for his/her age
- 0 1 2 2. Drinks alcohol without parents' approval
(describe): _____
- 0 1 2 3. Argues a lot
- 0 1 2 4. Fails to finish things he/she starts
- 0 1 2 5. There is very little he/she enjoys
- 0 1 2 6. Bowel movements outside toilet
- 0 1 2 7. Bragging, boasting
- 0 1 2 8. Can't concentrate, can't pay attention for long
- 0 1 2 9. Can't get his/her mind off certain thoughts;
obsessions (describe): _____
- 0 1 2 10. Can't sit still, restless, or hyperactive
- 0 1 2 11. Clings to adults or too dependent
- 0 1 2 12. Complains of loneliness
- 0 1 2 13. Confused or seems to be in a fog
- 0 1 2 14. Cries a lot
- 0 1 2 15. Cruel to animals
- 0 1 2 16. Cruelty, bullying, or meanness to others
- 0 1 2 17. Daydreams or gets lost in his/her thoughts
- 0 1 2 18. Deliberately harms self or attempts suicide
- 0 1 2 19. Demands a lot of attention
- 0 1 2 20. Destroys his/her own things
- 0 1 2 21. Destroys things belonging to his/her family or
others
- 0 1 2 22. Disobedient at home
- 0 1 2 23. Disobedient at school
- 0 1 2 24. Doesn't eat well
- 0 1 2 25. Doesn't get along with other kids
- 0 1 2 26. Doesn't seem to feel guilty after misbehaving
- 0 1 2 27. Easily jealous
- 0 1 2 28. Breaks rules at home, school, or elsewhere
- 0 1 2 29. Fears certain animals, situations, or places,
other than school (describe): _____
- 0 1 2 30. Fears going to school
- 0 1 2 31. Fears he/she might think or do something bad

- 0 1 2 32. Feels he/she has to be perfect
- 0 1 2 33. Feels or complains that no one loves him/her
- 0 1 2 34. Feels others are out to get him/her
- 0 1 2 35. Feels worthless or inferior
- 0 1 2 36. Gets hurt a lot, accident-prone
- 0 1 2 37. Gets in many fights
- 0 1 2 38. Gets teased a lot
- 0 1 2 39. Hangs around with others who get in trouble
- 0 1 2 40. Hears sounds or voices that aren't there
(describe): _____
- 0 1 2 41. Impulsive or acts without thinking
- 0 1 2 42. Would rather be alone than with others
- 0 1 2 43. Lying or cheating
- 0 1 2 44. Bites fingernails
- 0 1 2 45. Nervous, highstrung, or tense
- 0 1 2 46. Nervous movements or twitching (describe): _____
- 0 1 2 47. Nightmares
- 0 1 2 48. Not liked by other kids
- 0 1 2 49. Constipated, doesn't move bowels
- 0 1 2 50. Too fearful or anxious
- 0 1 2 51. Feels dizzy or lightheaded
- 0 1 2 52. Feels too guilty
- 0 1 2 53. Overeating
- 0 1 2 54. Overtired without good reason
- 0 1 2 55. Overweight
56. Physical problems **without known medical cause:**
- 0 1 2 a. Aches or pains (**not** stomach or headaches)
- 0 1 2 b. Headaches
- 0 1 2 c. Nausea, feels sick
- 0 1 2 d. Problems with eyes (**not** if corrected by glasses)
(describe): _____
- 0 1 2 e. Rashes or other skin problems
- 0 1 2 f. Stomachaches
- 0 1 2 g. Vomiting, throwing up
- 0 1 2 h. Other (describe): _____