

Meridian Youth Psychiatric Center
CHILD AND ADOLESCENT SYMPTOM CHECKLIST

Name of child/adolescent: _____ Date _____
Name of person completing checklist: _____ Relationship: _____

Instructions: Please read each item carefully. If an item applies to the person **in the last month**, circle (O) its number. If there was a problem with an item in the past, or you wish to discuss an item, put a check mark (✓) by that item.

BEHAVIOR

1. Does things without thinking
2. Violates Curfew
3. Destroys Property or belongings
4. Steals
5. Lies often
6. Has been in trouble with Police or Probation
7. Sexual problems
8. Has run away from home
9. Has attempted or talked about suicide
10. Argues when told to do something
11. Delays doing as asked
12. Cruel to animals
13. Wants everything his/her own way
14. Often tries to be the center of attention
15. Has temper tantrums
16. Acts like a younger child
17. Curses
18. Sets fires
19. Nervous habits
20. Often pouts and sulks
21. Prefers to be alone/ avoids activities
22. Other:

ACADEMIC

1. Is truant from school
2. Grades have dropped
3. Does not complete assignments in the classroom
4. Does not do homework
5. Learning disability ___ &/or mental retardation ___
6. Feels unfairly treated by teachers or authorities
7. Short attention span
8. Often clowns in class
9. Refuses to go to school
10. Is poorly organized in seatwork
11. Poor handwriting / sloppy work
12. Can't sit still
13. Makes grades below ability
14. Has difficulty working in groups
15. Rarely speaks up in class
16. Rarely works without individual attention
17. Has had detentions, suspensions or was expelled
18. Test anxiety
19. Fears teacher
20. Trouble on the bus
21. Other:

THINKING

1. Seems preoccupied with certain thoughts
2. Daydreams more than most
3. Says or does things over and over
4. Hears or sees things that aren't there
5. Seems unaware at times of what is happening around him/her
6. Trouble concentrating
7. Ideas that don't make sense
8. Other:

FEELINGS

1. Is upset by any changes in routines or schedules
2. Lots of fears

3. Lacks self-confidence
4. Feels sad a lot/ cries easily
5. Does not seem to feel guilt
6. Is extremely Critical
7. Seems afraid to make mistakes/easily embarrassed
8. Does not like to be touched
9. Resents even gentle criticism
10. Has an "I don't care" attitude
11. Has a "you can't make me" attitude
12. Feels angry a lot
13. Feels bored a lot
14. Is afraid of "rough" play
15. Has frequent nightmares
16. Other:

FAMILY

1. Gets along poorly with brothers ___ sisters ___
2. Gets along poorly with mother ___ stepmother ___
3. Gets along poorly with father ___ stepfather ___
4. Avoids contact with family members
5. Parents get along poorly with each other
6. Clings to parents
7. Other

SOCIAL

1. Hangs around with a bad crowd
2. Is too easily led by others
3. Chooses friends a lot younger ___ a lot older ___
4. Is often teased by others
5. Doesn't like being alone
6. Has few friends
7. Tattles on other children
8. Teases other children
9. Seems shy
10. Often boasts
11. Often interrupts others
12. Won't argue or fight back when most would
13. Fights
14. Has ever been sexually molested
15. Uses Alcohol
16. Uses Drugs
17. Sells drugs
18. Smokes cigarettes
19. Other:

PHYSICAL

1. Frequent physical complaints
2. Sleep: Trouble falling asleep ___ Sleeps too much ___
3. Is tired much of the time
4. Is seriously overweight ___ underweight ___
5. Lost ___ or gained ___ a lot of weight
6. Hearing problems ___ Speech Problems ___
7. Vision problems
8. Poor bladder control during the day
9. Wets the bed at night
10. Poor bowel control
11. Is clumsy and awkward
12. Frequently becomes ill on school days, while at school or away from home.
13. Other