

CHILD SYMPTOM SCREENING FORM

Date Completed: _____ Completed by: _____ Relationship to child: _____

Each rating should be completed with consideration to the age of the child you are rating. Please complete this with the child's behavior of the past two weeks in mind.

Fill in the circle that best describes your child:	<i>Never</i>	<i>Sometimes</i>	<i>Often</i>
1. Lost temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Was angry or resentful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Deliberately destroyed another's property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Initiated a physical fight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Behavior caused school problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Was unhappy or sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Felt worthless or inferior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Worries prevented him/her from doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Felt lonely, unwanted or unloved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Changed moods quickly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Made careless mistakes doing schoolwork or tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Had difficulty organizing tasks, time or belongings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Was forgetful in daily activities (needed reminders).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Was easily distracted by extraneous stimuli	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Talked excessively or blurted out answers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Acted "on the go" or like "driven by a motor"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Fidgeted with hands or feet or squirmed in seat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Used illicit drugs (List: _____)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Used alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Had trouble sleeping or eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>