

Child Symptom Inventory

Name of person filling out form

Name of patient

Patient's Age

Directions for questions 1-55: Each rating should be considered in the context of what is appropriate for the age of the child. When completing these 55 questions, please think about the child's behaviors in the past 6 months.

Was this evaluation based on a time when the child:

Was on medication

Was NOT on medication

Not sure

	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with for example, homework.				
2. Has difficulty keeping attention to what needs to be done.				
3. Does not seems to listen when spoken to directly.				
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand).				
5. Has difficulty organizing tasks and activities.				
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort.				
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books).				
8. Is easily distracted by noises or other stimuli.				
9. Is forgetful in daily activities.				
10. . Fidgets with hands or feet or squirms in seat.				
11. Leaves seat when remaining seated is expected.				
12. Runs about or climbs too much when remaining seated is expected.				
13. Has difficulty playing or beginning quiet play activities.				
14. Is "on the go" or often acts as if "driven by a motor"				
15. Talks too much.				
16. Blurts out answers before questions have been completed.				
17. Has difficulty waiting his or her turn.				
18. Interrupts or intrudes in on others' conversations and/or activities				

Child Symptom Inventory (Cont.)

	Never	Occasionally	Often	Very Often
19. Argues with adults.				
20. Loses temper				
21. Actively defies or refuses to go along with adults' requests or rules				
22. Deliberately annoys people				
23. Blames others for his or her mistakes or misbehaviors				
24. Is touchy or easily annoyed by others				
25. Is angry or resentful				
26. Is spiteful and wants to get even				
27. Bullies, threatens, or intimidates others				
28. Starts physical fights				
29. Lies to get out of trouble or to avoid obligations (i.e., "cons" others)				
30. Is truant from school (skips school) without permission				
31. Is physically cruel to people				
32. Has stolen things that have value				
33. Deliberately destroys others' property				
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)				
35. Is physically cruel to animals				
36. Has deliberately set fires to cause damage				
37. Has broken into someone else's home, business, or car				
38. Has stayed out at night without permission				
39. Has run away from home overnight				
40. Has forced someone into sexual activity				

	Never	Occasionally	Often	Very Often
41. Is fearful, anxious, or worried				
42. Is afraid to try new things for fear of making mistakes				
43. Feels worthless or inferior				
44. Blames self for problems, feels guilty				
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"				
46. Is sad, unhappy, or depressed				
47. Is self-conscious or easily embarrassed				

	Excellent	Above Average	Average	Somewhat of a problem	Problematic
48. Overall school performance					
49. Reading					
50. Writing					
51. Mathematics					
52. Relationship with parents					
53. Relationship with siblings					
54. Relationship with peers					
55. Participation in organized activities (e.g., teams)					

Directions for questions 56-93: Please select the answer that best describes your child. Parents/caretakers should fill out this portion.

	Not at All	Sometimes	Pretty Much	Very Much	All the Time
56. Complains of stomach aches					
57. Pouts and sulks					
58. Appears happy					
59. Unable to make up his/her mind					
60. Cries often					
61. Moves slowly					
62. Complains of headache					
63. Demonstrates slow speech					
64. Spends more time with adults					
65. Talks a lot					
66. Spends time alone in room					
67. Carefree in spirit					
68. Self critical					
69. Finds it difficult to leave parents					
70. Enjoys new situations					
71. Forgetful					
72. Easily frustrated					
73. Tires easily					
74. Gets angry					
75. Hostile to others					
76. Sullen					
77. Bowel problems					
78. Cheerful in nature					
79. Nausea or vomiting					

	Not at All	Sometimes	Pretty Much	Very Much	All the Time
80. Temper outbursts					
81. Neat appearance					
82. Suicidal thoughts					
83. Eats poorly					
84. Falls asleep well					
85. Refuses to go to school					
86. Leaves school - "hooks"					
87. Moody or irritable					
88. Talks about fear of parents dying					
89. Works on tasks enthusiastically					
90. Sleeps through the night					
91. Awakens in morning earlier than necessary					
92. Needs help from adults					
93. Generally outgoing					

Directions for questions 94-134: Below is a list of sentences that describe how people feel. Read each phrase and decide if it is "Not True or Hardly Ever True" or "Somewhat True or Sometimes True" or "Very True or Often True" for your child. Then, for each statement, select the response that seems to describe your child for the last 3 months. Please respond to all statements as well as you can, even if some do not seem to concern your child.

	Not True or Hardly Ever True	Somewhat True or Sometimes True	Very True or Often True
94. When my child feels frightened, it is hard for him/her to breathe			
95. My child gets headaches when he/she is at school			
96. My child doesn't like to be with people he/she doesn't know well.			
97. My child gets scared if he/she sleeps away from home			
98. My child worries about other people liking him/her			
99. When my child gets frightened, he/she feels like passing out			
100. My child is nervous			
101. My child follows me wherever I go			
102. People tell me that my child looks nervous			
103. My child feels nervous with people he/she doesn't know well			
104. My child gets stomachaches at school			
105. When my child gets frightened, he/she feels like he/she is going crazy			
106. My child worries about sleeping alone			
107. My child worries about being as good as other kids			
108. When my child gets frightened, he/she feels like things are not real			
109. My child has nightmares about something bad happening to his/her parents			
110. My child worries about going to school			
111. When my child gets frightened, his/her heart beats fast			
112. My child gets shaky			

	ot True or Hardly Ever True	Somewhat True or Sometimes True	Very True or Often True
113. My child has nightmares about something bad happening to him/her			
114. My child worries about things working out for him/her			
115. When my child gets frightened, he/she sweats a lot			
116. My child is a worrier			
117. My child gets really frightened for no reason at all			
118. My child is afraid to be alone in the house			
119. It is hard for my child to talk with people he/she doesn't know well			
120. When my child gets frightened, he/she feels like he/she is choking			
121. People tell me that my child worries too much			
122. My child doesn't like to be away from his/her family			
123. My child is afraid of having anxiety (or panic) attacks			
124. My child worries that something bad might happen to his/her parents			
125. My child feels shy with people he/she doesn't know well			
126. My child worries about what is going to happen in the future			
127. When my child gets frightened, he/she feels like throwing up			
128. My child worries about how well he/she does things			
129. My child is scared to go to school			
130. My child worries about things that have already happened			
131. When my child gets frightened, he/she feels dizzy			
132. My child feels nervous when he/she is with other children or adults and he/she has to do something while they watch him/her (e.g., read aloud, speak, play a game, play a sport)			

	Not True or Hardly Ever True	Somewhat True or Sometimes True	Very True or Often True
133. My child feels nervous when he/she is going to parties, dances, or any place where there will be people that he/she doesn't know well			
134. My child is shy			

Directions for questions 135-146: Please select "yes" or "no" for each question.

	Yes	No
135. Does your child have thoughts or obsessions about which they can't stop thinking? Obsessions are thoughts, ideas, or pictures that keep coming into your child's mind even though he or she does not want them to.		
136. Does your child have compulsions or habits which they can't stop doing? Compulsions are things that your child feels he or she has to do although he or she may know they do not make sense.		
137. Has your child ever experienced any of the following traumatic events: natural disaster (e.g., flood, hurricane, tornado, earthquake), fire, explosion, or industrial accident; transportation accident (e.g., car accident, plane crash); physical assault (e.g., being attacked, beaten up); sexual assault (e.g., rape, attempted rape, made to perform any type of sexual act through force or threat of harm); captivity or exposure to a war-zone; life-threatening illness or injury; sudden, unexpected death of or injury to someone close to them; or serious injury, harm, or death to someone else that they witnessed or caused?		
138. Has your child had any unusual experiences such as: hearing voices, seeing visions, having ideas they later found out were not true, mind reading, ESP, thoughts being controlled by others, or seeing things on TV that they think refer to them specifically?		
139. Are you concerned your child has been drinking alcohol?		
140. Are you concerned your child has been using marijuana, illegal drugs, or prescription medications for non-medical reasons?		
141. Are you concerned about your child's overall level of development?		
142. Are you concerned about your child's development in the areas of speech and language?		
143. Are you concerned about your child's learning development in the areas of mathematics, reading, etc.?		
144. Has your child had problems with social interactions (e.g., eye contact, social reciprocity, making and keeping friends); social communications (e.g., delays in language, inability to initiate or sustain a conversation, echoalia); or restricted repetitive and stereotyped patterns of behavior, interests, and activities (e.g., hand or finger flapping; rigid, perseverative play)?		
145. Has your child had any problems with enuresis (bed-wetting)?		
146. Has your child had any problems with encopresis (fecal incontinence)?		

Please return this form to the office one day prior to your appointment or email it to hwanderson@q.com. Or, you may FAX it to 970-205-9462. If you choose to email it you can go to Sendinc at www.sendinc.com and mail it securely. You will need to set up an account, which is free. Thank you.