

Adolescent Symptom Inventory-4 Parent Checklist 12 Years and Over

Please return checklist to the office prior to your appointment

Youth's Name	Date of Birth	Age
Name of Person Completing Form	Relationship to Youth	Date

Father's type of work (be specific): _____

Mother's type of work (be specific): _____

Is youth receiving special education? If yes, specify type: _____

Please state reason for seeking help at this time: _____

Age when behavior or emotional problems first began: _____

Have you sought help for these problems before? If yes, please specify: _____

Is youth currently receiving medication for an emotional or behavioral problem? _____

Is youth taking medication? If yes, specify name: _____

DIRECTIONS: Check which rating best describes this youth's overall behavior. Answer each question to the best of your ability.

Category A

	NEVER	SOME-TIMES	OFTEN	VERY OFTEN
1. Does not pay close attention to details or makes careless mistakes.				
2. Has difficulty paying attention to tasks.				
3. Does not seem to listen when spoken to directly.				
4. Has difficulty following through on instructions and fails to finish things.				
5. Has difficulty organizing work and activities.				
6. Avoids doing tasks that require a lot of mental effort (schoolwork, homework, etc.).				
7. Loses things necessary for activities.				
8. Is easily distracted by other things going on.				
9. Is forgetful in daily activities.				

Category A (Cont'd)	NEVER	SOME-TIMES	OFTEN	VERY OFTEN
10. Fidgets with hands or feet or squirms in seat.				
11. Has difficulty remaining seated when asked to do so.				
12. Seems restless or jittery.				
13. Has difficulty doing things quietly.				
14. Is "on the go" or acts as if "driven by a motor."				
15. Talks excessively.				
16. Blurts out answers to questions before they have been completed.				
17. Has difficulty awaiting turn in group activities.				
18. Interrupts or butts into other people's activities.				

Category B

19. Plays hooky from school.				
20. Stays out at night when not supposed to.				
21. Lies to get things or avoid responsibility ("cons" others).				
22. Bullies, threatens or intimidates others.				
23. Starts physical fights.				
24. Has run away from home overnight.				
25. Has stolen things when others were not looking (e.g. shoplifting).				
26. Has deliberately destroyed others' property.				
27. Has deliberately started fires.				
28. Has stolen things from others using physical force (e.g. purse snatching, mugging).				
29. Has broken into someone else's house, building, or car.				
30. Has used a weapon when fighting (bat, bottle, knife, etc.)				
31. Has been physically cruel to animals.				
32. Has been physically cruel to people.				
33. Has forced someone into sexual activity.				
34. Engages in illegal or unlawful activities.				
35. Is impulsive or doesn't plan ahead.				
36. Acts reckless with no concern for safety of self or others.				
37. Irresponsible when it comes to school, work, or money				
38. Does not seem to care about the pain and suffering he/she causes to other people.				

Category C

39. Loses temper.				
40. Argues with adults.				
41. Defies or refuses what you tell him/her to do.				
42. Does things to deliberately annoy others.				
43. Blames others for own misbehavior or mistakes.				
44. Is touchy or easily annoyed by others.				
45. Is angry and resentful.				
46. Takes anger out on others or tries to get even.				

Category D

	NEVER	SOME-TIMES	OFTEN	VERY OFTEN
47. Is over-concerned about abilities in school, athletics, work, or social activities.				
48. Has difficulty controlling worries.				
49. Acts restless or edgy.				
50. Is irritable for most of the day.				
51. Is extremely tense or unable to relax.				
52. Has difficulty falling asleep or staying asleep.				

Category E

53. Is overly fearful of (or tries to avoid) specific objects or situations (animals, heights, storms, going places alone, being "trapped", etc.).				
54. Complains about heart pounding, shortness of breath, feeling dizzy, trembling, or fear of dying.				
55. Cannot get distressing thoughts out of his/her mind (worries about germs or doing things perfectly, etc.).				
56. Feels compelled to perform unusual habits (hand washing checking locks, repeating things a set number of times).				
57. Has experienced an extremely upsetting event and continues to be bothered by it.				
58. Has distressing memories or dreams about an extremely upsetting event.				
59. Makes twitching or jerking movements for no apparent reason (eye blinking, nose twitching, grimacing, lip licking, head jerking, etc.)				
60. Makes vocal sounds for no apparent reason (coughing, throat clearing, sniffing, grunting, etc.)				
61. Complains about physical problems, (headaches, upset stomach, etc.) for which there is no apparent cause.				
62. Worries about physical health.				

Category F

63. Is more anxious in social situations than most other youths.				
64. Is excessively shy with peers.				

Category G

65. Gets very upset when he/she expects to be separated from home or parents.				
66. Worries that parents will be hurt or leave home and not come back.				
67. Worries that some disaster (getting lost, kidnapped, etc.) will separate him/her from parents.				
68. Tries to avoid going to school in order to stay home with parent.				
69. Worries about being left at home alone.				
70. Afraid to go to sleep unless near parent.				
71. Has nightmares about being separated from parent.				
72. Complains about feeling sick when he/she expects to be separated from home or parents.				

Category H

	NEVER	SOME-TIMES	OFTEN	VERY OFTEN
73. Prefers to be alone rather than with friends or family.				
74. Shows little interest in having close relationships.				
75. Is emotionally cold or indifferent toward people.				

Category I

76. Has strange ideas or beliefs that are not real (food is poisoned, people are trying to get him/her, etc.).				
77. Has auditory hallucinations—hears voices talking to or telling him/her to do things.				
78. Has disorganized speech (e.g., ideas don't make sense, thoughts run together, loses train of thought).				
79. Behaves in extremely strange ways (e.g., unpredictable outbursts, acts as if in slow motion, seems to forget how to take care of self).				
80. Laughs or cries at inappropriate times or shows no emotion in situations where most others of same age would react.				
81. Seems to have lost interest in doing things or talking to people.				

Category J

82. Wets bed at night.				
83. Wets or soils underwear during daytime hours.				

Category K: Does this youngster have periods lasting at least several days where he/she does the following:

84. Is depressed for most of the day.				
85. Shows little interest in (or enjoyment of) pleasurable activities.				
86. Talks about death or suicide.				
87. Feels worthless or guilty.				
88. Has low energy level or is tired for no apparent reason.				
89. Has little confidence or feels inferior to others.				
90. Feels that things never work out right.				

Please circle YES or NO

91. Has experienced a big change in his/her normal appetite or weight.	NO	YES
92. Has experienced a big change in his/her normal sleeping habits—trouble sleeping or sleeps too much.	NO	YES
93. Has experienced a big change in his/her normal activity level—overactive or inactive.	NO	YES
94. Has experienced a big change in his/her ability to concentrate or make decisions.	NO	YES
95. Has experienced a big drop in school grades or schoolwork.	NO	YES
96. Has become more sensitive or tearful than usual.	NO	YES
97. Has experienced a very stressful event such as parents divorce, death of a friend or relative, serious illness.	NO	YES

Category L: Have there been periods lasting at least several days where his/her personality changes and he/she does the following:

98. Is much more cheerful than usual.	NO	YES
99. Is much more irritable or explosive than usual.	NO	YES

If answer to 98 or 99 is Yes, during these periods does he/she also do the following?

100. Become much more active or busy than usual.	NO	YES
101. Need far less sleep than usual.	NO	YES
102. Much more talkative than usual.	NO	YES
103. Far more distractible than usual.	NO	YES
104. Do far more reckless or silly things than usual.	NO	YES
105. Switch rapidly form one topic to another.	NO	YES
106. Believe that he/she has special abilities or can do things that are obviously unrealistic.	NO	YES

Category M

	NEVER	SOME-TIMES	OFTEN	VERY OFTEN
107. Unusually thin or underweight.				
108. Refuses to eat enough food to keep a healthy body weight.				
109. Has excessive worries about getting fat or becoming overweight.				
110. Thinks he/she is fat or overweight but really isn't.				

Category N

111. Has eating binges (eats an excessive amount of food in a short period of time).				
112. Cannot stop eating or control how much he/she eats.				
113. Uses very strict diets, vomiting, laxatives, or excessive exercise to control weight.				
114. Seems over-concerned about his/her weight or figure.				

Category O

115. Smokes tobacco cigarettes.				
116. Drinks alcohol beverages (beer, wine, liquor).				
117. Gets into trouble because of alcohol use.				
118. Smokes marijuana.				
119. Uses other illegal drugs (cocaine, glue, speed, LSD, etc.).				
120. Gets into trouble because of illegal drug use.				

Other problems or comments (attach additional page if necessary): _____

