

Child Symptom Inventory-4: Parent Checklist 6-12 Years Old

Name: _____ Gender: _____ DOB: _____ Age: _____

School: _____ Grade: _____ Today's Date: _____

Name of Person Completing Form: _____ Relation to Child _____

Directions: Check which rating best describes your child's overall behavior. Answer each question to the best of your ability.

Category A

	NEVER	SOME-TIMES	OFTEN	VERY OFTEN
1. Fails to give close attention to details or makes careless mistakes.				
2. Has difficulty paying attention to tasks or play activities.				
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 tasks 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.				
10. Fidgets with hands or feet or squirms in seat.				
11. Has difficulty remaining seated when asked to do so.				
12. Runs about or climbs on things when asked not to do so.				
13. Has difficulty playing 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 people or butts into other children's activities.				

Category B

	NEVER	SOME-TIMES	OFTEN	VERY OFTEN
19. Loses temper				
20. Argues with adults.				
21. Defies or refuses what you tell him/her to do.				
22. Does things to deliberately annoy others.				
23. Blames others for own misbehavior or mistakes.				
24. Is touchy or easily annoyed by others.				
25. Is angry and resentful.				
26. Takes anger out on others or tries to get even				

Category C

27. Plays hooky from school.				
28. Stays out at night when not supposed to.				
29. Lies to get things or to avoid responsibilities (cons others)				
30. Bullies, threatens or intimidates others				
31. Starts physical fights.				
32. Has runaway from home overnight.				
33. Has stolen things when others were not looking.				
34. Has deliberately destroyed others' property.				
35. Has deliberately started fires.				
36. Has stolen things from others using physical force.				
37. Has broken into someone else's house, building, or car.				
38. Has used a weapon when fighting (bat, brick, bottle, etc.)				
39. Has been physically cruel to animals.				
40. Has been physically cruel to people.				
41. Has been preoccupied with or involved in sexual activity.				

Category D

42. Is overly concerned about abilities in academic, athletic, or social activities.				
43. Has difficulty controlling worries.				
44. Acts restless or edgy.				
45. Is irritable for most of the day.				
46. Is extremely tense or unable to relax.				
47. Has difficulty falling asleep or staying asleep.				
48. Complains about physical problems (headaches, upset stomach, etc.) for which there is no apparent cause.				

Category E

	NEVER	SOME-TIMES	OFTEN	VERY OFTEN
49. Shows excessive fear to specific objects or situations (animals, heights, storms, insects, etc.)				
50. Cannot get distressing thoughts out of his/her mind (worries about germs and doing things perfectly, etc.)				
51. Feels compelled to perform usual habits (hand washing checking locks, repeating things a set number of times.)				
52. Has experienced an extremely upsetting event and continues to be bothered by it.				
53. Does unusual movements for no apparent reason (eye blinking, twitching, lip licking, head jerking, etc.)				
54. Makes vocal sounds for no apparent reason (coughing, throat clearing, sniffing, grunting, etc.)				

Category F

55. Has strange ideas or beliefs that are not real (child's food is poisoned, people are trying to get him/her, etc.)				
56. Has auditory hallucinations. Hears voices talking to or telling him/her to do things.				
57. Has extremely strange or illogical thoughts or ideas.				
58. Laughs or cries at inappropriate times or shows no emotion in situations where most others of same age would react.				
59. Does extremely odd things (excessive preoccupation with fantasy friends, talks to self in a strange way, etc.)				

Category G

	NEVER	SOME-TIMES	OFTEN	VERY OFTEN
60. Is depressed for most of the day.				
61. Shows little interest in (or enjoyment of) pleasurable activities.				
62. Has recurrent thoughts of death or suicide.				
63. Feels worthless or guilty.				
64. Has low energy level or is tired for no apparent reason.				
65. Has little confidence or is very self-conscious.				
66. Feels that things never work out right.				

(Circle YES or NO)

67. Has experienced a big change in his/her normal appetite or weight.	YES	NO
68. Has experienced a big change in his/her normal sleeping habits -- cannot sleep or sleeps too much.	YES	NO
69. Has experienced a big change in his/her normal activity level -- overactive or inactive.	YES	NO
70. Has experienced a big change in his/her ability to concentrate.	YES	NO
71. Has experienced a big drop in school grades or school work.	YES	NO