

Name: _____

Date: _____

KRIST SAMARITAN COUNSELING CENTER

Child/Adolescent Symptom Screener

Each rating should be considered in the context of what is appropriate for the age of your child. Please respond to all statements as well as you can, even if some do not seem to concern your child.

The following questions relate to your child's experiences over the *last 6 months*.

	Never	Occasionally	Often	Very Often
Does not pay attention to details or makes careless mistakes with, for example				
Has difficulty keeping attention to what needs to be done				
Does not seem to listen when spoken to directly				
Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)				
Has difficulty organizing tasks and activities				
Avoids, dislikes, or does not want to start tasks that require ongoing mental effort				
Loses things necessary for tasks or activities (toys, assignments, pencils, or books)				
Is easily distracted by noises or other stimuli				
Is forgetful in daily activities				

	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
Overall school performance					
Reading					
Writing					
Mathematics					
Relationship with parents					
Relationship with siblings					
Relationship with peers					
Participation in organized activities (e.g., teams)					

	Never	Occasionally	Often	Very Often
Fidgets with hands or feet or squirms in seat				
Leaves seat when remaining seated is expected				
Runs about or climbs too much when remaining seated is expected				
Has difficulty playing or beginning quiet play activities				
Is "on the go" or often acts as if "driven by a motor"				
Talks too much				
Blurts out answers before questions have been completed				
Has difficulty waiting his or her turn				
Interrupts or intrudes in on others' conversations and/or activities				

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

Over the *last 2 weeks*, how often has your child been bothered by the following problems?

	Not at All	Sometimes	Pretty Much	Very Much	All the Time
Complains of stomachaches					
Pouts and sulks					
Appears happy					
Unable to make up his/her mind					
Cries often					
Moves slowly					
Complains of headaches					
Demonstrates slow speech					
Spends more time with adults					
Talks a lot					
Spends time alone in room					
Carefree in spirit					
Self critical					
Finds it difficult to leave parents					
Enjoys new situations					
Forgetful					
Easily frustrated					

	Not at All	Sometimes	Pretty Much	Very Much	All the Time
Tires easily					
Gets angry					
Hostile to others					
Sullen					
Bowel problems					
Cheerful in nature					
Nausea or vomitting					
Temper outbursts					
Neat appearance					
Suicidal thoughts					
Eats poorly					
Falls asleep well					
Refuses to go to school					
Leaves school – “hooks”					
Moody or irritable					
Talks about fear of parents dying					
Works on tasks enthusiastically					
Sleeps through the night					
Awakens in morning earlier than necessary					
Needs help from adults					
Generally outgoing					

Read each phrase and decide how true the statement is for your child. Select the response that best describes your child for the *last 3 months*.

	Not True or Hardly Ever True	Somewhat True or Sometimes True	Very True or Often True
When my child feels frightened, it is hard for him/her to breathe			
My child gets headaches when he/she is at school			
My child doesn't like to be with people he/she doesn't know well			
My child gets scared if he/she sleeps away from home			
My child worries about other people liking him/her			
When my child gets frightened, he/she feels like passing out			
My child is nervous			
My child follows me wherever I go			
People tell me that my child looks nervous			
My child feels nervous with people he/she doesn't know well			
My child gets stomachaches at school			

	Not True or Hardly Ever True	Somewhat True or Sometimes True	Very True or Often True
When my child gets frightened, he/she feels like he/she is going crazy			
My child worries about sleeping alone			
My child worries about being as good as other kids			
When my child gets frightened, he/she feels like things are not real			
My child has nightmares about something bad happening to his/her parents			
My child worries about going to school			
When my child gets frightened, his/her heart beats fast			
My child gets shaky			
My child has nightmares about something bad happening to him/her			
My child worries about things working out for him/her			
When my child gets frightened, he/she sweats a lot			
My child is a worrier			
My child gets really frightened for no reason at all			
My child is afraid to be alone in the house			
It is hard for my child to talk with people he/she doesn't know well			
When my child gets frightened, he/she feels like he/she is choking			
People tell me that my child worries too much			
My child doesn't like to be away from his/her family			
My child is afraid of having anxiety (or panic) attacks			
My child worries that something bad might happen to his/her parents			
My child feels shy with people he/she doesn't know well			
My child worries about what is going to happen in the future			
When my child gets frightened, he/she feels like throwing up			
My child worries about how well he/she does things			
My child is scared to go to school			
My child worries about things that have already happened			

	Not True or Hardly Ever True	Somewhat True or Sometimes True	Very True or Often True
When my child gets frightened, he/she feels dizzy			
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)			
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			
My child is shy			

Please answer each question to the best of your ability.

	Yes	No
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/she does not want them to.		
Does your child have compulsions or habits which they can't stop doing? Compulsions are things that your child feels he/she has to do although he/she may know they do not make sense.		

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?		
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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?		
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Are you concerned your child has been drinking alcohol?		
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Are you concerned your child has been using marijuana, illegal drugs, or prescription medications for non-medical reasons?		
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Please answer each question to the best of your ability.

	Yes	No
Are you concerned about your child's overall level of development?		
Are you concerned about your child's development in the area of speech and language?		
Are you concerned about your child's learning development in the areas of mathematics, reading, etc.?		
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)?		

Has your child had any problems with enuresis (bed-wetting)?		
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Has your child had any problems with encopresis (fecal incontinence)?		
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Clinician use only

1 = positive 0 = negative -1 = not enough questions were answered to determine a result

ADHD- I=	_____	Vanderbilt Parent ADHD-I =	_____
ADHD-H =	_____	Vanderbilt Parent ADHD-H =	_____
ADHD-C =	_____	Vanderbilt Parent ADHD-C =	_____
ODD =	_____	Vanderbilt Parent ODD =	_____
CD =	_____	Vanderbilt Parent CD =	_____
DEP =	_____	Vanderbilt Parent Anx/Dep =	_____
ANX =	_____	Vanderbilt Parent Performance =	_____
Panic/Somatic =	_____	Vanderbilt Parent Avg Performance Score =	_____
GAD =	_____	SCARED-Parent Total =	_____
Sep Anx =	_____	SCARED-Parent Panic/Somatic =	_____
Sch Avd =	_____	SCARED-Parent GAD =	_____
OCD =	_____	SCARED-Parent Sep Anx =	_____
Trauma =	_____	SCARED-Parent Social Anx =	_____
Psych =	_____	SCARED-Parent Sch Avd =	_____
Alch =	_____	HDCL-C =	_____
Drug =	_____		
Dev =	_____		
ASD =	_____		
Enuresis =	_____		
Encopresis =	_____		