

Amen Child/Teen General Symptom Checklist

Name: _____

Parents please rate your child or teen on each of the symptoms listed below using the following scale. If possible, to give us the most complete picture, have the child or teen rate him/herself as well. For young children it may not be practical to have them fill out the questionnaire. Use your best judgment and do the best you can.

0	1	2	3	4	N/A
Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable/Not Known

Ch/Tn Parent

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Depressed or sad mood |
| _____ | _____ | 2. Not as much interest in things that are usually fun |
| _____ | _____ | 3. Significant recent weight or appetite changes |
| _____ | _____ | 4. Recurrent thoughts of death or suicide |
| _____ | _____ | 5. Sleep changes, lack of sleep or marked increase in sleep |
| _____ | _____ | 6. Low energy or feelings of tiredness |
| _____ | _____ | 7. Feelings of being worthless, helpless, hopeless or guilty |
| _____ | _____ | 8. Plays alone or appears socially withdrawn |
| _____ | _____ | 9. Cries easily |
| _____ | _____ | 10. Negative thinking |
| _____ | _____ | 11. Periods of an elevated, high or irritable mood |
| _____ | _____ | 12. Periods of a very high self esteem or big thinking |
| _____ | _____ | 13. Periods of decreased need for sleep without feeling tired. |
| _____ | _____ | 14. More talkative than usual or feel pressure to keep talking |
| _____ | _____ | 15. Fast thoughts or frequent jumping from one subject to another |
| _____ | _____ | 16. Easily distracted by irrelevant things |
| _____ | _____ | 17. Marked increase in activity level |
| _____ | _____ | 18. Cyclic periods of angry, mean or violent behavior |
| _____ | _____ | 19. Periods of time where you feel intensely anxious or nervous |
| _____ | _____ | 20. Periods of trouble breathing or feeling smothered |
| _____ | _____ | 21. Periods of feeling dizzy, faint or unsteady on your feet |
| _____ | _____ | 22. Periods of heart pounding, fast heart rate or chest pain |
| _____ | _____ | 23. Periods of trembling, shaking or sweating |
| _____ | _____ | 24. Periods of nausea, abdominal upset or choking |
| _____ | _____ | 25. Intense fear of dying |
| _____ | _____ | 26. Lacks confidence in abilities |
| _____ | _____ | 27. Needs lots of reassurance |
| _____ | _____ | 28. Needs to be perfect |
| _____ | _____ | 29. Seems fearful and anxious |
| _____ | _____ | 30. Seems shy or timid |
| _____ | _____ | 31. Easily embarrassed |
| _____ | _____ | 32. Sensitive to criticism |
| _____ | _____ | 33. Bites fingernails or chews cloths |
| _____ | _____ | 34. Persistent refusal to go to school |
| _____ | _____ | 35. Excessive fear of interacting with other children or adults |
| _____ | _____ | 36. Persistent, excessive fear (heights, closed spaces, specific animals, etc.) please list _____ |
| _____ | _____ | 37. Excessive anxiety concerning separation from home or from those to whom the child is attached. |
| _____ | _____ | 38. Recurrent bothersome thoughts, ideas or images which you try to ignore |

- _____ 39. Trouble getting “stuck” on certain thoughts, or having the same thought over and over
- _____ 40. Excessive or senseless worrying
- _____ 41. Others complain that you worry too much or get “stuck” on the same thoughts
- _____ 42. Compulsive behaviors that you must do or you feel very anxious, such as excessive hand washing, Cleaning, checking locks, or counting or spelling
- _____ 43. Needing to have things done a certain way or you become very upset
- _____ 44. Recurrent and upsetting thoughts of a past traumatic even (molest, accident, fire, etc.)
Please list _____
- _____ 45. Recurrent distressing dreams of a past upsetting event
- _____ 46. Feelings of reliving a past upsetting event
- _____ 47. Spend effort avoiding thoughts or feelings related to a past trauma
- _____ 48. Feeling that your future is shortened
- _____ 49. Startle easily
- _____ 50. Feel like you’re always watching for bad things to happen
- _____ 51. Refusal to maintain body weight above a level most people consider healthy
- _____ 52. Intense fear of gaining weight or becoming fat even though underweight
- _____ 53. Feelings of being fat, even though you’re underweight
- _____ 54. Recurrent episodes of eating large amounts of food
- _____ 55. A feeling of lack of control over eating behavior
- _____ 56. Engage in activities to eliminate excess food, such as self induced vomiting, laxatives, strict dieting or strenuous exercise
- _____ 57. Persistent worry with body shape and weight
- _____ 58. Involuntary physical movements or motor tics (such as eye blinking, shoulder shrugging, head jerking or picking.) How long have motor tics been present? _____ How often? _____
Describe _____
- _____ 59. Involuntary vocal sounds or verbal tics (such as coughing, puffing, blowing, whistling, swearing).
How long have verbal tics been present? _____ How often? _____
Describe _____
- _____ 60. Repetitive, seemingly driven motor behavior (e.g., hand shaking or waving, body rocking, head banging, mouthing of objects, self-biting, picking at skin or bodily orifices, hitting own body) that interferes with normal activities or results in self-inflicted bodily injury that requires medical treatment (or would result in an injury if preventive measures were not used.)
- _____ 61. Passage of feces in inappropriate places (e.g., clothing or floor)
- _____ 62. Bed wetting. If present, how often? _____
- _____ 63. Failure to speak in specific social situations (in which there is an expectation for speaking, e.g., at school) despite speaking in other situations
- _____ 64. Delusional or bizarre thoughts (thoughts you know others would think are false)
- _____ 65. Visual hallucination, seeing objects or images are not really present
- _____ 66. Hearing voices that are not really present
- _____ 67. Odd behaviors
- _____ 68. Poor personal hygiene or grooming
- _____ 69. Inappropriate mood for the situation (i.e., laughing at sad events)
- _____ 70. Frequent feelings that someone or something is out to hurt you
- _____ 71. Problems with social relatedness before the age of 5, either by failing to respond appropriately to others or becoming indiscriminately attached to others
- _____ 72. Multiple changes in caregivers before the age of 5
- _____ 73. Steals
- _____ 74. Bullies, threatens, or intimidates others
- _____ 75. Initiates physical fights

- _____ 76. Cruel to animals
- _____ 77. Force others into things they do not want to do (sexually or criminally)
- _____ 78. Sets fires
- _____ 79. Destroys property
- _____ 80. Break in to others home, school, car or place of business
- _____ 81. Lies
- _____ 82. Stays out at night despite parental prohibitions
- _____ 83. Runs away overnight
- _____ 84. Cuts school
- _____ 85. Doesn't seem sorry for hurting others
- _____ 86. Negative, hostile, or defiant behavior
- _____ 87. Loses temper
- _____ 88. Argues with adults
- _____ 89. Actively defies or refuses to comply with adults' requests or rules
- _____ 90. Deliberately annoys people
- _____ 91. Blames others for his or her mistakes or misbehavior
- _____ 92. Touchy or easily annoyed by others
- _____ 93. Angry and resentful
- _____ 94. Spiteful or vindictive
- _____ 95. Impairment in communication as manifested by at least one of the following:
- Delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
 - In individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
 - Repetitive use of language or odd language
 - Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level
- _____ 96. Impairment in social interaction, with at least two of the following:
- Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
 - Failure to develop peer relationships appropriate to developmental level
 - Lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest)
 - lack of social or emotional reciprocity
- _____ 97. Repetitive patterns of behavior, interests, and activities, as manifested by at least one of the following:
- Preoccupation with an area of that is abnormal either in intensity or focus
 - Rigid adherence to specific, nonfunctional routines or rituals
 - Repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)
 - Persistent preoccupation with parts of objects
- _____ 98. Stutters
- _____ 99. Feel tired during the day
- _____ 100. Feel cold when others feel fine or they are warm
- _____ 101. Often feel warm when others feel fine or they are cold
- _____ 102. Problems with brittle or dry hair
- _____ 103. Problems with dry skin
- _____ 104. Problems with sweating
- _____ 105. Problems with chronic anxiety or tension