

Adolescent/Teen Behavioral Checklist

(To be completed by parent)

Adolescent's Name _____ Age ____ Grade ____

Form completed by _____

Problem Behaviors

Please indicate the severity of these problem behaviors if you have seen them in your adolescent or teen in the past three months.

0 -- Not at all 1 -- Rarely 2 -- Sometimes 3 -- Often 4 -- Most of the time 5 -- All of the time

- _____ Feels sad or depressed
- _____ Feels anxious or nervous
- _____ Problems with eating (lack of appetite, overeating, bulimia, anorexia)
- _____ Truancy from school
- _____ Arguing with others (peers, teachers, parents, authority figures)
- _____ Hurting animals
- _____ Problems with sleep (going to sleep, sleeping all night, too much sleep)
- _____ Nightmares
- _____ Excessive energy or difficulty being still
- _____ Talks of feeling worthless
- _____ Says that people, family, etc. would be better without him/her
- _____ Sets fires
- _____ Violent outbursts (throwing, breaking, or destroying objects)
- _____ Self destructive behavior (cutting, self-mutilation, taking pills)
- _____ Getting into verbal or physical fights
- _____ Talks about death
- _____ Running away or threats of running away
- _____ Using drugs or alcohol
- _____ Incidents with law enforcement
- _____ Verbal attacks on others
- _____ Worries that something bad is going to happen
- _____ Lies
- _____ Breaking rules (curfew, cheating, etc.)
- _____ Lonely or complains of not having friends
- _____ Apathy
- _____ Change in physical appearance or lack of concern about appearance

Functioning Levels

Rate the level of functioning you have observed in your adolescent or teen in the following areas.

0 – Extreme trouble 1 – Quite a few troubles 2 – Some troubles 3 – Fair 4 – Doing very well

- _____ Expresses emotions appropriately
- _____ Is motivated and finishes projects and assignments
- _____ Completes household chores and responsibilities
- _____ Attends school and is making passing grades
- _____ Thinks clearly and makes good choices
- _____ Gets along well with family
- _____ Gets along well with friends
- _____ Is able to concentrate, pay attention, and follow through on tasks
- _____ Participates in hobbies or recreational activities
- _____ Accepts limitations and responds appropriately when told “no”
- _____ Does things independently without supervision
- _____ Is earning money and handling it responsibly
- _____ Positive self-esteem