

**Los Angeles Symptom Checklist
(Adolescent Version)**

This is a list of problems that people your age sometimes have, and I would like you to rate each one on a scale of 0 to 4, according to how much of a problem it is for you.

	0 Not a problem	1 Slight problem	2 Moderate problem	3 Serious problem	4 Extreme problem
____1.	Difficulty falling asleep		____24.	Eating too much	
____2.	Drinking too much alcohol		____25.	Difficulty concentrating	
____3.	Severe headaches		____26.	Dizziness/fainting	
____4.	Restlessness, not able to sit		____27.	Sexual problems	
____5.	Nightmares, bad dreams		____28.	Waking during the night	
____6.	Difficult getting to school		____29.	Difficulty with memory	
____7.	Difficulty staying in school (skipping school, probation problems, getting kicked out)		____30.	Very self-conscious, worried about what others think or feel about me	
____8.	Getting angry easily and/or temper problems		____31.	Depression	
____9.	Feeling disgusted at everything and everybody		____32.	Can't make and keep male friends	
____10.	Momentary blackouts and/or fainting spells		____33.	Can't make and keep female friends	
____11.	Feeling uncomfortable in my gut (stomach, insides)		____34.	Being too jumpy	
____12.	Management of money (spending it unwisely)		____35.	Waking up early in the morning when I don't need to	
____13.	Dissatisfied with school		____36.	Loss of weight or appetite	
____14.	Strong memories of unpleasant things that have happened		____37.	Heart pounding/beating very fast	
____15.	Hostility/violence (you toward others)		____38.	Suddenly feeling very afraid or as if I'm going crazy, for no good reason	
____16.	Boyfriend or girlfriend problems (problems forming or maintaining relationships)		____39.	Problems with authority (the law or police, the government, the principal)	
____17.	Get tired easily		____40.	Avoiding doing things that remind me of unpleasant things that have happened	
____18.	Drug abuse		____41.	Trouble trusting other people	
____19.	Unable to show my feelings		____42.	Loss of interest in things that I usually do	
____20.	Feeling tense or nervous		____43.	Feeling numb inside, my emotions don't change—I don't have strong feelings, either happy or sad	
____21.	No leisure activities (don't do anything for fun)				
____22.	Suicidal thoughts, feeling like I want to hurt myself				
____23.	Physical or medical problems				
	Please describe: _____				

Los Angeles Symptom Checklist Subscales

17-Item PTSD Adolescent Scoring Form

Subscale	Item Description	Item Number
Reexperiencing/Intrusion	Nightmares	5
Reexperiencing/Intrusion	Strong memories of unpleasant things that have happened	4
Reexperiencing/Intrusion	Waking during the night	28

Subscale	Item Description	Item Number
Avoidance/Numbing	Unable to show my feelings	19
Avoidance/Numbing	Difficulty w/ memory	29
Avoidance/Numbing	Avoiding doing things that remind me of unpleasant things that have happened	40
Avoidance/Numbing	Trouble trusting other people	41
Avoidance/Numbing	Loss of interest in things that I usually do	42
Avoidance/Numbing	Feeling numb inside, my emotions don't change—I don't have strong feelings, either happy or sad	43

Subscale	Item Description	Item Number
Hyperarousal	Difficulty falling asleep	1
Hyperarousal	Restlessness, unable to sit still	4
Hyperarousal	Getting angry easily &/or temper problems	8
Hyperarousal	Feeling tense or nervous	20
Hyperarousal	Difficulty concentrating	25
Hyperarousal	Being too jumpy	34
Hyperarousal	Heart pounding/beating very fast	37
Hyperarousal	Suddenly feeling very afraid or as if I'm going crazy, for no good reason	38