

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	1	2	3	4
	Not a problem	Slight problem	Moderate problem	Serious problem	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