

Oakridge Pediatrics
Child Symptom Inventory-IV: Parent Checklist

Please do not use pencil.

Child's Name:	Date of Birth:	Age:	Today's date:
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Name of person completing form:	Relation to the child:
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Please indicate physician being seen:

Dr. A. Lipson <input type="checkbox"/>	Dr. R. Wingerin <input type="checkbox"/>	Dr. H. Kitson <input type="checkbox"/>	Dr. S. Ruzic <input type="checkbox"/>	Dr. Y. Kaikov <input type="checkbox"/>
Dr. M. Clarke <input type="checkbox"/>	Dr. M. Mahal <input type="checkbox"/>	Dr. M. Deevska <input type="checkbox"/>		

Directions: Check the rating which best describes your child's overall behaviour:

Category A

	Never	Some- times	Often	Very often
1. Fails to give close attention to details or makes careless mistakes				
2. Has difficulty paying attention to tasks or play activities				
3. Does not seem to listen when spoken to directly				
4. Has difficulty following through on instructions and fails to finish things				
5. Has difficulty organizing tasks and activities				
6. Avoids doing tasks that require a lot of mental effort (school work, homework, etc.)				
7. Loses things necessary for activities				
8. Is easily distracted by other things going on				
9. Is forgetful in daily activities				
10. Fidgets with hands or feet or squirms in seat				
11. Has difficulty remaining seated when asked to do so				
12. Runs about or climbs on things when asked not to do so				
13. Has difficulty playing quietly				
14. Is "on the go" or acts as if "driven by a motor"				
15. Talks excessively				
16. Blurts out answers to questions before they have been completed				
17. Has difficulty awaiting turn in group activities				
18. Interrupts or butts into other children's activities				

Category B

	Never	Some- times	Often	Very Often
19. Loses temper				
20. Argues with adults				
21. Defies or refuses what you tell him/her to do				
22. Does things to deliberately annoy others				
23. Blames others for own misbehaviour or mistakes				
24. Is touchy or easily annoyed by others				
25. Is angry and resentful				
26. Takes anger out on others or tries to get even				

Category C

	Never	Some- times	Often	Very Often
27. Skips school				
28. Stays out at night when not supposed to				
29. Lies to get things or to avoid responsibility ("cons" others)				
30. Bullies, threatens, or intimidates others				
31. Starts physical fights				
32. Has run away from home overnight				
33. Has stolen things when others were not looking				
34. Has deliberately destroyed others' property				
35. Has deliberately started fires				
36. Has stolen things from others using physical force				
37. Has broken into someone else's house, building or car				
38. Has used a weapon when fighting (bat, brick, bottle, etc.)				
39. Has been physically cruel to animals				

40. Has been physically cruel to people				
41. Has been preoccupied with or involved in sexual activity				

Category D

	Never	Some-times	Often	Very Often
42. Is over concerned about abilities in academic, athletic, or social activities				
43. Has difficulty controlling worries				
44. Acts restless or edgy				
45. Is irritable for most of the day				
46. Is extremely tense or unable to relax				
47. Has difficulty falling asleep or staying asleep				
48. Complains about physical problems (headaches, upset stomach, etc.) for which there is no apparent cause				

Category E

	Never	Some-times	Often	Very Often
49. Shows excessive fear to specific objects or situations (animals, heights, storms, insects, etc.)				
50. Cannot get distressing thoughts out of his/her mind (worries about germs/doing things perfectly, etc.)				
51. Feels compelled to perform unusual habits (hand washing, checking locks, repeating things a set number of times)				
52. Has experienced an extremely upsetting event and continues to be bothered by it				
53. Does unusual movements for no apparent reason (eye blinking, twitching, lip licking, head jerking, etc.)				
54. Makes vocal sounds for no apparent reason (coughing, throat clearing, sniffing, grunting, etc.)				

Category F

	Never	Some-times	Often	Very Often
55. Has strange ideas or beliefs that are not real (child's food is poisoned, people are trying to get him/her, etc.)				

56. Has auditory hallucinations: hears voices talking to or telling him/her to do things				
57. Has extremely strange and illogical thoughts or ideas				
58. Laughs or cries at inappropriate times or shows no emotion in situations where most others of same age would react				
59. Does extremely odd things (excessive preoccupation with fantasy friends, talks to self in a strange way, etc.)				

Category G

	Never	Some-times	Often	Very Often
60. Is depressed for most of the day				
61. Shows little interest in (or enjoyment of) pleasurable activities				
62. Has recurrent thoughts of death or suicide				
63. Feels worthless or guilty				
64. Has low energy level or is tired for no apparent reason				
65. Has little confidence or is very self-conscious				
66. Feels that things never work out right				

67. Has experienced a big change in his/her normal appetite or weight (circle yes or no)	No	Yes
68. Has experienced a big change in his/her normal sleeping habits (cannot sleep or sleeps too much)	No	Yes
69. Has experienced a big change in his/her normal activity level (overactive or inactive)	No	Yes
70. Has experienced a big change in his/her ability to concentrate	No	Yes
71. Has experienced a big drop in school grades or schoolwork	No	Yes

Category H

	Never	Some-times	Often	Very Often
72. Has a peculiar way of relating to others (avoids eye contact, odd facial expressions or gestures, etc.)				
73. Does not play or relate well with other children				

74. Not interested in making friends				
75. Is unaware or takes no interest in other people's feelings				
76. Has a significant problem with language				
77. Has difficulty making socially appropriate conversation				
78. Talks in a strange way (repeats what others say; confuses words like "you" and "I"; uses odd words or phrases, etc.)				
79. Is unable to "pretend" or "make believe" when playing				
80. Shows excessive preoccupation with one topic				
81. Gets very upset over small changes in routine or surroundings				
82. Makes strange repetitive movements (flapping arms, etc.)				
83. Has strange fascination for parts of objects				

Category I

	Never	Some-times	Often	Very Often
84. Tries to avoid contact with strangers; abnormally shy				
85. Is excessively shy with peers				
86. Is generally warm and outgoing with family members and familiar adults				
87. When put in an uncomfortable social situation, child cries, freezes, or withdraws from interacting				

Category J

	Never	Some-times	Often	Very Often
88. Gets very upset when child expects to be separated from home or parents				
89. Worries that parents will be hurt or leave home and not come back				
90. Worries that some disaster (getting lost, kidnapped, etc.) will separate child from parents				
91. Tries to avoid going to school in order to stay home with parent				
92. Worries about being left at home alone or with a sitter				
93. Afraid to go to sleep unless near parent				
94. Has nightmares about being separated from parent				

95. Complains about feeling sick when child expects to be separated from home or parents				
96. Wets bed at night				
97. Wets or soils underwear during daytime hours				

Other problems or comments (attach additional page if necessary):

Thank you!