# CHILD SYMPTOM INVENTORY - 4: PARENT CHECKLIST

| CHILD'S NAME | GENDER | DATE OF BIRTH | AGE |
|---|---|---|---|
| SCHOOL | GRADE | TODAY'S DATE | |
| NAME OF PERSON COMPLETING FORM | RELATION TO CHILD | | |

**DIRECTIONS: CHECK WHICH RATING BEST DESCRIBES YOUR CHILD'S BEHAVIOR. ANSWER EACH QUESTION TO THE BEST OF YOUR ABILITY.**

| CATEGORY A | NEVER | SOME-TIMES | OFTEN | VERY OFTEN |
|---|---|---|---|---|
| 1. FAILS TO GIVE CLOSE ATTENTION TO DETAILS OR MAKES CARLESS 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 (SCHOOLWORK, HOMEWORK, ETC.) | | | | |
| 7. LOSES THINGS NECESSARY FOR ACTIVITIES. | | | | |
| 8. IS EASILY DESTRACTED 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 PEOPLE OR BUTTS INTO OTHER CHILDREN'S ACTIVITIES. | | | | |

## CHILD SYMPTOM INVENTORY - 4: PARENT CHECKLIST

| 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 MISBEHAVIOR 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 | | | | |
|---|---|---|---|---|
| 27. PLAYS HOOKEY FROM 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 SOMEON 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 | | | | |
|---|---|---|---|---|
| 42. IS OVERCONCERNED 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 APPPARENT CAUSE. | | | | |

## CHILD SYMPTOM INVENTORY - 4: PARENT CHECKLIST

| 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 OR 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, SNIFFLING, GRUNTING, ETC.). | | | | |

| CATEGORY F | | | | | |
|---|---|---|---|---|---|
| 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 | | | | | |
|---|---|---|---|---|---|
| 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 (CIRCLE YES OR NO) | NO | YES |
| 69. | HAS EXPERIENCED A BIG CHANGE IN HIS/HER NORMAL ACTIVITY LEVEL - OVERACTIVE OR INACTIVE (CIRCLE YES OR NO) | NO | YES |
| 70. | HAS EXPERIENCED A BIG CHANGE IN HIS/HER ABILITY TO CENCENTRATE (CIRCLE YES OR NO) | NO | YES |
| 71. | HAS EXPERIENCED A BIG DROP IN SCHOOL GRADES OR SCHOOLWORK (CIRCLE YES OR NO) | NO | YES |

## CHILD SYMPTOM INVENTORY - 4: PARENT CHECKLIST

| CATEGORY H | NEVER | SOME-TIMES | OFTEN | VERY OFTEN |
|---|---|---|---|---|
| 72. HAS A PECULIAR WAY OF RELATING TO OTHERS (AVOIDS EYE COONTACT, 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 | | | | |
|---|---|---|---|---|
| 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 | | | | |
|---|---|---|---|---|
| 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, KIDNEPPED, 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. | | | | |

THANK YOU!