

Name: _____ Date: _____

ADOLESCENT GENERAL SYMPTOM CHECKLIST

Please rate yourself on each of the symptoms listed below using the following scale. If possible, to give us the most complete picture, have another person who knows you well (such as a parent, adult sibling or grandparent) rate you as well.

List other person _____

0	1	2	3	4	N/A
Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable/Not Known

Other Self

- _____ 1. Depressed or sad mood
- _____ 2. Decreased interest in things that are usually fun
- _____ 3. Significant weight gain or loss, or marked appetite changes, increased or decreased
- _____ 4. Recurrent thoughts of death or suicide
- _____ 5. Sleep changes, lack of sleep or marked increase in sleep
- _____ 6. Physically agitated or "slowed down"
- _____ 7. Low energy or feelings of tiredness
- _____ 8. Feelings of worthlessness, helplessness, hopelessness or guilt
- _____ 9. Decreased concentration or memory
- _____ 10. Periods of an elevated, high or irritable mood
- _____ 11. Periods of a very high self-esteem or grandiose thinking
- _____ 12. Periods of decreased need for sleep without feeling tired
- _____ 13. More talkative than usual or pressure to keep talking
- _____ 14. Racing thoughts or frequent jumping from one subject to another
- _____ 15. Easily distracted by irrelevant things
- _____ 16. Marked increase in activity level
- _____ 17. Excessive involvement in pleasurable activities which have the potential for painful consequences
(spending money, sexual indiscretions, dangerous behavior or excessive risk-taking)
- _____ 18. Panic attacks, which are periods of intense, unexpected fear or emotional discomfort
(list number per month _____)
- _____ 19. Periods of trouble breathing or feeling smothered
- _____ 20. Periods of feeling dizzy, faint or unsteady on your feet
- _____ 21. Periods of heart pounding or rapid heart rate
- _____ 22. Periods of trembling or shaking
- _____ 23. Periods of sweating
- _____ 24. Periods of choking
- _____ 25. Periods of nausea or abdominal upset
- _____ 26. Feelings of a situation "not being real"
- _____ 27. Numbness or tingling sensations
- _____ 28. Hot or cold flashes
- _____ 29. Periods of chest pain or discomfort
- _____ 30. Fear of dying
- _____ 31. Fear of going crazy or doing something uncontrolled
- _____ 32. Avoiding everyday places for fear of having a panic attack or needing to go with other people in order to feel comfortable
- _____ 33. Excessive fear of being judged by others which causes you to avoid or get anxious in situations
- _____ 34. Persistent, excessive phobia (heights, closed spaces, specific animals, etc.) please list _____
- _____ 35. Recurrent bothersome thoughts, ideas or image you try to ignore
- _____ 36. Trouble getting "stuck" on certain thoughts, or having the same thought over and over
- _____ 37. Excessive or senseless worrying

- ___ 38. Others complain that you worry too much or get “stuck” on the same thoughts
- ___ 39. Compulsive behaviors that you must do or you feel very anxious, such as excessive hand washing, checking locks, or counting or spelling
- ___ 40. Needing to have things done a certain way or you become very upset
- ___ 41. Others complain that you do the same thing over and over to an excessive degree (such as cleaning or checking)
- ___ 42. Recurrent and upsetting thoughts of a past traumatic events (molest, accident, fire, etc.) please list _____
- ___ 43. Recurrent distressing dreams of a past upsetting event
- ___ 44. A sense of reliving a past upsetting event
- ___ 45. A sense of panic or fear to events that resemble an upsetting past event
- ___ 46. You spend effort avoiding thoughts or feelings associated with a past trauma
- ___ 47. Persistent avoidance of activities/situations, which cause remembrance of upsetting event
- ___ 48. Inability to recall an important aspect of a past upsetting event
- ___ 49. Marked decreased interest in important activities
- ___ 50. Feeling detached or distant from others
- ___ 51. Feeling numb or restricted in your feelings
- ___ 52. Feeling that your future is shortened
- ___ 53. Quick startle
- ___ 54. Feels like you’re always watching for bad things to happen
- ___ 55. Marked physical response to events that remind you of a past upsetting event, i.e., sweating when getting in a car if you had been in a car accident
- ___ 56. Marked irritability or anger outbursts
- ___ 57. Unrealistic or excessive worry in at least a couple areas of your life
- ___ 58. Trembling, twitching or feeling shaky
- ___ 59. Muscle tension, aches or soreness
- ___ 60. Feelings of restlessness
- ___ 61. Easily fatigued
- ___ 62. Shortness of breath or feeling smothered
- ___ 63. Heart pounding or racing
- ___ 64. Sweating or cold clammy hands
- ___ 65. Dry mouth
- ___ 66. Dizziness or lightheadedness
- ___ 67. Nausea, diarrhea, or other abdominal distress
- ___ 68. Hot or cold flashes
- ___ 69. Frequent urination
- ___ 70. Trouble swallowing or “lump in throat”
- ___ 71. Feeling keyed up or on edge
- ___ 72. Quick startle response or feeling jumpy
- ___ 73. Difficulty concentrating or “mind going blank”
- ___ 74. Trouble falling or staying asleep
- ___ 75. Irritability
- ___ 76. Trouble sustaining attention or being easily distracted
- ___ 77. Difficulty completing projects
- ___ 78. Feeling overwhelmed of the tasks of everyday living
- ___ 79. Trouble maintaining an organized bedroom
- ___ 80. Inconsistent school performance
- ___ 81. Lacks attention to detail
- ___ 82. Makes decisions impulsively
- ___ 83. Difficulty delaying what you want, having to have your needs met immediately
- ___ 84. Restless, fidgety
- ___ 85. Make comments to others without considering their impact
- ___ 86. Impatient, easily frustrated
- ___ 87. Frequent traffic violations or near accidents
- ___ 88. Refusal to maintain body weight above a level most people consider healthy
- ___ 89. Intense fear of gaining weight or becoming fat even though underweight

- ____ 90. Feelings of being fat, even though you're underweight
- ____ 91. Recurrent episodes of binge eating large amounts of food
- ____ 92. Feeling a lack of control over eating behavior
- ____ 93. Engage in regular activities to purge binges, such as self-induced vomiting, laxative, diuretics, strict dieting or strenuous exercise
- ____ 94. Persistent over concern with body shape and weight
- ____ 95a. Involuntary physical movements or motor tics (such as eye blinking, shoulder shrugging, head jerking or picking). How long have motor tics been present? _____ How often? _____ Describe: _____
- ____ 95b. Involuntary vocal sounds or verbal tics (such as coughing, puffing, blowing, whistling, swearing). How long have verbal tics been present? _____ How often? _____ Describe: _____
- ____ 96. Delusional or bizarre thoughts (thoughts you know others would think are false)
- ____ 97. Seeing objects, shadows or movements that are not real
- ____ 98. Hearing voices or sounds that are not real
- ____ 99. Periods of time where your thoughts or speech were disjointed or didn't make sense to you or others
- ____ 100. Social isolation or withdrawal
- ____ 101. Severely impaired ability to function at school
- ____ 102. Peculiar behaviors
- ____ 103. Lack of personal hygiene or grooming
- ____ 104. Inappropriate mood for the situation (i.e., laughing at sad events)
- ____ 105. Marked lack of initiative
- ____ 106. Frequent feelings that someone or something is out to hurt you or discredit you
- ____ 107. Do you snore loudly (or do others complain about your snoring)
- ____ 108. Have others said you stop breathing when you sleep
- ____ 109. Do you feel fatigued or tired during the day
- ____ 110. Do you often feel cold when others feel fine or they are warm
- ____ 111. Do you often feel warm when others feel fine or they are cold
- ____ 112. Do you have problems with brittle or dry hair
- ____ 113. Do you have problems with dry skin
- ____ 114. Do you have problems with sweating
- ____ 115. Do you have problems with chronic anxiety or tension
- ____ 116. Impairment in communication as manifested by at least one of the following:
- Delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
 - In individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
 - Repetitive use of language or odd language
 - Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level
- ____ 117. Impairment in social interaction with at least two of the following:
- Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
 - Failure to develop peer relationships appropriate to developmental level
 - Lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest)
 - Lack of social or emotional reciprocity
- ____ 118. Repetitive patterns of behavior, interests, and activities, as manifested by at least one of the following:
- Preoccupation with an area of that is abnormal either in intensity or focus
 - Rigid adherence to specific, nonfunctional routines or rituals
 - Repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)
 - Persistent preoccupation with parts of objects