

SYMPTOM CHECKLIST - ADOLESCENT VERSION

NAME _____

DATE _____

Please rate yourself using the scale below by circling the appropriate number after each item. Your Counselor will use this questionnaire to help plan your treatment goals. Please be as honest as you can.

ITEM	NEVER	SOMETIMES	OFTEN
1. I feel anxious or tense	1	2	3
2. I worry about things	1	2	3
3. I feel sad or depressed	1	2	3
4. My mind is always "on the go"	1	2	3
5. I have trouble sleeping	1	2	3
6. I have a temper	1	2	3
7. I feel lonely	1	2	3
8. I worry about my family	1	2	3
9. I am bothered by stomachaches or headaches	1	2	3
10. My feelings are easily hurt	1	2	3
11. I have low self-esteem	1	2	3
12. I am not doing well at school	1	2	3
13. I don't get enough sleep	1	2	3
14. I am having problems in my relationships	1	2	3
15. I have been physically hurt by others	1	2	3
16. I have been mistreated sexually	1	2	3
17. I have thoughts I can't control or get rid of	1	2	3
18. I act without thinking	1	2	3
19. I have trouble staying organized	1	2	3
20. I think about running away from home	1	2	3
21. I am a perfectionist	1	2	3
22. I throw up after eating	1	2	3
23. I have sexual problems	1	2	3
24. I get along better with younger kids	1	2	3
25. At times I feel like things are unreal	1	2	3
26. I get in trouble with the law	1	2	3
27. I hang out with kids that are not good for me	1	2	3
28. I skip school	1	2	3
29. I question my sexual identity	1	2	3
30. I worry about someone close to me using alcohol or drugs	1	2	3
31. I feel like hurting myself	1	2	3
32. My responsibilities overwhelm me	1	2	3
33. I have good friends I can trust	1	2	3
34. I enjoy sports	1	2	3
35. I have problems with authority figures	1	2	3
36. I argue with my parents	1	2	3
37. I get grounded by my parents	1	2	3
38. I have a strong religious faith	1	2	3
39. I have financial problems	1	2	3
40. I think of things too bad to talk about	1	2	3
41. I worry about my weight	1	2	3
42. I have allergies or asthma	1	2	3
43. I have a chronic illness or disability	1	2	3
44. I get along with my parents	1	2	3
45. I have nightmares	1	2	3
46. I recently suffered a loss in my life	1	2	3
47. I have problems adjusting to my parents' divorce	1	2	3
48. I worry about my friends	1	2	3
49. I think I have an eating disorder	1	2	3
50. I have problems at my job	1	2	3

Please use the backside of this form for any additional information you would like to share.