



Stony Brook
CHILD SYMPTOM INVENTORY – 4 PARENT CHECKLIST (5-15 YEARS OF AGE)

| | | |
|--|-------------------------------|-------------|
| CHILD'S NAME: | DATE OF BIRTH | AGE |
| NAME OF PERSON COMPLETING FORM: | RELATIONSHIP TO CHILD: | DATE |

DIRECTIONS: CHECK WHICH RATING BEST DESCRIBES YOUR CHILD'S OVERALL 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 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 (SCHOOLWORK, 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 PEOPLE 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 MISBEHAVIOR OR MISTAKES | | | | |
| 24. | IS TOUCHY OR EASILY ANNOYED BY OTHERS | | | | |

CATEGORY B

Page 2 PARENT CHECKLIST

| | | NEVER | SOME TIMES | OFTEN | VERY OFTEN |
|-----|--|-------|------------|-------|------------|
| 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. | PLAYS HOOKY 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 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 OVERLY 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 | SOMET IMES | OFTEN | VERY OFTEN |
|-----|---|-------|------------|-------|------------|
| 49. | SHOWS EXCESSIVE FEAR TO SPECIFIC OBJECTS OR SITUATIONS (ANIMALS, HEIGHTS, STORMS, 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, REPEATING THINGS A SET NUMBER OF TIMES) | | | | |
| 52. | HAS EXPERIENCED AN EXTREMELY UPSETTING EVENT AND CONTINUES TO BE BOTHERED BY IT. | | | | |

CATEGORY E

Page 3 PARENT CHECKLIST

| | | NEVER | SOMETIMES | OFTEN | VERY OFTEN |
|-----|--|-------|-----------|-------|------------|
| 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, GRUNTING, ETC.) | | | | |

CATEGORY F

| | | NEVER | SOMETIMES | 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 OTHER PEERS OF SAME AGE WOULD REACT | | | | |
| 59. | DOES EXTREMELY ODD THINGS (EXCESSIVE PREOCCUPATION WITH FANTASY, TALKS TO SELF IN A STRANGE WAY, ETC.) | | | | |

CATEGORY G

| | | NEVER | SOMETIMES | 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 WORRIED OR GUILTY | | | | |
| 64. | HAS LOW ENERGY LEVEL OR IS TIRED FOR NO APPARENT REASON. | | | | |
| 65. | HAS LITTLE CONFIDENCE OR VERY SELF CONSCIOUS | | | | |
| 66. | FEELS THAT THINGS NEVER WORK OUT RIGHT | | | | |
| (CIRCLE YES OR NO) | | | | | |
| 67. | HAS EXPERIENCED A BIG CHANGE IN HIS/HER NORMAL APPETITE OR WEIGHT | YES | | NO | |
| 68. | HAS EXPERIENCED A BIG CHANGE IN HIS/HER NORMAL SLEEPING HABITS-CANNOT SLEEP OR SLEEPS TOO MUCH. | YES | | NO | |
| 69. | HAS EXPERIENCED A BIG CHANGE IN HIS/HER NORMAL ACTIVITY LEVEL-OVERACTIVE OR INACTIVE | YES | | NO | |
| 70. | HAS EXPERIENCED A BIG CHANGE IN HIS/HER ABILITY TO CONCENTRATE | YES | | NO | |
| 71. | HAS EXPERIENCED A BIG DROP IN SCHOOL GRADES OR SCHOOLWORK | YES | | NO | |

CATEGORY H

| | | NEVER | SOMETIMES | OFTEN | VERY OFTEN |
|-----|--|-------|-----------|-------|------------|
| 72. | HAS A PECULIAR WAY OF RELATING TO OTHERS (AVOIDS EYE CONTACT, MAKES ODD FACIAL EXPRESSIONS OR GESTURES) | | | | |
| 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 PEOPLES' 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, PHRASES. ETC.) | | | | |

