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# Amen Child/Teen General Symptom Checklist

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Parents please rate your child or teen on each of the symptoms listed below using the following scale. If possible, to give us the most complete picture, have the child or teen rate him/herself as well. For young children it may not be practical to have them fill out the questionnaire. Use your best judgment and do the best you can.

|       |        |              |            |                 |                          |
|-------|--------|--------------|------------|-----------------|--------------------------|
| 0     | 1      | 2            | 3          | 4               | NA                       |
| Never | Rarely | Occasionally | Frequently | Very Frequently | Not Applicable/Not Known |

Ch/Tn Parent

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Feeling depressed or being in a sad mood  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Not having as much interest in things that are usually fun                        |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Experiencing a significant change in weight or appetite                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Having recurrent thoughts of death or suicide                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Experiencing sleep changes, such as a lack of sleep or a marked increase in sleep |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Having feelings of low energy or tiredness  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Having feelings of being worthless, helpless, hopeless or guilty                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Playing alone or being socially withdrawn   |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Easily being made to cry  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Thinking bad or negative thoughts  |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Having periods of an elevated, high or irritable mood                            |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Having periods of a very high self-esteem or big thinking                        |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Having periods of decreased need for sleep without feeling tired                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Being more talkative than usual or feeling pressure to keep talking              |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Having fast thoughts or frequently jumping from one subject to another           |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Being easily distracted by irrelevant things                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Having a marked increase in activity level                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Experiencing cyclic periods of angry, mean or violent behavior                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Having periods of time where you feel intensely anxious or nervous               |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Having periods of trouble breathing or feeling smothered                         |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Having periods of feeling dizzy, faint or unsteady on your feet                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Having periods of heart pounding, fast heart rate or chest pain                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 23. Having periods of trembling, shaking or sweating                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 24. Having periods of nausea, stomach discomfort/trouble, or choking                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 25. Having an intense fear of dying  |
| <input type="checkbox"/> | <input type="checkbox"/> | 26. Lacking confidence in one's abilities  |
| <input type="checkbox"/> | <input type="checkbox"/> | 27. Needing lots of reassurance  |
| <input type="checkbox"/> | <input type="checkbox"/> | 28. Needing to be perfect  |
| <input type="checkbox"/> | <input type="checkbox"/> | 29. Feeling fearful and/or anxious   |
| <input type="checkbox"/> | <input type="checkbox"/> | 30. Being shy or timid   |
| <input type="checkbox"/> | <input type="checkbox"/> | 31. Being easily embarrassed   |
| <input type="checkbox"/> | <input type="checkbox"/> | 32. Being sensitive to criticism   |
| <input type="checkbox"/> | <input type="checkbox"/> | 33. Biting fingernails or chews clothing   |
| <input type="checkbox"/> | <input type="checkbox"/> | 34. Regularly refusing to go to school   |
| <input type="checkbox"/> | <input type="checkbox"/> | 35. Having an excessive fear of interacting with other children or adults            |

- \_\_\_ 36. Having a persistent, excessive fear (e.g., of heights, closed spaces, specific animals, etc.).  
Please list: \_\_\_\_\_
- \_\_\_ 37. Being excessively anxious about separation from home or from those to whom you're attached.
- \_\_\_ 38. Having recurrent bothersome thoughts, ideas, or images that you try to ignore
- \_\_\_ 39. Having trouble getting "stuck" on certain thoughts, or having the same thought over and over
- \_\_\_ 40. Experiencing excessive or senseless worrying
- \_\_\_ 41. Others complaining that you worry too much or get "stuck" on the same thoughts
- \_\_\_ 42. Having compulsive behaviors that you must do or else you feel very anxious, such as excessive hand washing, cleaning, checking locks, or counting or spelling
- \_\_\_ 43. Needing to have things done a certain way or else you become very upset
- \_\_\_ 44. Experiencing recurrent and upsetting thoughts of a past traumatic event (molestation [sexually inappropriate touching], an accident, a fire, etc.). Please list: \_\_\_\_\_
- \_\_\_ 45. Experiencing recurrent distressing dreams of a past upsetting event
- \_\_\_ 46. Having a sense of reliving a past upsetting event
- \_\_\_ 47. Spending effort avoiding thoughts or feelings related to a past trauma
- \_\_\_ 48. Feeling that your future is shortened
- \_\_\_ 49. Being quick to startle
- \_\_\_ 50. Feeling like you're always watching for bad things to happen
- \_\_\_ 51. Refusing to maintain body weight above a level that most people consider healthy
- \_\_\_ 52. Intensely fearing gaining weight or becoming fat even though underweight
- \_\_\_ 53. Having feelings of being fat, even though you're underweight
- \_\_\_ 54. Experiencing recurrent episodes of eating large amounts of food
- \_\_\_ 55. Feeling a lack of control over eating behavior
- \_\_\_ 56. Engaging in activities to eliminate excess food, such as self-induced vomiting, laxatives, strict dieting, or strenuous exercise
- \_\_\_ 57. Being overly concerned with body shape and weight
- \_\_\_ 58. Experiencing involuntary physical movements and/or motor tics (such as eye blinking, shoulder shrugging, head jerking or picking). How long have motor tics been present? \_\_\_\_\_ How often? \_\_\_\_\_  
Please describe: \_\_\_\_\_
- \_\_\_ 59. Experiencing involuntary vocal sounds and/or verbal tics (such as coughing, puffing, blowing, whistling, swearing). How long have verbal tics been present? \_\_\_\_\_ How often? \_\_\_\_\_  
Please describe: \_\_\_\_\_
- \_\_\_ 60. Behaving in a repetitive, seemingly driven motor manner (e.g., hand-shaking or waving, body-rocking, head-banging, mouthing of objects, self-biting, picking at skin or bodily orifices, hitting own body) that interferes with normal activities or results in self-inflicted bodily injury that requires medical treatment (or would result in an injury if preventive measures were not used).
- \_\_\_ 61. Eliminating feces in inappropriate places (e.g., clothing or floor).
- \_\_\_ 62. Bed wetting. If present, how often? \_\_\_\_\_
- \_\_\_ 63. Being unable to speak in specific social situations (in which there is an expectation for speaking, e.g., at school) despite speaking in other situations.
- \_\_\_ 64. Experiencing delusional or bizarre thoughts (thoughts you know others would think are false)
- \_\_\_ 65. Experiencing visual hallucinations, seeing objects or images are not really present
- \_\_\_ 66. Hearing voices that are not really present
- \_\_\_ 67. Behaving in an odd manner
- \_\_\_ 68. Having poor personal hygiene and/or grooming
- \_\_\_ 69. Being in an inappropriate mood for a given situation (e.g., laughing at sad events)
- \_\_\_ 70. Frequently feeling that someone or something is out to hurt you
- \_\_\_ 71. Having problems with social relatedness before the age of 5, either by failing to respond appropriately to others or becoming indiscriminately attached to others
- \_\_\_ 72. Having multiple changes in caregivers before the age of 5
- \_\_\_ 73. Stealing behavior
- \_\_\_ 74. Bullying, threatening, or intimidating others
- \_\_\_ 75. Initiating physical fights

- \_\_\_ \_\_\_ 76. Being cruel to animals
- \_\_\_ \_\_\_ 77. Forcing others into things they do not want to do (sexually or criminally)
- \_\_\_ \_\_\_ 78. Setting fires
- \_\_\_ \_\_\_ 79. Being destructive to property
- \_\_\_ \_\_\_ 80. Breaking another person's home, school, car, or place of business
- \_\_\_ \_\_\_ 81. Lying behavior
- \_\_\_ \_\_\_ 82. Staying out at night despite parental prohibitions
- \_\_\_ \_\_\_ 83. Running away overnight
- \_\_\_ \_\_\_ 84. Cutting school (truancy)
- \_\_\_ \_\_\_ 85. Not seeming sorry for hurting others
- \_\_\_ \_\_\_ 86. Behaving in a negative, hostile, or defiant way
- \_\_\_ \_\_\_ 87. Losing temper
- \_\_\_ \_\_\_ 88. Arguing with adults
- \_\_\_ \_\_\_ 89. Actively defying or refusing to comply with adults' requests or rules
- \_\_\_ \_\_\_ 90. Annoying people deliberately
- \_\_\_ \_\_\_ 91. Blaming others for own mistakes and/or misbehavior
- \_\_\_ \_\_\_ 92. Being touchy or easily annoyed by others
- \_\_\_ \_\_\_ 93. Being angry and/or resentful
- \_\_\_ \_\_\_ 94. Behaving spitefully or vindictively
- \_\_\_ \_\_\_ 95. Having an impairment in communication as manifested by at least one of the following (please circle all that apply):
- A 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, a marked impairment in the ability to initiate or sustain a conversation with others
  - A repetitive use of language or odd language
  - A lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level
- \_\_\_ \_\_\_ 96. Having an impairment in social interaction, with at least two of the following (please circle all that apply):
- A 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
  - A failure to develop peer relationships appropriate to developmental level
  - A 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)
  - A lack of social or emotional reciprocity
- \_\_\_ \_\_\_ 97. Showing repetitive patterns of behavior, interests, and activities, as manifested by at least one of the following (please circle all that apply):
- A preoccupation with an area of that is abnormal either in intensity or focus
  - A rigid adherence to specific, nonfunctional routines or rituals
  - Any repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)
  - A persistent preoccupation with parts of objects
- \_\_\_ \_\_\_ 98. Stuttering
- \_\_\_ \_\_\_ 99. Feeling tired during the day
- \_\_\_ \_\_\_ 100. Feeling cold when others feel fine or they are warm
- \_\_\_ \_\_\_ 101. Often feeling warm when others feel fine or they are cold
- \_\_\_ \_\_\_ 102. Having problems with brittle or dry hair
- \_\_\_ \_\_\_ 103. Having problems with dry skin
- \_\_\_ \_\_\_ 104. Having problems with sweating
- \_\_\_ \_\_\_ 105. Having problems with chronic anxiety or tension