

PENNY J. FIFE, MFT, CEDS, LADC

Has your child done any of the following in the last three years?	YES	NO
Stolen more than once.		
Run away from home.		
Lied often.		
Set fires.		
Been truant from school.		
Deliberately destroyed others property.		
Broken into someone's house, building, or car.		
Been physically cruel to animals.		
Used a weapon in a fight.		
Had more than one physical fight with peers.		
Had juvenile court involvement.		
Repeatedly lost his or her temper.		
Argued with adults often.		
Defied or refused to obey adult requests or rules often.		
Deliberately annoyed other people.		
Blamed others for his or her mistakes.		
Becomes easily annoyed by others.		
Been angry, resentful, spiteful, or vindictive.		
Sworn often or used obscene language.		
Had excessive or unrealistic worry about future events.		
Had excessive concern over past behaviors.		
Had excessive concern about his or her competence(athletic, academic, social).		
Had excessive complaints of headaches or stomach aches.		
Seemed to be excessively self conscious.		
Had difficulty relaxing and experienced excessive tension.		
Had excessive need for reassurance from others.		
Had excessive fear of weight gain.		
Had significant weight gain or loss.		
Felt fat when he or she is not.		
Dieted excessively.		
Used laxatives, diuretics, or speed to lose weight.		
Self-vomited after meals.		
Used alcohol or other drugs.		
Had significant depressed mood.		
Been unusually tired or listless.		
Had difficulty concentrating.		
Mentioned suicide or that he or she felt like dying.		
Attempted suicide.		
Been more withdrawn than usual.		
Been fidgety, squirmy or restless.		
Been impulsive or easily distracted.		
Been unable to remain seated or talked excessively often.		

Child's Name: _____ Date: _____

