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**ADOLESCENT DEVELOPMENTAL HISTORY (AGES 12-17/18)**

Adolescent’s Name: Gender: [ ]  Male [ ]  Female

Date of Birth:

Grade: School: \_\_\_\_\_\_\_

Form completed by:

Relationship to adolescent: Date:

**PRESENTING CONCERNS**

**In your opinion, what led to this referral?** Check all that apply

|  |  |
| --- | --- |
| * Developmental delays
 | * Symptoms of depression
 |
| * Symptoms of anxiety
 | * Suicidal thoughts
 |
| * Thinking problems
 | * Difficulties with parents
 |
| * Adjustment to parents’ divorce
 | * Problems with peers/poor social skills
 |
| * Suspected abuse
 | * Refusal to attend school
 |
| * Suspected autism spectrum disorder
 | * Fears/Anxiety
 |
| * Reading difficulties
 | * Academic difficulties
 |
| * Behavior problems at home
* Attention/Concentration problems
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | * Behavior problems at school
* Substance Use/Abuse
 |

**How severe is/are the problem(s)?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**When were these problems first noted?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is most concerning about the adolescent?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has your adolescent ever experienced any emotionally, verbal, physical, or sexual abuse?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any Additional Information? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PREGNANCY and BIRTH**

At the time of the adolescent’s birth, what was the mother’s age? \_\_\_\_\_\_\_\_\_ Father’s age\_\_\_\_\_\_\_\_\_\_

Did mother receive prenatal care? [ ] None [ ]  Yes - throughout entire pregnancy [ ]  Some \_\_\_\_\_\_\_\_\_\_\_\_

**Check any of the following complications that occurred during the pregnancy:**

[ ] Measles [ ] German measles [ ] Excessive Swelling [ ] Anemia [ ] Toxemia [ ] Vaginal bleeding [ ] Flu

[ ] Rh Incompatibility [ ] Abnormal weight gain [ ] High Blood Pressure [ ] Excessive Vomiting

[ ] Emotional Problems

[ ]  Stressors (describe)

[ ]  Other not listed:

|  |  |  |  |
| --- | --- | --- | --- |
| **Pregnancy Cont.** |  |  | **If yes…** |
| **Injury to Mother:** | [ ]  Yes | [ ]  No | Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Hospitalization during pregnancy** | [ ]  Yes | [ ]  No | Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **X-ray during pregnancy:**  | [ ]  Yes | [ ]  No | What month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Medications used during pregnancy:** | [ ]  Yes | [ ]  No | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Alcohol or other drugs used prior to discovering pregnancy** | [ ]  Yes | [ ]  No | When was pregnancy discovered? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Alcohol used during pregnancy:** | [ ]  Yes | [ ]  No | Frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Cigarettes used during pregnancy:** | [ ]  Yes | [ ]  No | Frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Other drugs used during pregnancy:** | [ ]  Yes | [ ]  No | Type and frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Length of pregnancy:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Length of labor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Length of stay in hospital?** Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Birth weight:** \_\_\_\_\_\_\_\_\_lbs \_\_\_\_\_\_\_\_\_oz **Apgar Score(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s condition at birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother’s condition at birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check any of the following complications that occurred during or after birth:**

|  |  |  |
| --- | --- | --- |
| * Forceps used
 | * Breech birth
 | * Problems with heart
 |
| * Labor induced
 | * Caesarean delivery
 | * Problems with bones
 |
| * Infection
 | * Seizures
 | * Blood transfusion
 |
| * Cord wrapped around neck
 | * Jaundice
 | * Cyanosis
 |
| * Need supplemental oxygen
 | * Ventilator
 | * NICU stay
 |
| * Incubator
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

**DEVELOPMENTAL INFORMATION**

**Were developmental milestones completed on time (e.g., walking, talking, toilet training, speech or motor problems)?**

**\_\_\_Y \_\_\_N If not completed on time, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is the adolescent? □right-handed □left-handed □both**

**Has the adolescent lost any skills (e.g., with regard to motor or speech skills)?**

**MEDICAL INFORMATION**

**Please check any of the following that the adolescent has had, and indicate the age?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Age** |  |  | **Age** |
| * Measles
 | \_\_\_\_\_\_\_\_\_\_ |  | * German Measles
 | \_\_\_\_\_\_\_\_\_\_ |
| * Mumps
 | \_\_\_\_\_\_\_\_\_\_ |  | * Rheumatic Fever
 | \_\_\_\_\_\_\_\_\_\_ |
| * Chicken Pox
 | \_\_\_\_\_\_\_\_\_\_ |  | * Diphtheria
 | \_\_\_\_\_\_\_\_\_\_ |
| * Tuberculosis
 | \_\_\_\_\_\_\_\_\_\_ |  | * Meningitis
 | \_\_\_\_\_\_\_\_\_\_ |
| * Whooping Cough
 | \_\_\_\_\_\_\_\_\_\_ |  | * Encephalitis
 | \_\_\_\_\_\_\_\_\_\_ |
| * Anemia
 | \_\_\_\_\_\_\_\_\_\_ |  | * Seizures
 | \_\_\_\_\_\_\_\_\_\_ |
| * Diabetes
 | \_\_\_\_\_\_\_\_\_\_ |  | * Asthma
 | \_\_\_\_\_\_\_\_\_\_ |
| * Rashes
 | \_\_\_\_\_\_\_\_\_\_ |  | * Hay fever
 | \_\_\_\_\_\_\_\_\_\_ |
| * Eczema
 | \_\_\_\_\_\_\_\_\_\_ |  | * Seasonal allergies
 | \_\_\_\_\_\_\_\_\_\_ |
| * Broken Bones
 | \_\_\_\_\_\_\_\_\_\_ |  | * Pneumonia
 | \_\_\_\_\_\_\_\_\_\_ |
| * Food allergies
 | \_\_\_\_\_\_\_\_\_\_ |  | * Frequent headaches
 | \_\_\_\_\_\_\_\_\_\_ |
| * Stomach aches
 | \_\_\_\_\_\_\_\_\_\_ |  | * Other
 | \_\_\_\_\_\_\_\_\_\_ |
| * Head Trauma
 |  |  |  |  |

**Hearing: Vision:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Frequent ear infections | * Yes
 | * No
 | Vision problems | * Yes
 | * No
 |
| Tubes | * Yes
 | * No
 | Wears Glasses | * Yes
 | * No
 |
| Hearing problems | * Yes
 | * No
 |  |  |  |
| Sensitive to certain sounds | * Yes
 | * No
 | Sensitive to certain  lights or colors | * Yes
 | * No
 |
| Has the adolescent’s hearing been evaluated? | * Yes
 | * No
 | Has the adolescent’s vision been evaluated? | * Yes

  | * No
 |

Hearing Evaluation Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

 Who tested hearing? (e.g., doctor, school, ECI) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Vision Evaluation Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

 Who tested vision? (e.g., doctor, school, ECI) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Sleep Appetite**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Past** | **Present** |  | **Past** | **Present** |  |
|  |  | No sleep difficulties |  |  | Normal increase in weight/height |
|  |  | Trouble falling asleep |  |  | Unusual weight gain \_\_\_\_\_lbs. |
|  |  | Wakes up frequently at night |  |  | Unusual weight loss \_\_\_\_\_lbs. |
|  |  | Still tired after a good night’s sleep |  |  | Concerns about height/growth? |
|  |  | Does not get enough sleep |  |  | Increase in appetite |
|  |  | Restless in bed |  |  | Decrease in appetite |
|  |  | Nightmares |  |  | Gags on certain textures |
|  |  | Night terrors |  |  | Purposely throws up after eating |
|  |  | Refuses to go to bed |  |  | Food allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Change in sleep pattern |  |  | Eats excessively  |
|  |  | Sleeps too much |  |  | Picky eater |
|  |  | Wakes up too early |  |  | Will only eat certain types of |
|  |  | Falls asleep in school |  |  | food\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Refuses to get up in the morning |  |  | On a special diet\_\_\_\_\_\_\_\_\_ |
|  |  | Snores |  |  |  |
|  |  | Sleeps with parent or sibling  |  |  |  |
|  |  | Sleep Apnea (appears to hold breath when asleep) |  |  |  |

**Please indicate if the adolescent has ever had any of the following? If so describe.**

|  |  |
| --- | --- |
| * Seizure disorder
 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Accident prone
 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Bites nails or cuticles
 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Sucks thumb
 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Grinds teeth
 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Has tics or twitches
 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Bangs head
 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Rocks back and forth
 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Fever over 104 degrees
 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Head injury
 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Loss of consciousness
 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Current medications, indicate dosage:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Previous medications (Indicate when s/he stopped taking them):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary care physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Has the adolescent ever had a psychological or psychiatric exam?**  | * **Yes**
 | * **No**
 |

Provider’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Has the adolescent ever had psychological counseling or therapy?**  | * **Yes**
 | * **No**
 |

Therapist’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Has the adolescent ever had a neurological exam?** | * **Yes**
 | * **No**
 |

Neurologist’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Describe any medical or mental health hospitalizations and/or surgeries with dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please indicate if any family members have had the following and specify that person’s relationship to the adolescent.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Cancer
 | \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | * Alcohol abuse
 | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Diabetes
 | \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | * Drug abuse
 | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Epilepsy
 | \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | * Behavior disorder
 | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Migraine headaches
 | \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | * Emotional problems
 | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Physical handicap
 | \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | * Mental illness
 | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Tuberculosis
 | \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | * Mental retardation
 | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Huntington’s chorea
 | \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Muscular dystrophy
 | \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | * Reading problems
 | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Sickle cell anemia
 | \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | * Learning disability
 | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Tay-sachs disease
 | \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | * Speech problem
 | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Tourette’s syndrome
 | \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | * Language problem
 | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Cerebral palsy
 | \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | * Severe head injury
 | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Birth defect
 | \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | * Other
 | \_\_\_\_\_\_\_\_\_\_\_\_\_ |

**TEMPERAMENT, BEHAVIOR, AND RELATIONSHIPS:**

**Which traits best describe the adolescent now?**

|  |  |  |  |
| --- | --- | --- | --- |
| * Calm
 | * Active
 | * Sociable
 | * Withdrawn
 |
| * Tired
 | * Cries a lot
 | * Irritable/Cranky
 | * Playful
 |
| * Affectionate
 | * Difficult
 | * Distracted
 | * Funny
 |
| * Withholds affection
 | * Happy
 | * Sad
 | * Impulsive
 |
| * Tearful
 | * Overreacts
 | * Moody
 | * Worries
* Feels lonely often
 |
| * Self-conscious
 | * Gets mad easily
 | * Easily upset by changes in routine
 |  |
| * Even tempered
 | * Hides Feelings
 | * Easily overstimulated
 |  |
| * Lacks self-control
 | * Difficult to calm
 | * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |

**What is the best thing about the adolescent?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **What makes the adolescent angry?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

|  |  |  |
| --- | --- | --- |
| **Does the adolescent have any specific fears?** | * **Yes**
 | * **No**
 |

 Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Does the adolescent engage in any ritualistic or compulsive behavior?** | * **Yes**
 | * **No**
 |

 Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has the adolescent engaged in any of the following behaviors?**

|  |  |
| --- | --- |
| * None
 | * Stolen with confrontation
 |
| * Stolen without confrontation
 | * Tries to Run away
 |
| * Lies often
 | * Deliberate fire-setting
 |
| * Hits other children
 | * Hits adults
 |
| * Destruction of property
 | * Cruel to animals
 |
| * Used/tried to use a weapon in a fight
 | * Often initiates physical fights
* Drugs or alcohol
 |

**What time does the adolescent usually go to bed on school nights?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has the adolescent ever experienced any emotional, verbal, physical, or sexual abuse? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is most difficult about raising the adolescent?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_

|  |
| --- |
| **Who is mainly in charge of discipline at home?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **Do all caregivers agree on discipline?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Which of the following methods of discipline are used at home?** |
| * Verbal Reprimands
 | * Time out
 | * Loss of privileges
 |
| * Rewards
 | * Physical punishment
 | * Give in to child
 |
| * Ignore behavior
 | * Discuss behavior
 | * Earn privileges
 |

 [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **What discipline techniques are effective?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **What discipline techniques are ineffective?­­­** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Has the adolescent experienced any of the following stressful events during the past year?** Check all that apply |
| * Parents separated or divorced
 | * Family accident or illness
 | * Death in the family
 |
| * Parent changed jobs
 | * Changed schools
 | * Family moved
 |
| * Family financial problems
 | * Chronic health problems
 |  |
| * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |  |

|  |
| --- |
| **How many moves has the adolescent had to make within the last three years?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **How does the adolescent relate to others?** Check all that apply  |
| * Has many close friends
 | * Has several close friends
 | * Has few close friends
 |
| * Has no close friends
 | * Makes friends easily
 | * A leader
 |
| * A follower
 | * Fights with playmates
 | * Prefers to play alone
 |
| * Prefers younger children
 | * Prefers older children
 | * Prefers adults
 |
| * Interacts well with siblings
 | * Difficulty with siblings
 | * Teased by others
 |
| * Teases others
 | * Feels rejected by peer group
 | * Is jealous of others
 |
| * Has friends who get in trouble
* Feels lonely
 | * Wants friends, but doesn’t know how to make or keep them
 |

**How does the adolescent spend his/her free/play time?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAMILY INFORMATION**

|  |  |
| --- | --- |
| **Mother’s Name:**  | **Father’s Name:**  |
| Occupation:  | Occupation:  |
| Employer:  | Employer:  |
| Ethnicity:  | Ethnicity:  |
| Highest Grade Completed:  | Highest Grade Completed:  |

**Please list all persons residing with the family and their relationship to the adolescent.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Age | Gender | Relationship to child |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

If parents are divorced, separated, or not with the adolescent, who has custody?

 What are the adolescent’s placement arrangements? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If adolescent is not living with a parent, does s/he see this parent \_\_Y\_\_N

If so, how often?

Primary language spoken by the adolescent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Primary language spoken at home:

How would the adolescent describe his/her parents’ relationship? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACADEMIC INFORMATION**

|  |
| --- |
|  |
|  **List the schools the adolescent has attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Has the adolescent been in a bi-lingual classroom?** [ ]  No [ ]  Yes. If yes – how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Which of the following did the adolescent attend?** Check all that apply

|  |  |
| --- | --- |
| * Infant day care
 | * Kindergarten
 |
| * Preschool
 | * None
 |

**Which of the following describe the adolescent’s experiences now? C**heck all that apply

|  |  |
| --- | --- |
| * Good grades
 | * Frequently absent
 |
| * Failing grades
 | * Tested for special education
 |
| * Average grades
 | * Tested for the gifted program
 |
| * Cooperative student
 | * Tutored
 |
| * Suspended, \_\_\_\_\_\_number of times
 | * Retained, what year\_\_\_\_\_\_\_\_\_\_
 |
| * Expelled,­­­­­­­­ \_\_\_\_­­\_number of times
 | * Loses temper easily
 |

**What are the adolescent’s current subject strengths?**

|  |  |  |  |
| --- | --- | --- | --- |
| * None
 | * Math
 | * History
 | * Art
 |
| * Spelling
 | * Social Studies
 | * English
 | * Science
 |
| * Music
 | * Athletics/PE
 | * Reading
 | * Other
 |

**What are the adolescent’s current subject weaknesses?**

|  |  |  |  |
| --- | --- | --- | --- |
| * None
 | * Math
 | * History
 | * Art
 |
| * Spelling
 | * Social Studies
 | * English
 | * Science
 |
| * Music
 | * Athletics/PE
 | * Reading
 | * Other
 |
| **Which are the adolescent’s current skill strengths?** Check all that apply  |
|  |
| * None
 | * Getting assignments done
 | * Intelligence
 |
| * Concentration
 | * Vocabulary/expression
 | * Behaving correctly
 |
| * Organization
 | * Understanding concepts
 | * Spelling
 |
| * Memorization
 | * Pleasing the teacher
 | * Taking tests
 |
| * Papers and reports
 | * Reading speed
 | * Turning in homework
 |
| * Handwriting
 | * Reading comprehension
 | * Test preparation
 |
| * Checking work carefully
 | * Working hard
 | * Other
 |
| * Paying attention
 | * Completing homework
 |  |

|  |
| --- |
| **Which are the adolescent’s current skill weaknesses?** Check all that apply  |
| * None
 | * Getting assignments done
 | * Intelligence
 |
| * Concentration
 | * Vocabulary/expression
 | * Behaving correctly
 |
| * Organization
 | * Understanding concepts
 | * Spelling
 |
| * Memorization
 | * Pleasing the teacher
 | * Taking tests
 |
| * Papers and reports
 | * Reading speed
 | * Turning in homework
 |
| * Handwriting
 | * Reading comprehension
 | * Test preparation
 |
| * Checking work carefully
 | * Working hard
 | * Other
 |
| * Paying attention
 | * Completing homework
 |  |

|  |
| --- |
| **Does the adolescent work outside of school? \_\_Y \_\_N If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****What are some primary responsibilities of the adolescent at their job? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****How many hours does the adolescent work each week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**How many hours does your adolescent spend on electronics each day (i.e., phone, tablet, gaming console, etc.)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your adolescent use electronics before bedtime? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If so, how many hours/minutes? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GOALS**

What goals would you/the adolescent like to accomplish in treatment?

 1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Psychologist/Therapist Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADOLESCENT SYMPTOM CHECKLIST**

Please read each symptom/behavior listed and indicate how often the adolescent has experienced it (frequency), and how long the adolescent has experienced it (duration).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Symptoms** | **Rarely** | **3-4 times****month** | **3-6 times****week** | **Daily** | **How****Long** |
|  1. Anxious, tense mood, difficulty controlling worry | **0** | **1** | **2** | **3** |  |
|  2. Panic attacks (intense and sudden fear) | **0** | **1** | **2** | **3** |  |
|  3. Anxiety and/or avoidance in social situations | **0** | **1** | **2** | **3** |  |
|  4. Specific intense fears (e.g. driving, needles, etc.) *Specify:* | **0** | **1** | **2** | **3** |  |
|  5. Obsessions and/or compulsions (excessive concern with  cleanliness, orderliness, checking things, etc.). | **0** | **1** | **2** | **3** |  |
|  6. Having urges to break or smash things | **0** | **1** | **2** | **3** |  |
|  7. Difficulty concentrating and focusing on tasks | **0** | **1** | **2** | **3** |  |
|  8. Fatigue, feeling tired even with good sleep | **0** | **1** | **2** | **3** |  |
|  9. Feeling worthless, low self-esteem | **0** | **1** | **2** | **3** |  |
|  10. Decreased interest in previously enjoyed activities | **0** | **1** | **2** | **3** |  |
|  11. Feeling hopeless, things will never change | **0** | **1** | **2** | **3** |  |
|  12. Thoughts of suicide or death | **0** | **1** | **2** | **3** |  |
|  13. Sleep problems – too much or too little | **0** | **1** | **2** | **3** |  |
|  14. Preoccupation with sexual thoughts/activities | **0** | **1** | **2** | **3** |  |
|  15. Irritable mood, snapping at others, easily angered  | **0** | **1** | **2** | **3** |  |
|  16. Episodes of rage, really “losing” it | **0** | **1** | **2** | **3** |  |
|  17. Unexplained “up” mood, restless, lots of energy | **0** | **1** | **2** | **3** |  |
|  18. Impulsive behavior that the adolescent wouldn’t “normally” do | **0** | **1** | **2** | **3** |  |
|  19. Racing thoughts that the adolescent cannot control | **0** | **1** | **2** | **3** |  |
|  20. Seeing/hearing things that are not real | **0** | **1** | **2** | **3** |  |
|  21. Feeling nothing or “numb” emotionally | **0** | **1** | **2** | **3** |  |
|  22. Recurrent, intrusive thoughts or images | **0** | **1** | **2** | **3** |  |
|  23. Easily startled, overly “watchful” | **0** | **1** | **2** | **3** |  |
|  24. Feeling you are watched or talked about by others | **0** | **1** | **2** | **3** |  |
|  25. Difficulty trusting others and feeling safe | **0** | **1** | **2** | **3** |  |
|  26. Excessive worry about weight/body image | **0** | **1** | **2** | **3** |  |
|  27. Persistent fears about health problems despite doctors finding nothing wrong  | **0** | **1** | **2** | **3** |  |
|  28. Occupational concerns: job dissatisfaction, problems with employer or co-workers (if applicable) | **0** | **1** | **2** | **3** |  |
|  29. Relationship problems with friends/family | **0** | **1** | **2** | **3** |  |
|  30. Use of caffeine (coffee, cola, tea, Mt. Dew, etc.) | **0** | **1** | **2** | **3** |  |
|  31. Smoking cigarettes | **0** | **1** | **2** | **3** |  |
|  32. Drinking alcohol (beer, wine, liquor) | **0** | **1** | **2** | **3** |  |
|  33. Use of prescription drugs in non-prescribed ways | **0** | **1** | **2** | **3** |  |
|  34. Use of marijuana, cocaine, or other street drugs | **0** | **1** | **2** | **3** |  |