

SELF REPORT INVENTORY FOR 10 YEARS + OLDER

Your Name	Date of Birth	Today's Date
Age	Male/Female	

Directions: CHECK WHICH RATING BEST DESCRIBES YOUR OVERALL BEHAVIOR. ANSWER EACH QUESTION TO THE BEST OF YOUR ABILITY

CATEGORY A

	Never	Sometimes	Often	Very Often
1. I have trouble paying attention				
2. I make careless mistakes				
3. I have trouble following directions				
4. I start things but do not finish them				
5. I have trouble getting organized				
6. I try to avoid doing things that require a lot of concentration like schoolwork and homework				
7. I lose things.				
8. I am easily distracted by other things going on				
9. I am forgetful				
10. I am fidgety				
11. I have trouble sitting still				
12. I feel restless and jittery				
13. I have trouble doing things quietly				
14. I am a person who is "on the go"				
15. People say that I talk too much				
16. I blurt out the answers to questions before I hear the entire question.				
17. I get frustrated when I have to wait my turn to do things.				
18 A. I interrupt others when they are talking				
18 B. People say that I butt into things that are none of my business				

CATEGORY B

	Never	Sometimes	Often	Very Often
19. I skip school				
20. I stay out at night when I am not supposed to				
21. I lie to get my own way and to get out of doing things				
22. I threaten to hurt people				
23. I start physical fights				
24. I have run away from home overnight				
25. I take things when other people are not looking				
26. I destroy other people's property				
27. I set fires				
28. I force people to give me their money or things				
29. I break into houses, buildings, or cars				
30. I use a weapon when I fight (bat, bottle, knife, etc)				
31. I try to hurt animals				
32. I try to physically hurt people				
33. I force people into sexual activity				
34. I do things that are illegal				
35. I do not plan ahead				
36. I do reckless things				
37. I do not care about other people				

CATEGORY C

	Never	Sometimes	Often	Very Often
38. I lose my temper				
39. I argue with adults				
40. I do not do what adults tell me to do				
41. I try to do things to annoy people				
42. I blame others for my own mistakes				
43. Other people annoy me				
44. I get angry				
45. When I get angry, I take it out on others.				

CATEGORY D

	Never	Sometimes	Often	Very Often
46 A. I worry to much about school work				
46 B. I worry too much about my athletic abilities				
46 C. I worry too much about my social life				
47. People say that I am moody and irritable				
48. I get real tense and can not relax				
49. I have trouble falling asleep or staying asleep				

CATEGORY E

	Never	Sometimes	Often	Very Often
50. I am very afraid of certain things like animals, heights, storms, going places alone, or being trapped.				
51. There are times when my heart pounds a lot and I feel dizzy and shaky and have difficulty breathing				
52. I have really upsetting thoughts and I can not get them out of my mind				
53. I have habits that I just have to do over and over again like washing my hands, checking to see if locks are locked, ore repeating things a set number of times				
54. Really upsetting things have happened to me and they still bother me				
55. I have really bad memories or dreams				
56. I have habits that I can not control like eye blinking, nose twitching, shoulder shrugging, lip licking, or head jerking				
57. I make sounds that I can not control like coughing, throat clearing, sniffing, or grunting				
58.i get aches and pains for no reason like headaches or upset stomach				
59. I worry about my health				

CATEGORY F

	Never	Sometimes	Often	Very Often
60. I get real nervous in social situations				
61. I am really shy when I am around other kids my age				

CATEGORY G

	Never	Sometimes	Often	Very Often
62. I get very upset when I have to leave home				
63. I worry that my parents will be hurt or leave home and not come back				
64. I try to avoid going to school in order to stay home with a parent				
65. I worry about being left at home alone				
66. I have nightmares about being left alone				

CATEGORY H

	Never	Sometimes	Often	Very Often
67. I prefer to be alone rather than with my family				
68. I prefer to be alone rather than with my friends				

CATEGORY I

	Never	Sometimes	Often	Very Often
69. I think that people are trying to get me or hurt me				
70. I hear voices talking to me or telling me to do things				
71. My ideas run together and I can not think clearly				
72. I get really angry and lose control of myself				
73. I laugh or cry at the wrong times				
74. I do not feel like doing things or talking to people				

CATEGORY K

	Never	Sometimes	Often	Very Often
75. I feel unhappy or sad				
76. I do not feel like doing anything				
77. I think about death or suicide				
78 A. I feel that people do not care about me				
79 B. I do not like myself				
80. I feel tired, like I do not have any energy to do things				
81. I feel bad that I can not do things as well as other people				
82. I feel that things never work out right				
83 A. When it is time to eat, I do not feel like eating				
83 B. I eat a lot				
84. I sleep a lot				
85. My feelings get hurt really easily				

86. My school grades have really gone down hill (circle NO or YES)	NO	YES
87. I have become more sensitive or tearful than usual	NO	YES
88. In the past year, a very upsetting thing happened (parents divorced, friend or relative died, serious accident)	NO	YES

CATEGORY L

89. There are times when I am much more cheerful than usual for several days in a row	NO	YES
90. There are times when I am much more irritable or angry than usual for several days in a row	NO	YES

IF THE ANSWER TO 89 OR 90 ARE “YES,” DURING THESE TIMES DO YOU ALSO DO THE FOLLOWING:

91. I become much more active or busy than usual		
92. I need far less sleep than usual		
93. I talk a lot more than usual		
94. I have more trouble concentrating than usual		
95. I am more reckless than usual		
96. I jump from one topic to another when I am talking		
97. I believe that I can do things that I really can not do		

CATEGORY M

	Never	Sometimes	Often	Very Often
98. I do not like to eat food				
99. I worry about getting fat or overweight				
100. I think I am fat or overweight				

CATEGORY N

	Never	Sometimes	Often	Very Often
101. I go on eating binges where I eat a large amount of food in a short period of time				
102. I can not stop eating or control how much I eat				
103. I use very strict diets, vomiting, laxatives, or extreme exercise to control my weight				
104. I am very concerned about my weight and body				

CATEGORY O

	Never	Sometimes	Often	Very Often
105. I smoke tobacco cigarettes				
106. I drink alcohol beverages (beer, wine, liquor)				
107. I get into trouble because of alcohol use				
108. I smoke marijuana				
109. I use other illegal drugs (cocaine, glue, speed, LSD, etc)				
110. I get into trouble because of illegal drug use				

CATEGORY P

	Never	Sometimes	Often	Very Often
111. I get into arguments with adults				
112. I get real uptight and can not relax				
113. Other people make me angry				
114. I worry a lot about being sick				
115. I do not have the energy to do things				
116. I do not go to school when I do not feel like it				
117. I have trouble concentrating				
118. I lose my appetite for eating				

Thank You!

