

Adolescent Behavioral Checklist

(To be completed by adolescent and parent)

Adolescent's Name _____ Age ____ Grade ____
Form completed by _____

Problem Behaviors

Please indicate the severity of these problem behaviors if you have seen or experienced them in yourself (the adolescent) or in your teen (the parent) in the past three months.

0 -- Not at all 1 -- Rarely 2 -- Sometimes 3 -- Often 4 -- Most of the time 5 -- All of the time

- _____ Feels sad or depressed
- _____ Feels anxious or nervous
- _____ Problems with eating (lack of appetite, overeating, bulimia, anorexia)
- _____ Truancy from school
- _____ Arguing with others (peers, teachers, parents, authority figures)
- _____ Hurting animals
- _____ Problems with sleep (going to sleep, sleeping all night, too much sleep)
- _____ Nightmares
- _____ Excessive energy or difficulty being still
- _____ Talks of feeling worthless
- _____ Says that people, family, etc. would be better without him/her
- _____ Sets fires
- _____ Violent outbursts (throwing, breaking, or destroying objects)
- _____ Self destructive behavior (cutting, self-mutilation, taking pills)
- _____ Getting into verbal or physical fights
- _____ Talks about death
- _____ Running away or threats of running away
- _____ Using drugs or alcohol
- _____ Incidents with law enforcement
- _____ Verbal attacks on others
- _____ Worries that something bad is going to happen
- _____ Lies
- _____ Breaking rules (curfew, cheating, etc.)
- _____ Lonely or complains of not having friends
- _____ Apathy
- _____ Change in physical appearance or lack of concern about appearance

Functioning Levels

Rate the level of functioning you have observed in your adolescent in the following areas.

0 – Extreme trouble 1 – Quite a few troubles 2 – Some troubles 3 – Fair 4 – Doing very well

- _____ Expresses emotions appropriately
- _____ Is motivated and finishes projects and assignments
- _____ Completes household chores and responsibilities
- _____ Attends school and is making passing grades
- _____ Thinks clearly and makes good choices
- _____ Gets along well with family
- _____ Gets along well with friends
- _____ Is able to concentrate, pay attention, and follow through on tasks
- _____ Participates in hobbies or recreational activities
- _____ Accepts limitations and responds appropriately when told “no”
- _____ Does things independently without supervision
- _____ Is earning money and handling it responsibly
- _____ Positive self-esteem

