

Problem Rating Inventory for Parents

Child/Adolescent's Name: _____ **Date Completed:** _____
Date of Birth: _____
Name(s) of Person(s) _____ **Relationship(s) to**
Completing Form _____ **Child:** _____

Please list or describe below your main concerns about this child or adolescent:

1. _____

2. _____

3. _____

DIRECTIONS

No one knows your child or teen better than you do. Your answers on this inventory will provide your doctor with information about signs you may be noticing in your child or symptoms the youth is experiencing.

The questions are grouped by sections. Not all sections of this inventory apply to every child. At the top of each section, we have listed a statement describing a general area of concern. If you are confident that the area is not a concern for your child, mark the "No Concern" blank and skip to the next section. If you are not sure, read over the items, and respond to the items which apply to your child or teen.

Each page also has a blank area where you can write explanations or examples if you wish.

If two people are completing this form together, you may use two different colors of ink or two different symbols. Show the ink colors or symbols here:

Person One: _____

Person Two: _____

Name: _____

Name: _____

Entertainment and Media Concerns

No Concerns _____

The following are a list of activities that parents sometimes worry about. Please note if you are concerned about these for your child. If you have no concerns, check the "No Concerns" blank above:

	No problem	Minor concern	Major concern
Television (too much, poor choice of programs)			
Video games/ computer games (too much, poor choice)			
Problems with internet socializing			
Excessive interest in one or a few activities			
Fantasy role-playing games (e.g., Dungeons and Dragons, Magic)			
Pornography			
Choice of music			
Choice of clothes, hairstyle, piercings, or tattoos			
Other hobby, interest, or activity: _____			
Eating or exercise habits			

Circle the setting(s) where these problems occur: Home School Social settings / Community

Please comment on when these problems began and whether they are getting better or worse. What is ok and what is not ok with you?

What are your family values or rules about media, games, music, and clothes? (Check all that apply.)

- Feels like we have no control over these areas
- No higher film rating than PG-13
- Strict rules, time limits
- Child decides, parents supervise
- Give child lots of freedom and intervene if a problem occurs
- Limit access by _____
- We trust our child / teen's judgment
- Cannot supervise because of work or other responsibilities
- Anything goes

Comments:

Specific Learning Problems

No Concerns _____

If your child or teen gets good grades in all subjects without help, keeps track of his or her own assignments, and easily succeeds in academic activities, please check “No Concerns” above and skip to the next section.

Otherwise, please answer the following items about your child or teen:

	No Concern	Minor Concern	Major Concern
Problems with learning to read			
Problems sounding out the parts of words			
Leaves out or inserts words while reading aloud			
Reads very slowly			
Problems remembering or understanding what was read			
Problems with mathematics			
Math word/story problems			
Problems calculating numbers			
Penmanship			
Problems with writing letters/numbers upside down or backwards			
Arranges letters incorrectly when writing (e.g., callte for cattle, gonig for going)			
Spelling			
Copying from the board			
Getting ideas down on paper			
Expressing self by talking			
Expressing self in writing			
Big difference between written and verbal skills; one is strong and the other weak			
Problems remembering to bring assignments or books home or back to school			
Problems completing assignments			
Backpack, desk, or locker is disorganized and messy			
Problems using daily planner (for grades 6 and above)			

Please comment on when these problems began and whether they are getting better or worse:

Please tell how you've tried to help and what has worked or not worked:

Habit, Tic Disorders, and Other Body Problems

No Concerns _____

If the child or teen does not have problems with unusual muscle movements, nervous habits, problems with bowels, or injuring him or herself, please check “No Concerns” above and skip to the next section.

Otherwise, please rate the child or teen on the following items:

	Never	Occasionally, but not a problem	A few times a month	Twice a week or more
Rapid, repetitive muscle twitches (muscle tics) like: exaggerated or repetitive eye blinking, sniffing/snorting, head tossing				
Has frequent physical restless movements: bouncing leg, tapping fingers				
Repeated shouting, mumbling, or cursing that seems to be involuntary				
Compulsive rituals, such as having to touch or tap things in a particular way or a certain number of times				
Pulls out own hair, eyelashes, or eyebrows				
Has cut on him/herself or burned him/herself on purpose				
Has nervous habits: biting nails, picking scabs				
Soils self (has bowel movements in pants) during the day				
Smears feces (bowel movements)				
Engages in excessive or public masturbation				
Urinate at places other than toilet				
Other habits or movements: _____				

Circle the setting(s) where these problems occur: Home School Social settings / Community

Please comment on when these problems began and whether they are getting better or worse:

Problems with Social Skills and Adapting

No Concerns _____

If the child is able to fit in with peers, has a variety of interests, and adapts well to changes or new settings without problems, please check “No Concerns” above and skip to the next section.

Otherwise, please rate the child or teen on the following items:

	Not observed	Some, but not a problem	Minor concern	Major concern
Interacts with peers in an awkward or inappropriate way				
Has trouble talking about or explaining emotions/feelings				
Difficulty sustaining a back-and-forth conversation				
Doesn't care to share his/her interests with others				
Isn't interested in interacting with peers				
Minimal eye contact when talking with someone				
Uses odd tone of voice or inappropriate volume				
Doesn't understand slang, jokes, or intended comments – takes things too literally				
Trouble reading nonverbal cues (facial expressions, tone of voice, body language)				
Minimal hand gestures, change of voice tone, or facial expressions when talking				
Difficulty making friends				
Difficulty keeping friends				
Difficulty understanding friendship boundaries				
Difficulty adjusting behavior to suit different social situations				
Not interested in associating with peers outside of school				
Repetitive movements (rocking, flapping hands, pacing)				
Repetitive use of objects (lining up toys, spinning a toy over and over, etc.)				
Repetitive speech (repeating some phrase with unusual frequency, etc.)				
Insists on keeping things the same. Strongly dislikes change.				
Gets upset when nonfunctional routines are not adhered to				
Ritualized behaviors (has to do things in a particular, prescribed way)				
Rigid/stubborn way of seeing things				
Overly attached to or overly interested in unusual objects				
Very limited number of interests				
Preoccupied or overly fixated on certain topics of interest				
Indifference to pain or temperature				
Excessive interest or attraction to certain textures or touching objects				
Excessive interest with visual stimuli (flickering lights, spinning objects, etc.)				
Excessive smelling of certain objects				
Overly upset by loud or chaotic sounds				
Overly sensitive to odors				
Overly sensitive to certain food textures				
Overly sensitive to certain clothing material, shirt tags, or sock seams				
Seems unaware of what's happening – doesn't “get the big picture”				
Physically clumsy – has difficulty with athletics				
Has unacceptable social habits, such as poor hygiene, nose picking, etc.				

Please comment on when these problems began and whether they are getting better or worse:

Any other problems with social skills?

Anxiety Symptoms

No Concerns _____

If the child is able to handle frustrations well, and does not show more than a typical response for his or her age when frightened or worried, please check “No Concerns” above and skip this section.

Otherwise, please rate the child or teen on the following items:

	Never	Somewhat, but not a problem	Minor concern	Major concern
Sometimes won't go with friends or participate in sports or other activities because of being shy or insecure				
Worries too much or has unrealistic worries				
Marked feelings of tension: seems unable to relax				
Has panic attacks or other distinct episodes of intense anxiety				
Has physical symptoms of stress such as headaches or stomach aches, without a known medical cause				
Gets too upset when separated from parent or loved ones				
Worries a lot about family members when they are away from home				
Sometimes won't go to school because of stress or anxiety				
Won't sleep in own bed, needs to be near family members during the night				
Has excessive fears for age, such as fear of the dark, storms, elevators, dentists, dogs, insects, etc.				
Too worried about germs or illness				
Repeatedly asks for reassurance, even though you have explained things many times before				
Can't get certain thoughts out of her/his head				
Insists on having things done a certain way and gets anxious or angry if doesn't get his/her way				
Does things over and over again or takes an excessive amount of time, such as washing hands, showering, praying, checking things, etc.				

Circle the setting(s) where these problems occur: Home School Social settings / Community

Please comment on when these problems began and whether they are getting better or worse:

Signs or Symptoms of Stress Resulting from Trauma: No Concerns _____

This section is for children or teens who were involved in serious or life-threatening situations, witnessed another person being injured or killed, or who have been victims of abuse or witnessed the abuse of someone else. Sometimes, children and teens show these signs and symptoms, but have not told parents or caregivers about the situation. If this is not a concern for your child, please check “No Concerns” above and skip this section.

This child has experienced one or more of the following:

Please check all that apply	
	Tornado, flood, or natural disaster when important possessions were threatened or lost
	House fire
	Car accident in which someone was injured
	Saw a playmate seriously injured
	Had a “close call” in which a child might have died
	Had a medical procedure which was extremely painful, frightening, or required restraints
	Witnessed a loved one in an accident or life-threatening illness
	Regularly or seriously victimized by teasing, bullying, or harassment at school
	Was a victim of a crime: molestation, kidnapped, or other
	Was attacked by a dog or other animal
	Had an accident in the home, which resulted in injury or scarring
	Witnessed severe arguments in the home in which adults shouted, swore, threatened one another
	Witnessed violence in the home: shoving, hitting, slapping, or worse
	Victim of physical abuse
	Victim of emotional abuse
	Victim of sexual abuse
	Not sure, but suspect child may have been abused

Please complete these questions about the child or teen since the distressing event(s):

Please check all that apply	
	The child “plays” about, talks about, or acts out the distressing event over and over again
	Recurring nightmares
	Episodes in which the youth seems to think the distressing event is happening again (flashbacks)
	Intense distress or fear when something reminds her/him or the distressing event
	Avoids or refuses to talk or think about what is bothering him/her (“shuts down”)
	Avoids situations, people, or places that remind him/her of the distressing event
	Unable to recall important parts of the distressing event
	Tendency to keep to her/himself; not interested in some activities after the distressing event
	Shows a restricted range of feelings (blunted emotion); or had a change in personality after the event
	Limited interest in planning for the future; not excited or interest in his/her future since the event
	Increased difficulty falling or staying asleep after the distressing event
	Increased angry outbursts or irritability after the event
	Always vigilant; feels he/she has to be on guard; uncomfortable or feels unsafe in new settings
	Has become clingy or regressed in maturity after the event
	Exaggerated startle response (“jumpy”)
	Fascinated by stories of survival or horror movies
	Collects weapons or knives

Inattentive, Hyperactive, or Impulsive Behaviors:

No Concerns _____

If the child is able to stick with school-work easily, pays attention, is able to remain seated appropriately, shows good independence and organization throughout the day at both home and school, check “No Concerns” above and skip this section.

Otherwise, please rate the child or teen on the following items:

	Never or Rarely	Sometimes	Often	Very Often
Fails to give close attention to details or makes careless mistakes in school work or other activities				
Has trouble maintaining attention in tasks or play activities				
Does not seem to listen when spoken to directly				
Does not follow through on instructions & fails to finish schoolwork, chores, etc.				
Difficulty organizing tasks and activities				
Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as school work or homework)				
Loses things necessary for tasks or activities (e.g. school supplies, toys, gloves)				
Easily distracted				
Forgetful in daily activities				
Fidgets with hands or feet or squirms in seat				
Leaves seat in classroom or in other situations when expected to remain seated				
Runs about/climbs excessively in situations where it is inappropriate				
Difficulty playing or engaging in leisure activities quietly				
Always "On the go", acts as if "driven by a motor"				
Talks excessively				
Blurts out answers to questions before they have been completed				
Difficulty waiting his or her turn				
Interrupts or intrudes on others (butts into conversations, games, etc.)				

Circle the setting(s) where these problems occur: Home School Social settings / Community

Please comment on when these problems began and whether they are getting better or worse:

Depressive Symptoms

No Concerns: _____

If the child or teen shows a consistently stable mood, with no more than expected levels of sadness or frustration in response to upsetting events and is able to “bounce back,” please check “No Concerns” above and skip to the next section.

Otherwise, please rate the child or teen on the following items:

	Never	Not a problem	Minor concern	Major concern
Depressed mood, most of the day, nearly every day, for at least two weeks				
Irritable mood most of the day, nearly every day, for at least two weeks				
Highly variable and unpredictable mood, nearly every day, for at least two weeks				
Has quit activities that used to be fun, or quit involvement in extra-curricular activities or sports that he / she used to value highly				
No longer pursues hobbies or leisure activities that he/she used to enjoy				
Appetite disturbance, such as poor appetite with weight loss or increased appetite with weight gain				
Sleep disturbance, such as not getting enough sleep or sleeping too much				
Complains of low energy and fatigue				
Complains of having no friends, feels rejected by others				
Low self-esteem; feels like a failure				
Blames self for things that are not her/his fault				
Shows difficulty making decisions, poor concentration				
Spends too much time alone				
Talks about suicide or death				
Has made suicide gestures or left suicide notes				

Please comment on when these problems began and whether they are getting better or worse:

Are there firearms in the home? Yes No

If “Yes”, please explain what type and how they are stored:

Symptoms of Mania or Bipolar Disorder

No Concerns _____

If the child's moods are generally predictable and understandable, and the child is able to handle the ups and downs of life in a manner typical for his or her age, please check "No Concerns" above and skip to the next section.

Otherwise, please rate the child or teen on the following items:

	Never	Sometimes, but not a problem	A few times a month	Once a week or more
Extreme mood swings with cycles of highs and lows				
Angry outbursts in which he/she loses control or is unable to listen to reason				
Has periods of irritability, when even little things will trigger a tantrum or screaming episode				
Breaks, kicks, throws, or punches things when angry				
Kicks, hits, or throws things at people when angry				
While in a fit or rage, swears or uses foul language in a way that is not typical for this child				
While in a fit or rage, has threatened to harm self or family members				
Engages in intense tantrums or screaming episodes lasting an hour or longer				
Has episodes of "big ideas" – starts big projects, or more projects than he/she can complete – unrealistic plans				
Has episodes of poor judgment; takes excessive risks; thrill-seeking behavior				
Overly interested in sex for his/her age, sexual dress, or "potty mouth"				
Has spells of extreme giddiness or silliness (i.e., uncontrolled laughing) that lasts longer than normal for his/her age				
Seems elated or overly happy (almost as if on drugs) for no apparent reason				
Has had episodes of staying awake the entire night because of high energy level; doesn't look sleepy the next day				
Shows inflated sense of self-worth; sees self as more talented or more important than he/she is; grandiosity				
Seems to have racing thoughts or a flight of ideas				
Episodes of excessive talking, when it is hard to keep up with her/him				

Circle the setting(s) where these problems occur: Home School Social settings / Community

Please comment on when these problems began and whether they are getting better or worse:

Sensory Integration Problems

No Concerns _____

If the child notices sounds, lights, and textures, but is not overly stimulated by them, and if she/he does not engage in overly repetitive movements, please check the blank above and skip to the next section.

Otherwise, please rate the child or teen on the following items.

	Never	Used to	A little	A lot
Strong reaction to textures (sand, paste, clothing, etc.), positive or negative				
Little awareness of pain or temperature				
Rejects certain food textures				
Bothered by certain sounds (refrigerator, vacuum cleaner, etc.)				
Seems unaware of sounds when he/she should notice them				
Bothered by light				
Fascinated with lights, fans, or water				
Avoids eye contact				
Very aware of smells				
Rocks body back and forth while sitting				
Likes spinning or swinging to an unusual degree				
Fearful of being on a swing, see-saw, or a high place				
Flaps hands, barks, or squeals when excited				
Walks on tip-toes				
Coordination problems				
Difficulty with transitions (doesn't "go with the flow")				
Becomes overwhelmed in crowded places or noisy settings				

Circle the setting(s) where these problems occur: Home School Social settings / Community

Please comment on when these problems began and whether they are getting better or worse:

Signs of Being "Out of Touch with Reality"

No Concerns _____

If the child is consistently aware of him or herself and the surroundings, has never shown signs of losing touch with reality, and has never made bizarre comments or talked "crazy," please check "No Concerns" above and skip to the next section.

Otherwise, please rate the child or teen on the following items:

	Never	Minor concern	Major concern
Reports seeing people who aren't there, ghosts, imaginary beings, etc.			
Has an imaginary friend (after age 7 years)			
Seems to be talking to people that aren't there			
Reports hearing "voices" that others don't hear or when no one else is around			
Reports bizarre ideas; can't tell fantasy from reality			
Reports being afraid of his/her thoughts			
Reports police cars or teachers are following him/her			
Reports gruesome or bizarre nightmares			
Artwork or stories are gruesome or bizarre			
Reports that "someone" rearranges or moves his/her belongings			
Reports activities that aren't true (e.g., belonging to a gang, being abused)			

Circle the setting(s) where these problems occur: Home School Social settings / Community

Please comment on when these problems began and whether they are getting better or worse:

Problems with Authority, Rebelliousness, Defiance No Concerns _____

If the child can generally be relied upon to obey adult requests with minimal fuss or is generally obedient, tries to do the right thing, and reliably follows rules, please check “No Concerns” above and skip to the next section.

Otherwise, please rate the child or teen on the following items:

	Never/ Rarely	Some- times	Often	Very Often
Loses temper				
Touchy or easily annoyed				
Angry and resentful				
Argues with adults				
Actively defies or refuses to comply with adults' requests or rules				
Annoys others on purpose				
Blames others for his or her own mistakes or misbehavior				
Has been spiteful or vindictive at least twice in the past 6 months				

Yes No

Circle the setting(s) where these problems occur: Home School Social settings / Community

Please comment on when these problems began and whether they are getting better or worse:

Cigarettes, Drugs, or Alcohol No Concerns _____

If you have no concerns for this child regarding cigarettes, drugs, or alcohol, please check “No Concerns” above and skip to the next section.

Otherwise, please rate the child or teen on the following items:

	Never	Suspected	Maybe once, but not sure	More than once	Often
Smokes cigarettes					
Has friends who drink or use drugs					
Drinks beer or wine					
Drinks hard liquor					
Uses marijuana					
Uses cocaine					
Uses methamphetamines					
Uses club drugs					
Sniffs glue, gasoline, or other chemicals					
Has drug paraphernalia					
Has used or given away alcohol belonging to parents					
Steals money from family members					

	Male		Female	
Does the male or female guardian smoke cigarettes, cigars, or chew tobacco?	Yes	No	Yes	No
Has alcohol use been a problem for the male or female guardian in the past?	Yes	No	Yes	No
Does the male or female guardian use illegal drugs?	Yes	No	Yes	No

What are your family values about the use of tobacco or alcohol by teens and young adults? At what age does it become a teen’s choice?

Sexuality and Sexual Issues

No Concerns _____

If the child is content with his/her gender, wears clothes suited to his/her gender, enjoys games and clothes typical for his/her gender, and shows average development of sexual interest, please check “No Concerns” above and skip to the next section.

Otherwise, please rate the child or teen on the following items:

	Never	A little	A lot
Child/teen repeatedly states he/she was born the wrong sex			
Asks for or wears clothes meant for the opposite sex			
Prefers activities, toys, or games of the opposite sex			
Chooses friends of the opposite sex almost exclusively			
Preoccupied with or interested in sexual matters			
Masturbates excessively			
Child has pushed another child into sexual activity			
Child has been sexually abused			
Child shows unusually fast or early sexual development			

Has the youth has expressed interest in dating the same sex or attraction to same sex? Yes No

Concerns about sexuality not mentioned:

Circle the setting(s) where these problems occur: Home School Social settings / Community

Please comment on when these problems began, and whether they are getting better or worse:

Other:

If this inventory has not addressed a concern you have about your child, please describe:

Questionnaire Fatigue

If you are the type of parent who is glad to reach the end of this inventory, please check this blank _____ 😊

Your time and thoughtful attention in providing this information is appreciated!

Please bring the completed questionnaire to your child’s next appointment, fax it to Dr. Greenaway (904) 543-9172, or mail it to the address at the top of the first page. Thank you.