

## Self-Rated Symptom Measure & History—Child 11 - 17

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female Date of birth: \_\_\_\_\_

Name of identified patient's primary care **doctor** or psychiatrist: \_\_\_\_\_

Do you want your doctor(s) to be aware of your contact with us?  Yes  No. Initials: \_\_\_\_\_

If yes, please give: Fax: \_\_\_\_\_, Tele No: \_\_\_\_\_ Address: \_\_\_\_\_

Ask office staff for a **Release of Information** form to specify information you would like sent.

<b>Instructions:</b> Use the numbers 0 – 4 to describe how much/often you have been bothered by each problem during the <b>past 2 WEEKS</b> : <b>0</b> = Not at all; <b>1</b> = rarely; <b>2</b> = several days; <b>3</b> = often; <b>4</b> = always			
	0,1,2,3,4		0,1,2,3,4
F42.2	I. 1. Bothered by stomachs, head-aches, or other aches and pains.	IX. 14. Heard voices telling you what to do or saying bad things about you when alone.	F20.9
	2. Worried about health or getting sick.	15. Had visions when awake; saw something that no one else could see.	
F90.9 F90.0 F90.1	II. 3. Bothered by not being able to fall asleep, stay asleep, or waking up too early?	X. 16. Had thoughts of doing something bad or that something bad would happen to you or someone else	F42.8
F33.1 F32.9 F34.1	III. 4. Unable to pay attention in class, do homework, read.	17. Worried about things you touched being dirty, having germs, or being poison	F42.2
	IV. 5. Had less fun doing things than in the past.	18. Checked things over & over—like if a door was locked or the stove was off.	F42.1
	6. Felt sad or depressed for several hours.	19. Counted or used special words to stop a bad things from happening.	
F43.25 F91.3	V. 7. Felt more irritated or easily annoyed than usual.	XI. 20. Had an alcoholic drink (beer, wine, liquor, etc).	F10.10 F10.20 F17.*
	VI. 8. Felt angry or lost your temper?	21. Smoked a cigarette/cigar/pipes, or snuff.	
F31.1 F31.9	VII. 9. Started lots more projects or done more risky things than usual	22. Used drugs (marijuana, cocaine, LSD, ecstasy, heroine, inhalants, meth, or speed).	F11- F18
	10. Slept less than usual but still had a lot of energy?	23. Used medicine without a prescription to get high or feel better stimulant—Adderal, (painkillers--Vicoden, tranquilizers--xanax, sleeping pills, or steroids)	
F41.1 F41.9 F43.23	VIII. 11. Felt nervous, anxious, or scared.	XII. 24. Thought about killing yourself.	
	12. Not been able to stop worrying.	25. Number of past suicide attempts? _____ (Gun(s) in the home ___yes ___no	
	13. Not been able to do things because they made you feel nervous		

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a. For each of the above items marked, please explain **diagnosis and treatment**: \_\_\_\_\_

b. List any **prescribed medication** your child is now taking, including dosages if known: \_\_\_\_\_

→ c. List any medication to which your child allergic: \_\_\_\_\_ or  NKA ←

d. Give approximate dates of any previous **hospitalizations**, including psychiatric: \_\_\_\_\_

e. Give approximate dates of **previous counseling & treatment** provider: \_\_\_\_\_

f. Rate Good (G) Fair (F) Poor (P): **health** \_\_\_\_, **family life** \_\_\_\_, **school performance** \_\_\_\_, **makes friends** \_\_\_\_. List **current health problems**: \_\_\_\_\_

g. Do **family members** have  1. Psychosis,  2. Depression,  3. ADHD,  3. obsessions/compulsions,  5. Substance abuse? Relationship: \_\_\_\_\_

h. **Behavior problems**: Rate Often (**O**) or Sometimes (**S**): \_\_\_ steals, \_\_\_ runs away overnight, \_\_\_ fights, \_\_\_ sets fires, \_\_\_ skips school, \_\_\_ gets suspended, \_\_\_ destroys property, \_\_\_ hurts animals, \_\_\_ uses weapons, \_\_\_ sexually active, \_\_\_ forces sex, \_\_\_ serious lies. F91.1

i. **Development**: Child was early (E), normal (N), late (L) in learning to: Talk \_\_\_\_, Walk \_\_\_\_, Toilet train \_\_\_\_, Pregnancy/birth was  normal,  problematic,  exposure to alcohol, drugs, tobacco, explain: F79.8