

# ADOLESCENT SYMPTOM INVENTORY-4: TEACHER CHECKLIST

YOUTH'S NAME	AGE	GENDER
SCHOOL	GRADE	DATE

NAME OF PERSON COMPLETING THIS FORM: \_\_\_\_\_ POSITION: \_\_\_\_\_

LENGTH OF TIME YOU HAVE KNOWN STUDENT: \_\_\_\_\_ LENGTH OF TIME EACH DAY WITH STUDENT: \_\_\_\_\_

TYPE OF CLASS (E.G., 8TH GRADE ENGLISH, RESOURCE ROOM, SPECIAL EDUCATION): \_\_\_\_\_

CURRENT SPECIAL EDUCATION SERVICES (E.G., RESOURCE ROOM, SPEECH THERAPY): \_\_\_\_\_

CURRENT SPECIAL EDUCATION LABEL (E.G., LEARNING DISABILITY): \_\_\_\_\_

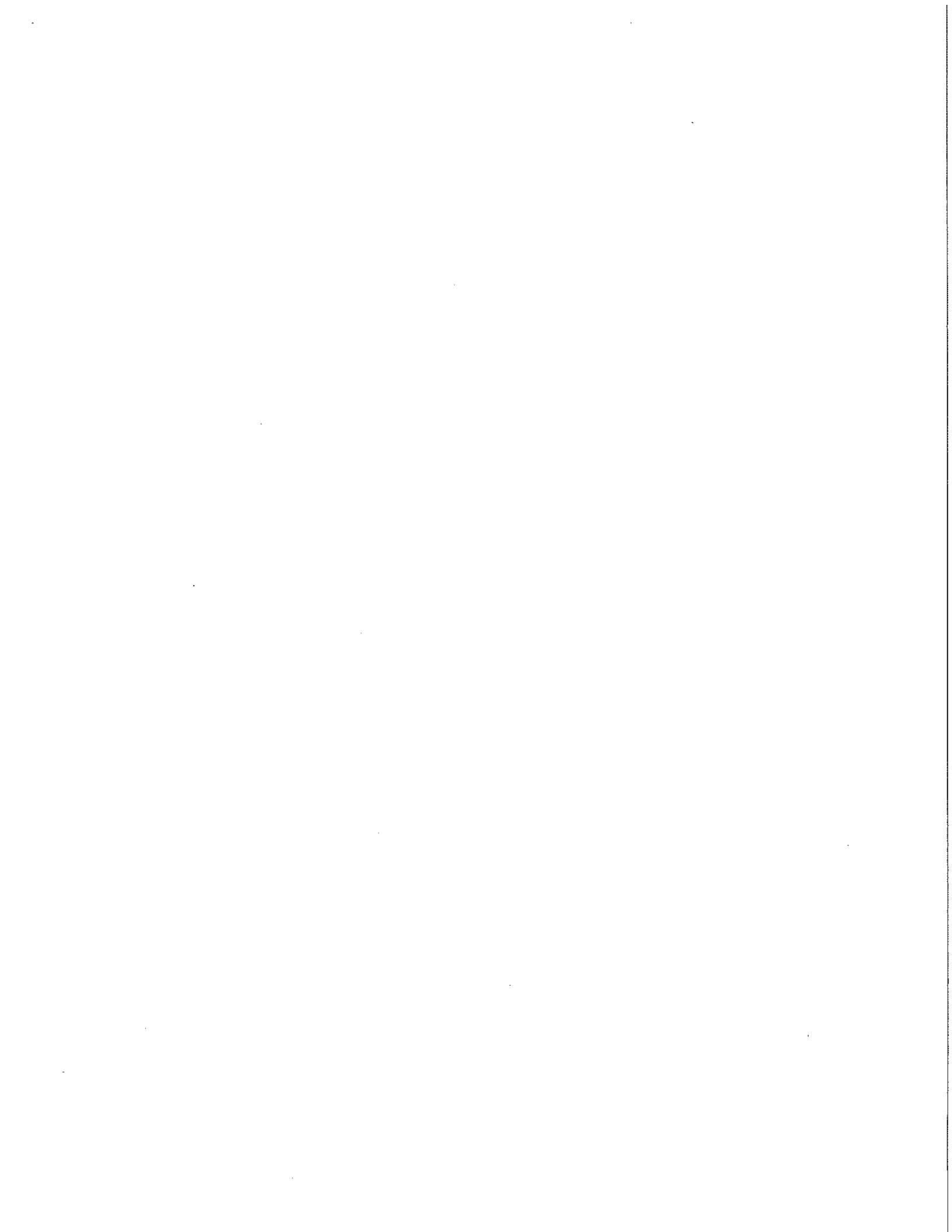
**CURRENT CLASSROOM PERFORMANCE: CHECK APPROPRIATE BOX**

	POOR	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	SUPERIOR
TESTS, QUIZZES					
HOMEWORK					
CLASS PARTICIPATION					
CLASSROOM BEHAVIOR					

**DIRECTIONS:** CHECK WHICH RATING BEST DESCRIBES THIS STUDENT'S OVERALL BEHAVIOR IN OR AROUND SCHOOL. ANSWER EACH QUESTION TO THE BEST OF YOUR ABILITY.

CATEGORY A	NEVER	SOME-TIMES	OFTEN	VERY OFTEN
1. DOES NOT PAY CLOSE ATTENTION TO DETAILS OR MAKES CARELESS MISTAKES				
2. HAS DIFFICULTY PAYING ATTENTION TO TASKS				
3. DOES NOT SEEM TO LISTEN WHEN SPOKEN TO DIRECTLY				
4. HAS DIFFICULTY FOLLOWING THROUGH ON INSTRUCTIONS AND FAILS TO FINISH THINGS				
5. HAS DIFFICULTY ORGANIZING WORK AND ACTIVITIES				
6. AVOIDS DOING TASKS THAT REQUIRE A LOT OF MENTAL EFFORT (SCHOOLWORK, HOMEWORK, ETC.)				
7. LOSES THINGS NECESSARY FOR ACTIVITIES				
8. IS EASILY DISTRACTED BY OTHER THINGS GOING ON				
9. IS FORGETFUL IN DAILY ACTIVITIES				

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CATEGORY A (CONTINUED)

	NEVER	SOME-TIMES	OFTEN	VERY OFTEN
10. FIDGETS WITH HANDS OR FEET OR SQUIRMS IN SEAT				
11. HAS DIFFICULTY REMAINING SEATED WHEN ASKED TO DO SO				
12. SEEMS RESTLESS OR JITTERY				
13. HAS DIFFICULTY DOING THINGS QUIETLY				
14. IS "ON THE GO" OR ACTS AS IF "DRIVEN BY A MOTOR"				
15. TALKS EXCESSIVELY				
16. BLURTS OUT ANSWERS TO QUESTIONS BEFORE THEY HAVE BEEN COMPLETED				
17. HAS DIFFICULTY AWAITING TURN IN GROUP ACTIVITIES				
18. INTERRUPTS PEOPLE OR BUTTS INTO OTHER PEOPLE'S ACTIVITIES				

CATEGORY B

19. PLAYS HOOKEY FROM SCHOOL				
21. LIES TO GET THINGS OR TO AVOID RESPONSIBILITY ("CONS" OTHERS)				
22. BULLIES, THREATENS, OR INTIMIDATES OTHERS				
23. STARTS PHYSICAL FIGHTS				
25. HAS STOLEN THINGS WHEN OTHERS WERE NOT LOOKING				
26. HAS DELIBERATELY DESTROYED OTHERS' PROPERTY				
28. HAS STOLEN THINGS FROM OTHERS USING PHYSICAL FORCE				
30. HAS USED A WEAPON WHEN FIGHTING (BAT, BOTTLE, KNIFE, ETC.)				
32. HAS BEEN PHYSICALLY CRUEL TO PEOPLE				

CATEGORY C

39. LOSES TEMPER				
40. ARGUES WITH ADULTS				
41. DEFILES OR REFUSES WHAT YOU TELL HIM/HER TO DO				
42. DOES THINGS TO DELIBERATELY ANNOY OTHERS				
43. BLAMES OTHERS FOR OWN MISBEHAVIOR OR MISTAKES				
44. IS TOUCHY OR EASILY ANNOYED BY OTHERS				
45. IS ANGRY AND RESENTFUL				
46. TAKES ANGER OUT ON OTHERS OR TRIES TO GET EVEN				

CATEGORY D

47. IS OVERCONCERNED ABOUT ABILITIES IN SCHOOL, ATHLETIC, WORK, OR SOCIAL ACTIVITIES				
48. HAS DIFFICULTY CONTROLLING WORRIES				
49. ACTS RESTLESS OR EDGY				
50. IS IRRITABLE				
51. IS EXTREMELY TENSE OR UNABLE TO RELAX				



CATEGORY E		NEVER	SOME-TIMES	OFTEN	VERY OFTEN
53.	IS OVERLY FEARFUL OF (OR TRIES TO AVOID) SPECIFIC OBJECTS OR SITUATIONS (ANIMALS, HEIGHTS, STORMS, BEING TRAPPED)				
54.	COMPLAINS ABOUT HEART POUNDING, SHORTNESS OF BREATH, FEELING DIZZY, TREMBLING, OR FEAR OF DYING				
55.	CANNOT GET DISTRESSING THOUGHTS OUT OF HIS/HER MIND (WORRIES ABOUT GERMS OR DOING THINGS PERFECTLY, ETC.)				
56.	FEELS COMPELLED TO PERFORM UNUSUAL HABITS (HAND WASHING, CHECKING LOCKS, REPEATING THINGS A SET NUMBER OF TIMES)				
57.	HAS EXPERIENCED AN EXTREMELY UPSETTING EVENT AND CONTINUES TO BE BOTHERED BY IT				
59.	MAKES TWITCHING OR JERKING MOVEMENTS FOR NO APPARENT REASON (EYE BLINKING, TWITCHING, LIP LICKING, HEAD JERKING, ETC.)				
60.	MAKES VOCAL SOUNDS FOR NO APPARENT REASON (COUGHING, THROAT CLEARING, SNIFFLING, GRUNTING, ETC.)				
61.	COMPLAINS ABOUT PHYSICAL PROBLEMS (HEADACHES, UPSET STOMACH, ETC.) FOR WHICH THERE IS NO APPARENT CAUSE				
62.	WORRIES ABOUT PHYSICAL HEALTH				

CATEGORY F					
63.	IS MORE ANXIOUS IN SOCIAL SITUATIONS THAN MOST OTHER YOUTHS				
64.	IS EXCESSIVELY SHY WITH PEERS				

CATEGORY H					
73.	PREFERS TO BE ALONE RATHER THAN WITH FRIENDS OR FAMILY				
74.	SHOWS LITTLE INTEREST IN HAVING CLOSE RELATIONSHIPS				
75.	IS EMOTIONALLY COLD OR INDIFFERENT TOWARD PEOPLE.				

CATEGORY I					
76.	HAS STRANGE IDEAS OR BELIEFS THAT ARE NOT REAL (FOOD IS POISONED, PEOPLE ARE TRYING TO GET HIM/HER, ETC.)				
77.	HAS AUDITORY HALLUCINATIONS--HEARS VOICES TALKING TO OR TELLING HIM/HER TO DO THINGS				
78.	HAS DISORGANIZED SPEECH (E.G., IDEAS DON'T MAKE SENSE, THOUGHTS RUN TOGETHER, LOSES TRAIN OF THOUGHT)				
79.	BEHAVES IN EXTREMELY STRANGE WAYS (E.G., UNPREDICTABLE OUTBURSTS, ACTS AS IF IN SLOW MOTION, SEEMS TO FORGET HOW TO TAKE CARE OF SELF)				
80.	LAUGHS OR CRIES AT INAPPROPRIATE TIMES OR SHOWS NO EMOTION IN SITUATIONS WHERE MOST OTHERS OF SAME AGE WOULD REACT				
81.	SEEMS TO HAVE LOST INTEREST IN DOING THINGS OR TALKING TO PEOPLE				



CATEGORY K		NEVER	SOME-TIMES	OFTEN	VERY OFTEN
84.	ACTS UNHAPPY OR SAD				
85.	SHOWS LITTLE INTEREST IN (OR ENJOYMENT OF) PLEASURABLE ACTIVITIES				
86.	TALKS ABOUT DEATH OR SUICIDE				
87.	FEELS WORTHLESS OR GUILTY				
88.	HAS LOW ENERGY LEVEL OR IS TIRED FOR NO APPARENT REASON				
89.	HAS LITTLE CONFIDENCE OR FEELS INFERIOR TO OTHERS				
90.	FEELS THAT THINGS NEVER WORK OUT RIGHT				
94.	HAS DIFFICULTY CONCENTRATING OR MAKING DECISIONS				
96.	IS OVERLY SENSITIVE OR TEARFUL				
95.	HAS EXPERIENCED A BIG DROP IN SCHOOL GRADES OR SCHOOLWORK (CIRCLE YES OR NO)	NO		YES	
97.	HAS EXPERIENCED A VERY STRESSFUL EVENT SUCH AS PARENTS DIVORCE, DEATH OF A FRIEND OR RELATIVE, SERIOUS ILLNESS (CIRCLE YES OR NO)	NO		YES	

CATEGORY L		NEVER	SOME-TIMES	OFTEN	VERY OFTEN
98.	IS UNUSUALLY CHEERFUL				
99.	IS IRRITABLE OR EXPLOSIVE				
100.	IS EXCESSIVELY ACTIVE OR BUSY				
102.	IS EXCESSIVELY TALKATIVE				
103.	IS HIGHLY DISTRACTIBLE				
104.	ACTS RECKLESS OR SILLY				
105.	RAPIDLY SWITCHES FROM ONE TOPIC TO ANOTHER				
106.	BELIEVES THAT HE/SHE HAS SPECIAL ABILITIES OR CAN DO THINGS THAT ARE OBVIOUSLY UNREALISTIC				

OTHER PROBLEMS OR COMMENTS (ATTACH ADDITIONAL PAGE IF NEEDED): \_\_\_\_\_

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THANK YOU!

