

## CHILDHOOD SYMPTOMS SCALE / SELF-REPORT FORM

---

Name \_\_\_\_\_ Date \_\_\_\_\_

**Instructions:** Please circle the number next to each item that best describes your behavior when you were a child ages 5 to 12 years.

Items:	Never or rarely	Sometimes	Often	Very Often
1. Failed to give close attention to details or made careless mistakes in my work	0	1	2	3
2. Fidgeted with hands or feet or squirmed in seat	0	1	2	3
3. Had difficulty sustaining my attention in tasks or fun activities	0	1	2	3
4. Left my seat in classroom or in other situations in which seating was expected	0	1	2	3
5. Didn't listen when spoken to directly	0	1	2	3
6. Felt restless	0	1	2	3
7. Didn't follow through on instructions and failed to finish work	0	1	2	3
8. Had difficulty engaging in leisure activities or doing fun things quietly	0	1	2	3
9. Had difficulty organizing tasks and activities	0	1	2	3
10. Felt "on the go" or "driven by a motor"	0	1	2	3
11. Avoided, disliked, or was reluctant to engage in work that required sustained mental effort	0	1	2	3
12. Talked excessively	0	1	2	3
13. Lost things necessary for tasks or activities	0	1	2	3
14. Blurted out answers before questions were completed	0	1	2	3
15. Was easily distracted	0	1	2	3
16. Had difficulty awaiting turn	0	1	2	3
17. Was forgetful in daily activities	0	1	2	3
18. Interrupted or intruded on others	0	1	2	3

## Childhood Symptoms Scale/Self-Report Form (p. 2 of 3)

To what extent did the problems you may have just circled interfere with your ability to function in each of these areas of life activities *when you were a child between 5 and 12 years of age?*

Areas:	Never or rarely	Sometimes	Often	Very Often
In my home life with my immediate family	0	1	2	3
In my social interactions with other children	0	1	2	3
In my activities or dealings in the community	0	1	2	3
In school	0	1	2	3
In sports, clubs, or other organizations	0	1	2	3
In learning to take care of myself	0	1	2	3
In my play, leisure, or recreational activities	0	1	2	3
In my handling of my daily chores or other responsibilities	0	1	2	3

**Instructions:** Again, please circle the number next to each item that best describes your behavior *when you were a child ages 5 to 12 years.*

Items	Never or rarely	Sometimes	Often	Very Often
1. Lost temper	0	1	2	3
2. Argued with adults	0	1	2	3
3. Actively defied or refused to comply with adults requests or rules	0	1	2	3
4. Deliberately annoyed people	0	1	2	3
5. Blamed others for my mistakes or misbehavior	0	1	2	3
6. Was touchy or easily annoyed by others	0	1	2	3
7. Was angry or resentful	0	1	2	3
8. Was spiteful or vindictive	0	1	2	3

### Childhood Symptoms Scale/Self-Report Form (p. 3 of 3)

Instructions: Please indicate whether you engaged in any of the following *during the period between 5 and 18 years of age*:

1. Often bullied, threatened, or intimidated others	No	Yes
2. Often initiated physical fights	No	Yes
3. Used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, or gun)	No	Yes
4. Was physically cruel to people	No	Yes
5. Was physically cruel to animals	No	Yes
6. Stole while confronting a victim (e.g., mugging, purse snatching)	No	Yes
7. Forced someone into sexual activity	No	Yes
8. Deliberately engaged in fire setting with the intention of causing serious damage	No	Yes
9. Deliberately destroyed others property (other than by fire setting)	No	Yes
10. Broke into someone else's house, building, or car	No	Yes
11. Often lied to obtain goods or favors or to avoid obligations (i.e., "conned" others)	No	Yes
12. Stole items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery)	No	Yes
13. Often stayed out at night despite parental prohibitions. If so, at what age did this begin? _____	No	Yes
14. Ran away from home overnight at least twice while living in parent's home, foster care, or group home. If so, how many times? _____	No	Yes
15. Was often truant from school. If so, at what age did this begin? _____	No	Yes