

Name: _____

DOB: _____

Burns Inventory Checklist for Children

Instructions: Circle the number in the column that best describes how you are feeling during the *past week including today*. Then write the value of the number in the gray column.

0- Not at all 1- Sometimes 2- Moderately 3- A lot 4- Extremely

Depression

1. Sad or down in the dumps	0	1	2	3	4	
2. Discouraged or hopeless (things are not going to get better)	0	1	2	3	4	
3. Low self esteem (not proud of myself)	0	1	2	3	4	
4. Worthlessness or inadequate (not good enough)	0	1	2	3	4	
5. Loss of pleasure or satisfactions (things are not fun)	0	1	2	3	4	
6. Do you have thought about suicide?	0	1	2	3	4	
7. Would you like to end your life?	0	1	2	3	4	
Total Score						

Panic

1. Sudden feeling of terror or over whelming fear	0	1	2	3	4	
2. Sudden, terrifying panic attacks that come out of the blue	0	1	2	3	4	
3. Suddenly feeling you're going crazy or cracking up	0	1	2	3	4	
4. Suddenly feeling you are about to suffocate or pass out	0	1	2	3	4	
5. Suddenly feeling you'll have a stroke, heart attack or die	0	1	2	3	4	
Total Score						

Anger

1. Frustrated	0	1	2	3	4	
2. Annoyed	0	1	2	3	4	
3. Resentful	0	1	2	3	4	
4. Angry	0	1	2	3	4	
5. Irritated	0	1	2	3	4	
Total Score						

Anxiety

1. Anxious	0	1	2	3	4	
2. Frightened	0	1	2	3	4	
3. Worrying about things over and over	0	1	2	3	4	
4. Tense or on edge	0	1	2	3	4	
5. Nervous	0	1	2	3	4	
Total Score						

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ADHD Self-Report Scale Symptom Checklist

Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, circle the number in the box that best describes how you have felt and conducted yourself over the past 6 months. Please give this completed checklist to your therapist to discuss during today's appointment.

0- Never 1- Rarely 2- Sometimes 3- Often 4- Very Often

1. How often do not give attention to detail or make careless mistakes in schoolwork or other activities?	0	1	2	3	4
2. How often do you have difficulty paying attention in tasks or play activities?	0	1	2	3	4
3. How often do you have difficulty listening when spoken to directly?	0	1	2	3	4
4. How often do you not follow through on instructions and fail to finish schoolwork or chores?	0	1	2	3	4
5. How often do you have difficulty getting organized?	0	1	2	3	4
6. How often do avoid, dislike or put off doing tasks that require mental effort, such as homework?	0	1	2	3	4
7. How often do you misplace or have difficulty finding things?	0	1	2	3	4
8. How often are you distracted by activity or noise around you?	0	1	2	3	4
9. How often are you forgetful during daily activities?	0	1	2	3	4
Part A Total					

10. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?	0	1	2	3	4
11. How often do you leave your seat in situations in which you are expected to remain seated, such as in the classroom?	0	1	2	3	4
12. How often do run or climb when and where it is inappropriate?	0	1	2	3	4
13. How often do you have difficulty playing quietly or enjoying leisure activities quietly?	0	1	2	3	4
14. How often do you feel overly active and compelled to do things, like you were driven by a motor?	0	1	2	3	4
15. How often do you find yourself talking too much when you are in social situations?	0	1	2	3	4
16. How often do you shout out the answer to a question before it has been completed?	0	1	2	3	4
17. How often do you have difficulty waiting your turn in situations when turn taking is required?	0	1	2	3	4
18. How often do you interrupt or intrude on others when they are busy such as butting into a conversation or games?	0	1	2	3	4
Part B Total					

Date: _____