

# DSM-5 Symptom Checklist for Children & Adolescents

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Completed By (Parent/Guardian/Teacher/Clinician): \_\_\_\_\_

---

## SECTION 1 — Mood & Depression

Symptom	Never	Sometimes	Often
Appears sad, down, or irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of interest in usual activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Withdraws from friends or family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changes in appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changes in sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low energy or fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feelings of worthlessness or guilt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preoccupation with death (non-graphic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

## SECTION 2 — Anxiety

Symptom	Never	Sometimes	Often
Excessive worry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tension, restlessness, or feeling on edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty controlling worry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoids situations due to fear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical symptoms when anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sudden episodes of intense fear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distress when separating from caregivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

### SECTION 3 — Attention & Executive Functioning

Symptom	Never	Sometimes	Often
Difficulty sustaining attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble following instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoids tasks requiring sustained effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequently loses necessary items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fidgets or difficulty staying seated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talks excessively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interrupts or has trouble waiting turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acts impulsively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

### SECTION 4 — Behavior & Conduct

Symptom	Never	Sometimes	Often
Argues with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breaks rules deliberately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequent temper outbursts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blames others for mistakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annoys others on purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aggression toward people or animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Destroys property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lies or steals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

### SECTION 5 — Trauma & Stress Reactions

Symptom	Never	Sometimes	Often
Intrusive memories or distressing thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nightmares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoids reminders of event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily startled or jumpy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional numbness or detachment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritability or anger outbursts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION 6 — Obsessions & Compulsions

Symptom	Never	Sometimes	Often
Unwanted, repetitive thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feels driven to perform rituals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upset when routines are interrupted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive checking, cleaning, or organizing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

## SECTION 7 — Autism-Related Social & Communication Concerns

Symptom	Never	Sometimes	Often
Difficulty with back-and-forth conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble understanding social cues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distress with changes in routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repetitive movements or speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intense or restricted interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unusual sensory responses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

## SECTION 8 — Eating-Related Concerns

Symptom	Never	Sometimes	Often
Restricts food or fears weight gain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eats unusually large amounts quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feels out of control while eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compensatory behaviors (e.g., excessive exercise)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distress about body shape or weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

## SECTION 9 — Sleep

Symptom	Never	Sometimes	Often
Trouble falling asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequent night waking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nightmares or night terrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive sleep or difficulty waking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

## SECTION 10 — Substance Use (Adolescents)

Symptom	Never	Sometimes	Often
Uses alcohol, nicotine, or other substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses substances in risky situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty cutting down on use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mood or behavior changes related to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

**Additional Concerns** \_\_\_\_\_

---

---

---

---