

## **Children & Adolescent Issues Questionnaire**

Please CIRCLE the extent to which you are CURRENTLY CONCERNED about EACH of the following issues. Please respond to EVERY item.

EXTENT: 0 = none    1 = some    2 = much    3 = very much

- |  |   |   |   |   |
|--|---|---|---|---|
| 1. Motivation                          | 0 | 1 | 2 | 3 |
| 2. Relationship with parents/family    | 0 | 1 | 2 | 3 |
| 3. Relationship with friends           | 0 | 1 | 2 | 3 |
| 4. Independence                        | 0 | 1 | 2 | 3 |
| 5. Difficulty asserting self           | 0 | 1 | 2 | 3 |
| 6. Difficulty expressing feelings      | 0 | 1 | 2 | 3 |
| 7. Social skills                       | 0 | 1 | 2 | 3 |
| 8. Feeling isolated or lonely          | 0 | 1 | 2 | 3 |
| 9. Fear of close relationships         | 0 | 1 | 2 | 3 |
| 10. Dealing with anger                 | 0 | 1 | 2 | 3 |
| 11. Mood swings/irritability           | 0 | 1 | 2 | 3 |
| 12. Thoughts of harming others         | 0 | 1 | 2 | 3 |
| 13. Grief over loss                    | 0 | 1 | 2 | 3 |
| 14. Physical or sexual abuse           | 0 | 1 | 2 | 3 |
| 15. Emotional abuse                    | 0 | 1 | 2 | 3 |
| 16. Sex or sexuality                   | 0 | 1 | 2 | 3 |
| 17. Out of touch with feelings         | 0 | 1 | 2 | 3 |
| 18. Confused about beliefs or values   | 0 | 1 | 2 | 3 |
| 19. Difficulty making decisions        | 0 | 1 | 2 | 3 |
| 20. Dislikes self                      | 0 | 1 | 2 | 3 |
| 21. Self-identity                      | 0 | 1 | 2 | 3 |
| 22. Physical appearance/grooming       | 0 | 1 | 2 | 3 |
| 23. Anxiety, worry                     | 0 | 1 | 2 | 3 |
| 24. Stress, tension                    | 0 | 1 | 2 | 3 |
| 25. Specific fears or phobias          | 0 | 1 | 2 | 3 |
| 26. Obsessions/compulsions             | 0 | 1 | 2 | 3 |
| 27. Hallucinations/delusions           | 0 | 1 | 2 | 3 |
| 28. Paranoia                           | 0 | 1 | 2 | 3 |
| 29. Unhappy much of the time           | 0 | 1 | 2 | 3 |
| 30. Depression                         | 0 | 1 | 2 | 3 |
| 31. Crying/tearfulness                 | 0 | 1 | 2 | 3 |
| 32. Feeling unworthy, inferior, guilty | 0 | 1 | 2 | 3 |
| 33. Thoughts of harming self           | 0 | 1 | 2 | 3 |
| 34. Fatigue/low energy                 | 0 | 1 | 2 | 3 |
| 35. Alcohol                            | 0 | 1 | 2 | 3 |
| 36. Drugs                              | 0 | 1 | 2 | 3 |
| 37. Eating                             | 0 | 1 | 2 | 3 |
| 38. Weight                             | 0 | 1 | 2 | 3 |
| 39. Sleep                              | 0 | 1 | 2 | 3 |
| 40. Health/Physical Complaints         | 0 | 1 | 2 | 3 |
| 41. Financial/Legal problems           | 0 | 1 | 2 | 3 |
| 42. Hyperactivity                      | 0 | 1 | 2 | 3 |
| 43. Attention/Concentration problems   | 0 | 1 | 2 | 3 |
| 44. Agitation                          | 0 | 1 | 2 | 3 |
| 45. Behavior problems                  | 0 | 1 | 2 | 3 |
| 46. Oppositional defiant behavior      | 0 | 1 | 2 | 3 |
| 47. Other, please list _____           | 0 | 1 | 2 | 3 |