

## WEISS SYMPTOM RECORD II

**PATIENT:** \_\_\_\_\_

**INFORMANT:** \_\_\_\_\_

This is a problem checklist. Not all the items will be appropriate for you. Please indicate the level of difficulty associated with each item:

- None:** This is not a problem or concern. Any challenges are age-appropriate
- Mild:** Some difficulty (somewhat)
- Moderate:** This is a problem (pretty much)
- Severe:** This is a serious problem (very much)
- NA:** Not applicable. Check this column if the item is not a problem or not relevant to you.

<i>Difficulty with:</i>	<i>None (0)</i>	<i>Mild (1)</i>	<i>Moderate (2)</i>	<i>Severe (3)</i>	<i>N/A</i>
<b>ATTENTION: Mean Score</b> _____					
Attention to details or makes careless mistakes					
Holding attention or remaining focused					
Listening or mind seems elsewhere					
Instructions or finishing work					
Organizing (e.g. time, messy, deadlines)					
Avoids or dislikes activities requiring effort					
Loses or misplaces things					
Easily distracted					
Forgetful (e.g. chores, bills, appointments)					
<b>HYPERACTIVITY AND IMPULSIVITY: Mean Score</b> _____					
Fidgets or squirms					
Trouble staying seated					
Runs about or feels restless inside					
Loud or difficulty being quiet					
Often on the go					
Talks too much					
Blurts out comments					
Dislikes waiting (e.g. taking turns or in line)					
Interrupts or intrudes on others (e.g. butting in)					
<b>OPPOSITIONAL: Mean Score</b> _____					
Loses temper					
Easily annoyed					
Angry and resentful					
Argues					
Defiant					
Deliberately annoys other people					
Blames other people rather than themselves					
Spiteful					

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<i>Difficulty with:</i>	<i>None (0)</i>	<i>Mild (1)</i>	<i>Moderate (2)</i>	<i>Severe (3)</i>	<i>N/A</i>
<b>DEVELOPMENT AND LEARNING: Mean Score _____</b>					
Wetting, (after age 5)					
Soiling (after age 4)					
Reading					
Spelling					
Math					
Writing					
<b>AUTISM SPECTRUM: Mean Score _____</b>					
Difficulty with talking back and forth					
Unusual eye contact or body language					
Speech is odd (monotone, unusual words)					
Restricted, fixed, intense interests					
Odd, repetitive movements (e.g. flapping)					
Does not easily "chit chat"					
<b>MOTOR DISORDERS: Mean Score _____</b>					
Repetitive noises (e.g. sniffing, throat clearing)					
Repetitive movements (blinking, shrugging)					
Clumsy					
<b>PSYCHOSIS: Mean Score _____</b>					
Hearing voices that are not there					
Seeing things that are not there					
Scrambled thinking					
Paranoia (feeling people are against you)					
<b>DEPRESSION: Mean Score _____</b>					
Sad or depressed most of the day					
Lack of interest or pleasure most of the day					
Weight loss, weight gain or change in appetite					
Difficulty sleeping or sleeping too much					
Agitated					
Slowed down					
Feels worthless					
Tired, no energy					
Hopeless, pessimistic					
Withdrawal from usual interests/people					
Decrease in concentration					

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<b>MOOD REGULATION: Mean Score _____</b>					
Distinct period(s) of intense excitement					
Distinct period(s) of inflated self-esteem, grandiose					
Distinct period(s) of increased energy					
Distinct period(s) of decreased need for sleep					
Distinct Period(s) of racing thoughts or speech					
Irritable behaviour that is out of character					
Rage attacks, anger outbursts, hostility					
<b>SUICIDE: Mean Score _____</b>					
Suicidal thoughts					
Suicide attempt(s) or a plan					
<b>ANXIETY: Mean Score _____</b>					
Intense fears (e.g. heights, crowds, spiders)					
Fear of social situations or performing					
Panic attacks					
Fear of leaving e.g. the house, public transportation.					
Worrying and/or anxious most days					
Nervous, can't relax					
Obsessive thoughts (e.g. germs, perfectionism)					
Compulsive rituals (e.g. checking, hand washing)					
Hair pulling, nail biting or skin picking					
Preoccupation with physical complaints					
Chronic pain					
<b>STRESS RELATED DISORDERS: Mean Score _____</b>					
Physical abuse					
Sexual abuse					
Neglect					
Other severe trauma					
<b>PTSD: Mean Score _____</b>					
Flashbacks or nightmares					
Avoidance					
Intrusive thoughts of traumatic events					
<b>SLEEP: Mean Score _____</b>					
Trouble falling asleep or staying asleep					
Excessive daytime sleepiness					
Snoring or stops breathing during sleep					

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<b>EATING: Mean Score _____</b>					
Distorted body image					
Underweight					
Binge eating					
Overweight					
Eating too little or refusing to eat					
<b>CONDUCT: Mean Score _____</b>					
Verbal aggression					
Physical aggression					
Used a weapon against people (stones, sticks etc.)					
Cruel to animals					
Physically cruel to people					
Stealing or shoplifting					
Deliberately sets fires					
Deliberately destroys property					
Frequent lying					
Lack of remorse or guilt					
Lack of empathy or concern for others					
<b>SUBSTANCE USE: Mean Score _____</b>					
Misuse of prescription drugs					
Alcohol > 14 drinks/week or 4 drinks at once					
Smoking or tobacco use					
Marijuana					
Other street drugs					
Excessive over the counter medications					
Excessive caffeine (colas, coffee, tea, pills)					
<b>ADDICTIONS: Mean Score _____</b>					
Gambling					
Excessive internet, gaming or screen time					
Other addiction _____					

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<b>PERSONALITY: Mean Score _____</b>					
Self-destructive					
Stormy, conflicted relationships					
Self-injurious behaviour (e.g. cutting)					
Low self-esteem					
Manipulative					
Self-centered					
Arrogant					
Suspicious					
Deceitful with no remorse					
Breaking the law or antisocial behaviour					
Tends to be a loner					
<b>OTHER (Please indicate any other difficulties): Mean Score _____</b>					

### MEAN SCORE

*(N/A items not included in calculation)*

<b>ATTENTION</b>	
<b>HYPERACTIVITY AND IMPULSIVITY</b>	
<b>OPPOSITIONAL</b>	
<b>DEVELOPMENT AND LEARNING</b>	
<b>AUTISM SPECTRUM</b>	
<b>MOTOR DISORDERS</b>	
<b>PSYCHOSIS</b>	
<b>DEPRESSION</b>	
<b>MOOD REGULATION</b>	
<b>SUICIDE</b>	

<b>ANXIETY</b>	
<b>STRESS RELATED DISORDERS</b>	
<b>PTSD</b>	
<b>SLEEP</b>	
<b>EATING</b>	
<b>CONDUCT</b>	
<b>SUBSTANCE USE</b>	
<b>ADDICTIONS</b>	
<b>PERSONALITY</b>	
<b>OTHER</b>	

\*Calculated from \_\_\_\_\_ answered questions

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