

PSYCHOLOGICAL SYMPTOMS INVENTORY FOR ADOLESCENTS

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Name: _____

Date: _____

Directions: Please write your name and the date above. Place a checkmark (✓ or X) in the box if you *presently or frequently* have these symptoms—have them often enough to be a concern to you or others who know you. Feel free to circle or cross out words to better explain how you feel. Write on the back of this inventory if you want to explain some of the symptoms you checked or if you have other symptoms not listed here. Let your psychotherapist know if you want your answers to be confidential.

Emotions

- I feel intensely angry or frustrated.
- I feel anxious, tense, or nervous.
- I feel depressed, sad, or down.
- I feel tearful or emotionally sensitive.
- I feel like I don't care about anything.
- I feel I'm not myself.
- I feel easily annoyed or irritated.
- I feel guilty or ashamed of myself.
- I feel disappointed or hurt.
- I feel stressed or overwhelmed.
- I feel worthless or like a failure.
- I feel hopelessness or despair.

Appearance

- I don't think I'm attractive.
- I get criticized for how I look.
- I can't wear what I want.
- I need better clothes.
- I have or want tattoos or piercings.
- I wish I was thinner.
- I wish I was more athletic.
- I don't like to be noticed by others.
- I wish I was graceful (less awkward).
- I don't like my body.
- I don't care how I look.
- I need to groom myself better.

Health

- I don't have much of an appetite.
- I eat too much.
- It is hard for me to go to sleep.
- I'm tired a lot.
- I sleep too much.
- I am often sick.
- I get a lot of headaches.
- I throw-up a lot.
- I get dizzy a lot.
- I have a chronic illness.
- I have irritable bowels.
- I have severe acne or skin problems.

Peers

- I don't seem to fit in with others.
- I have a bad reputation
- I am shy or uncomfortable with others
- It's hard for me to make friends.
- My friends get me into trouble.
- I get into fights.
- I am lonely or not close to anyone.
- I am picked-on or teased.
- I don't stand-up for myself.
- I don't have friends at school.
- My friends let me down.
- I'm in a gang.

School

- I don't get good grades.
- I'm not interested in school.
- I don't get along with my teachers.
- I get into trouble at school.
- I have difficulty concentrating.
- I forget assignments easily.
- I skip (cut) classes.
- I have too much homework.
- I want to go to a different school.
- I'm not interested in going to college.
- I struggle with some subjects.
- I need help with my schoolwork.

Job / Money

- I don't know what to do for a living.
- I wish I had a job right now.
- I hate the job I have now.
- I have gotten into trouble at work.
- I'm being pressured to get a job.
- I don't keep a job for very long.
- I have a hard time saving my money.
- I don't have money to have fun with.
- I give money to my parents.
- I don't get an allowance.
- I spend too much money on friends.
- I am in debt.

Parents

- My parents disapprove of what I do.
- My parents don't understand me.
- My parents and I don't get along.
- My parents are too strict or harsh.
- My parents don't seem to care.
- My parents are hard to talk to.
- My parents expect too much.
- My parents don't spend time with me.
- My parents don't appreciate me.
- My parents physically hurt me.
- My parents verbally put me down.
- My parents favor my brother or sister.

Interests

- I don't like playing sports.
- I don't like after school activities.
- I don't have any hobbies.
- Nothing seems to interest me.
- I spend a lot of time with my friends.
- I'm not interested in religion.
- Listening to music is very important
- I experiment with taking drugs.
- I drink alcohol.
- I smoke cigarettes.
- I'm too involved in a sport.
- I'm too involved in a hobby.

Behavior

- I've gotten into trouble with the law.
- I have run away from home.
- I think I am addicted to something.
- I have destroyed property at home.
- I tag (spray paint public places).
- I have stolen money or things.
- I race or drive dangerously.
- I take risks that I shouldn't take.
- I have sold drugs.
- I have cheated on tests.
- I am involved in black magic.
- I have tried to physically hurt myself.

Home

- I don't get along with my siblings.
- My parents often fight with each other
- There isn't much privacy at home.
- I don't want to live at home
- It is too crowded at home.
- My home is too chaotic.
- I don't feel safe at home.
- My siblings take my stuff.
- I have too many chores to do.
- My parents are not around much.
- A family member has big problems.
- The rules at home are not fair.

Sexuality

- I don't know enough about sex.
- I'm troubled by my sexual behavior.
- I have gone too far sexually.
- I wish I was the opposite sex.
- I feel pressured into having sex.
- I worry about pregnancy.
- I can't seem to get a date.
- I fight with my boyfriend / girlfriend.
- I'm concerned I might be gay.
- I was abused / molested sexually.
- I'm embarrassed about sex.
- I think about sex too much.

Thoughts

- I think about suicide.
- I think about hurting others.
- I daydream or fantasize too much.
- I am confused about what to do.
- I don't know who I really am.
- I have a hard time making decisions.
- I think God is punishing me.
- I am haunted by bad memories.
- I don't know what to believe anymore.
- I think people are talking about me.
- I have bad dreams.
- I have strange experiences.