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.

Difficulty with:	*None (0)*	*Mild (1)*	*Moderate (2)*	*Severe (3)*	*N/A*
ATTENTION					
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)					
HYPERACTIVITY AND IMPULSIVITY					
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)					
OPPOSITIONAL					
Loses temper					
Easily annoyed					
Angry and resentful					
Argues					
Defiant					
Deliberately annoys other people					
Blames other people rather than themselves					
Spiteful					

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Difficulty with:	*None (0)*	*Mild (1)*	*Moderate (2)*	*Severe (3)*	*N/A*
DEVELOPMENT AND LEARNING					
Wetting, (after age 5)					
Soiling (after age 4)					
Reading					
Spelling					
Math					
Writing					
AUTISM SPECTRUM					
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"					
MOTOR DISORDERS					
Repetitive noises (e.g. sniffing, throat clearing)					
Repetitive movements (blinking, shrugging)					
Clumsy					
PSYCHOSIS					
Hearing voices that are not there					
Seeing things that are not there					
Scrambled thinking					
Paranoia (feeling people are against you)					
DEPRESSION					
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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Difficulty with:	*None (0)*	*Mild (1)*	*Moderate (2)*	*Severe (3)*	*N/A*
MOOD REGULATION					
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					
SUICIDE					
Suicidal thoughts					
Suicide attempt(s) or a plan					
ANXIETY					
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					
STRESS RELATED DISORDERS					
Physical abuse					
Sexual abuse					
Neglect					
Other severe trauma					
PTSD					
Flashbacks or nightmares					
Avoidance					
Intrusive thoughts of traumatic events					

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Difficulty with:	*None (0)*	*Mild (1)*	*Moderate (2)*	*Severe (3)*	*N/A*
SLEEP					
Trouble falling asleep or staying asleep					
Excessive daytime sleepiness					
Snoring or stops breathing during sleep					
EATING					
Distorted body image					
Underweight					
Binge eating					
Overweight					
Eating too little or refusing to eat					
CONDUCT					
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					
SUBSTANCE USE					
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)					

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Difficulty with:	*None (0)*	*Mild (1)*	*Moderate (2)*	*Severe (3)*	*N/A*
ADDICTIONS					
Gambling					
Excessive internet, gaming or screen time					
Other addiction _____					
PERSONALITY					
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					
OTHER (Please indicate any other difficulties)					

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