WEISS SYMPTOM RECORD II

For Office Use Patient ID: _____

Return to: admin@smartpaeds.com

Date: _____ Completed by: ☐ Patient ☐ Other

If other, please specify relationship to patient: _____

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: Mean Score 0.00					
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: Mean Score 0.00					
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: Mean Score 0.00					
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: Mean Score 0.00					
Wetting, (after age 5)	○	○	○	○	☐
Soiling (after age 4)	○	○	○	○	☐
Reading	○	○	○	○	☐
Spelling	○	○	○	○	☐
Math	○	○	○	○	☐
Writing	○	○	○	○	☐
AUTISM SPECTRUM: Mean Score 0.00					
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: Mean Score 0.00					
Repetitive noises (e.g. sniffing, throat clearing)	○	○	○	○	☐
Repetitive movements (blinking, shrugging)	○	○	○	○	☐
Clumsy	○	○	○	○	☐
PSYCHOSIS: Mean Score 0.00					
Hearing voices that are not there	○	○	○	○	☐
Seeing things that are not there	○	○	○	○	☐
Scrambled thinking	○	○	○	○	☐
Paranoia (feeling people are against you)	○	○	○	○	☐
DEPRESSION: Mean Score 0.00					
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: Mean Score 0.00					
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: Mean Score 0.00					
Suicidal thoughts	○	○	○	○	☐
Suicide attempt(s) or a plan	○	○	○	○	☐
ANXIETY: Mean Score 0.00					
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: Mean Score 0.00					
Physical abuse	○	○	○	○	☐
Sexual abuse	○	○	○	○	☐
Neglect	○	○	○	○	☐
Other severe trauma	○	○	○	○	☐
PTSD: Mean Score 0.00					
Flashbacks or nightmares	○	○	○	○	☐
Avoidance	○	○	○	○	☐
Intrusive thoughts of traumatic events	○	○	○	○	☐
SLEEP: Mean Score 0.00					
Trouble falling asleep or staying asleep	○	○	○	○	☐
Excessive daytime sleepiness	○	○	○	○	☐
Snoring or stops breathing during sleep	○	○	○	○	☐

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Difficulty with:	*None (0)*	*Mild (1)*	*Moderate (2)*	*Severe (3)*	*N/A*
EATING: Mean Score 0.00					
Distorted body image	○	○	○	○	☐
Underweight	○	○	○	○	☐
Binge eating	○	○	○	○	☐
Overweight	○	○	○	○	☐
Eating too little or refusing to eat	○	○	○	○	☐
CONDUCT: Mean Score 0.00					
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: Mean Score 0.00					
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)	○	○	○	○	☐
ADDICTIONS: Mean Score 0.00					
Gambling	○	○	○	○	☐
Excessive internet, gaming or screen time	○	○	○	○	☐
Other addiction _____	○	○	○	○	☐

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Difficulty with:	*None (0)*	*Mild (1)*	*Moderate (2)*	*Severe (3)*	*N/A*
PERSONALITY: Mean Score 0.00					
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): Mean Score 0.00					
	○	○	○	○	☐
	○	○	○	○	☐
	○	○	○	○	☐
	○	○	○	○	☐
	○	○	○	○	☐

MEAN SCORE

(N/A items not included in calculation)

ATTENTION	0.00
HYPERACTIVITY AND IMPULSIVITY	0.00
OPPOSITIONAL	0.00
DEVELOPMENT AND LEARNING	0.00
AUTISM SPECTRUM	0.00
MOTOR DISORDERS	0.00
PSYCHOSIS	0.00
DEPRESSION	0.00
MOOD REGULATION	0.00
SUICIDE	0.00

ANXIETY	0.00
STRESS RELATED DISORDERS	0.00
PTSD	0.00
SLEEP	0.00
EATING	0.00
CONDUCT	0.00
SUBSTANCE USE	0.00
ADDICTIONS	0.00
PERSONALITY	0.00
OTHER	0.00

*Calculated from *0* answered questions

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