

Self-Report Checklist: Adolescent/Adult



Name (Last) _____ (First) _____ Date _____

Part I: Current Home and Health Status

Please check one item for each category.

A. With whom do you live?

- 0. No one (I live alone)
- 1. Both parents (together in one home)
- 2. Mother
- 3. Father
- 4. Mother and stepfather
- 5. Father and stepmother
- 6. Both parents (in two different homes)
- 7. Foster parents
- 8. Husband
- 9. Wife
- 10. Friend
- 11. Friends
- 12. Roommate
- 13. Roommates (How many? _____)
- 14. Other (specify) _____

B. How many people live in your home?

- 1. One
- 2. Two
- 3. Three
- 4. Four
- 5. Five
- 6. Other (please specify) _____

C. Have there been any recent changes at home (for example, a birth, a divorce, or a move to a new home)?

- 1. No
- 2. Yes (specify) _____

D. Are any languages other than English spoken in your home?

- 1. No
- 2. Yes (If yes, please complete the Language Exposure and Use Questionnaire.)

E. What is your overall physical health?

- 0. I don't know
- 1. I'm usually in good health and physically fit
- 2. I'm generally in good health
- 3. I have a health condition that does not require medication (specify health condition) _____
- 4. I have a health condition that requires medication (specify health condition) _____

F. Have you ever sustained a head injury?

- 0. I don't know
- 1. No
- 2. Yes

If Yes, please answer parts a, b, and c below.

a. How serious was this injury?

- 1. Not serious
- 2. Slightly serious
- 3. Serious
- 4. Very Serious

b. How long ago did the injury occur?

- 1. Within the past year
- 2. 1 to 2 years ago
- 3. 2 to 3 years ago
- 4. 3 to 4 years ago
- 5. More than 4 years ago

c. Were you unconscious?

- 0. I don't know
- 1. No
- 2. Yes, for how long? (specify the amount of time) _____

G. Do you have seizures?

- 0. I don't know
- 1. No
- 2. Yes

If Yes, how frequent are the seizures?

- a. I don't know
- b. Less than once a month
- c. About once a month
- d. More than once a month
- e. About once a week
- f. More than once a week

H. How would you describe your vision?

- 0. I don't know
- 1. I have normal or near normal vision without corrective lenses
- 2. I have normal or near normal vision when corrective lenses are worn
- 3. I have visual difficulties but do not wear corrective lenses
- 4. I have visual difficulties despite wearing corrective lenses
- 5. I have a severe visual impairment

I. Have you had a recent vision test?

- 0. I don't know
- 1. No
- 2. Yes

If Yes, please answer parts a and b below.

- a. Specify month and year of test (____/____)
- b. What type of vision test did you receive? (Check only one.)
 - 1. Screening only
 - 2. Optometrist's evaluation
 - 3. Ophthalmologist's examination

J. How would you describe your hearing?

- 0. I don't know
- 1. I can hear in most situations (do not use a hearing aid)
- 2. I can hear in most situations with a hearing aid
- 3. I have difficulty hearing even with a hearing aid
- 4. I have severe difficulty hearing even when using a hearing aid

K. Have you had a recent hearing test?

- 0. I don't know
- 1. No
- 2. Yes

If Yes, please answer parts a and b below.

- a. Specify month and year of test (____/____)
- b. What type of hearing test did you receive? (Check only one.)
 - 1. Screening only
 - 2. Audiologist's evaluation
 - 3. Ear, nose, and throat physician's examination

Part II: Self-Description

Please respond to these questions based on your typical pattern over the past year. Check only one item for each category. If you do not have enough information on which to base a rating, please check I don't know. If an item does not apply, please check Does not apply.

A. How do you feel about school (or work, if you are not in school and are working)?

(If are not in school and are working, check here)

- 0. I don't know
- 1. I am very enthusiastic about school (or work)
- 2. I generally like school (or work)
- 3. I like some things about school (or work) and dislike other things
- 4. I generally dislike school (or work)
- 5. I dislike school (or work) so much that I do not want to go
- 6. Does not apply

B. Do you try to be successful at school (or at work)?

- 0. I don't know
- 1. Yes, I try very hard to succeed
- 2. Yes, I generally try to succeed
- 3. Sometimes, but my effort varies
- 4. No, I don't even try to succeed
- 5. Does not apply

C. In general, how do you feel about yourself?

- 0. I don't know
- 1. I feel very good about myself
- 2. I generally like myself
- 3. I like some things about myself and dislike other things
- 4. I'd prefer to be like other people rather than myself
- 5. I often feel depressed
- 6. Does not apply

D. How would you describe your social relationships?

- 0. I don't know
- 1. I typically avoid interacting with others
- 2. I have at least one close friend that I can confide in
- 3. I have several close friends that I can confide in
- 4. Does not apply

E. How would you describe your relationship with your mother?

(If stepmother, check here)

- 0. I don't know
- 1. I typically avoid interacting with her
- 2. I have some conflicts with her, but I feel we can communicate
- 3. I have a very close relationship with her
- 4. Does not apply

F. How would you describe your relationship with your father?

(If stepfather, check here)

- 0. I don't know
- 1. I typically avoid interacting with him
- 2. I have some conflicts with him, but I feel we can communicate
- 3. I have a very close relationship with him
- 4. Does not apply

G. How would you describe your patience?

- 0. I don't know
- 1. I typically avoid anything that involves waiting
- 2. I'm generally patient
- 3. I'm often impatient
- 4. Does not apply

H. How would you rate your ability to concentrate?

- 0. I don't know
- 1. I have no trouble concentrating for long periods of time
- 2. I can usually concentrate long enough to get my work done (about the same as others my age)
- 3. I often have difficulty concentrating on one thing for very long
- 4. Does not apply

I. How would you describe your attention to details?

- 0. I don't know
- 1. I am extremely attentive to details
- 2. I usually attend to details when working (about the same as others my age)
- 3. I often make careless mistakes
- 4. Does not apply

J. How would you describe your ability to follow through and complete work?

- 0. I don't know
- 1. I always, or almost always, finish the work I start
- 2. I usually finish the work I start (about the same as others my age)
- 3. I often do not finish the work I start
- 4. Does not apply

K. How would you describe your level of organization?

- 0. I don't know
- 1. I'm highly organized
- 2. I'm usually organized (about as much as others my age)
- 3. I often have difficulty organizing tasks and activities
- 4. Does not apply

L. How well do you maintain your personal belongings?

- 0. I don't know
- 1. I always, or almost always, keep personal belongings in order
- 2. I usually keep personal belongings in order (about the same as others my age)
- 3. I often lose my personal belongings
- 4. Does not apply

M. How do you typically respond to minor distractions?

- 0. I don't know
- 1. I'm generally not distracted
- 2. I'm easily distracted
- 3. Does not apply

N. How would you rate your remembering or forgetfulness?

- 0. I don't know
- 1. I always, or almost always, remember what I'm supposed to do
- 2. I usually remember what I'm supposed to do
- 3. I often forget what I'm supposed to do
- 4. Does not apply

O. What is your typical energy level?

- 0. I don't know
- 1. I'm tired a lot
- 2. My energy level is similar to others of my age
- 3. I'm often restless or fidgety (more than others my age)
- 4. I need to be moving all the time (I can't sit still)
- 5. I alternate between frequently tired and restless or fidgety
- 6. Does not apply

P. Can you just sit back and relax when you want to?

- 0. I don't know
- 1. Yes, I can usually relax when I want to (like most people my age)
- 2. I often have difficulty relaxing
- 3. No, I'm usually restless
- 4. Does not apply

Q. Do you believe you have a learning disability?

- 0. I don't know
- 1. No
- 2. Maybe
- 3. Yes. If Yes, please describe _____

- 4. Does not apply

R. Have you recently experienced any of the these feelings or thoughts? (Check all that apply.)

- 0. I don't know
- 1. Sadness
- 2. Irritability
- 3. Guilt
- 4. Lack of confidence
- 5. Failure (letting myself or others down)
- 6. Lack of interest in anything
- 7. Restlessness
- 8. Lethargy (always tired)
- 9. Inability to concentrate
- 10. Difficulty sleeping
- 11. Sleeping too much
- 12. Changes in appetite
- 13. Unrealistic ideas
- 14. Racing thoughts (can't slow my mind down)
- 15. Thoughts of suicide
- 16. Desire to do something dangerous
- 17. Need for drugs
- 18. Need for alcohol

Please explain any of the above categories that you checked: _____

Part III: Self-Ratings of Abilities and Academic Skills

Please rate your own abilities and skills. Compare your skills to those of others your age. Check only one response for each item. If you do not know how good your skills are in comparison to others, please check I don't know. If one of these areas is not applicable, please check Does not apply.

How easy or difficult are the following types of activities for you?

A. Remembering knowledge and general information when needed

- 0. I don't know
- 1. Very easy
- 2. Easy
- 3. About the same as most others my age
- 4. Difficult
- 5. Very difficult
- 6. Impossible
- 7. Does not apply

B. Using reasoning to solve problems

- 0. I don't know
- 1. Very easy
- 2. Easy
- 3. About the same as most others my age
- 4. Difficult
- 5. Very difficult
- 6. Impossible
- 7. Does not apply

C. Using visual memory or spatial skills to solve problems, such as finding your way around a new building or location

- 0. I don't know
- 1. Very easy
- 2. Easy
- 3. About the same as most others my age
- 4. Difficult
- 5. Very difficult
- 6. Impossible
- 7. Does not apply

D. Using auditory skills, such as internally "sounding out" unfamiliar words and recognizing the differences between word sounds or pronunciations

- 0. I don't know
- 1. Very easy
- 2. Easy
- 3. About the same as most others my age
- 4. Difficult
- 5. Very difficult
- 6. Impossible
- 7. Does not apply

E. Learning new words, facts, or names and recalling them when needed later

- 0. I don't know
- 1. Very easy
- 2. Easy
- 3. About the same as most others my age
- 4. Difficult
- 5. Very difficult
- 6. Impossible
- 7. Does not apply

F. Keeping a series of things, like a phone number or a series of directions, in mind long enough to use them right away

- 0. I don't know
- 1. Very easy
- 2. Easy
- 3. About the same as most others my age
- 4. Difficult
- 5. Very difficult
- 6. Impossible
- 7. Does not apply

G. Thinking and responding very quickly

- 0. I don't know
- 1. Very easy
- 2. Easy
- 3. About the same as most others my age
- 4. Difficult
- 5. Very difficult
- 6. Impossible
- 7. Does not apply

H. Expressing yourself verbally

- 0. I don't know
- 1. Very easy
- 2. Easy
- 3. About the same as most others my age
- 4. Difficult
- 5. Very difficult
- 6. Impossible
- 7. Does not apply

I. Understanding what you are listening to

- 0. I don't know
- 1. Very easy
- 2. Easy
- 3. About the same as most others my age
- 4. Difficult
- 5. Very difficult
- 6. Impossible
- 7. Does not apply

J. Knowledge of words and how to figure out the meaning and pronunciation of new words

- 0. I don't know
- 1. Very easy
- 2. Easy
- 3. About the same as most others my age
- 4. Difficult
- 5. Very difficult
- 6. Impossible
- 7. Does not apply

K. Understanding what you are reading while you are reading

- 0. I don't know
- 1. Very easy
- 2. Easy
- 3. About the same as most others my age
- 4. Difficult
- 5. Very difficult
- 6. Impossible
- 7. Does not apply

L. Performing basic math calculations

- 0. I don't know
- 1. Very easy
- 2. Easy
- 3. About the same as others my age
- 4. Difficult
- 5. Very difficult
- 6. Impossible
- 7. Does not apply

M. Analyzing and solving math problems (such as story problems)

- 0. I don't know
- 1. Very easy
- 2. Easy
- 3. About the same as others my age
- 4. Difficult
- 5. Very difficult
- 6. Impossible
- 7. Does not apply

N. Spelling and editing your own writing for correctness

- 0. I don't know
- 1. Very easy
- 2. Easy
- 3. About the same as others my age
- 4. Difficult
- 5. Very difficult
- 6. Impossible
- 7. Does not apply

O. Expressing yourself in writing

- 0. I don't know
- 1. Very easy
- 2. Easy
- 3. About the same as others my age
- 4. Difficult
- 5. Very difficult
- 6. Impossible
- 7. Does not apply

Part IV: School History

Please check one item for each category.

A. Have you ever repeated a grade?

- 0. I don't know
- 1. No
- 2. Yes. If Yes, what grade was, or is being, repeated?

- 3. Does not apply

B. Have you ever received special educational services, such as resource room instruction, speech therapy, or an individualized education program?

- 0. I don't know
- 1. No
- 2. Yes

If yes, please answer parts a and b below.

- a. Describe the special educational services you have received. _____

- b. At what age did you first receive these services? _____
- 3. Does not apply

Part V: Recollections from Early Schooling (Grades 1 to 6)

Please respond to these questions based on your recollections of your early schooling (Grades 1 to 6). Check only one category for each item. If you don't have enough information on which to base a rating, please check I don't remember. If an item does not apply to you, please check Does not apply.

A. What was your attitude toward school?

- 0. I don't remember
- 1. I was very enthusiastic about school
- 2. I generally liked school
- 3. I liked some things about school and disliked other things
- 4. I generally disliked school
- 5. I disliked school so much that I did not want to go
- 6. Does not apply

B. How hard did you try to succeed in school?

- 0. I don't remember
- 1. I tried very hard to succeed
- 2. I generally tried to succeed
- 3. My effort varied
- 4. I didn't even try to succeed
- 5. Does not apply

C. When doing schoolwork, how attentive were you to details?

- 0. I don't remember
- 1. I was extremely attentive to details
- 2. I usually attended to details (concentrated when working) similar to others of my same age and sex
- 3. I often didn't pay close attention to details (I often made careless mistakes)
- 4. Does not apply

D. How long was your attention span?

- 0. I don't remember
- 1. I was able to attend to tasks or play activities longer than most others of my same age and sex
- 2. My attention span was about the same as most others of my same age and sex
- 3. I often had more difficulty sustaining attention in tasks or play activities than most others of my same age and sex
- 4. Does not apply

E. How good was your listening ability?

- 0. I don't remember
- 1. I always, or almost always, listened when spoken to directly
- 2. I usually listened when spoken to directly (similar to most others of my same age and sex)
- 3. I often did not listen when spoken to directly
- 4. Does not apply

F. What do you remember about completing your homework?

- 0. I don't remember
- 1. I always, or almost always, followed instructions and finished homework
- 2. I usually followed instructions and finished homework (similar to most others of my same age and sex)
- 3. I often did not follow through on instructions and did not finish homework
- 4. Does not apply

G. How organized were you?

- 0. I don't remember
- 1. I was highly organized
- 2. I was about as organized as most others of my same age and sex
- 3. I seemed to have more difficulty organizing my tasks and activities than most others of my same age and sex
- 4. Does not apply

H. When schoolwork became difficult for you, how did you respond?

- 0. I don't remember
- 1. I tried harder
- 2. I generally attempted difficult tasks (similar to most others of my same age and sex)
- 3. I attempted the difficult tasks, but gave up easily
- 4. I often avoided, disliked, or was reluctant to engage in difficult tasks
- 5. Does not apply

I. How well did you maintain your personal belongings?

- 0. I don't remember
- 1. I always, or almost always, kept personal belongings in order
- 2. I usually kept personal belongings in order (similar to others of my same age and sex)
- 3. I often lost personal belongings (more than others of my same age and sex)
- 4. Does not apply

J. How did you typically respond to distractions?

- 0. I don't remember
- 1. I generally was not distracted
- 2. I usually responded like others of my same age
- 3. I was more easily distracted than others of my age
- 4. Does not apply

K. How good were you at remembering what you were supposed to do?

- 0. I don't remember
- 1. I always, or almost always, remembered what I was supposed to do
- 2. I usually remembered what I was supposed to do (similar to others of my same age and sex)
- 3. I often forgot what I was supposed to do
- 4. Does not apply

L. What was your typical activity level when watching television, eating meals, or doing homework?

- 0. I don't remember
- 1. I was less active than others of my same age and sex
- 2. My activity level was similar to others of my same age and sex
- 3. I fidgeted with my hands or feet or squirmed a lot (more than others of my same age and sex)
- 4. Does not apply

M. What was your typical activity level in social situations outside of the home?

- 0. I don't remember
- 1. I wasn't as active as others of my same age and sex
- 2. My activity level was similar to others of my same age and sex
- 3. I was more active than others (running around or climbing on things)
- 4. Does not apply

N. Could you play quietly when required?

- 0. I don't remember
- 1. Yes, I could usually play quietly when required
- 2. No, playing quietly was difficult for me
- 3. Does not apply

O. What was your typical style of motor activity?

- 0. I don't remember
- 1. I was awkward or clumsy
- 2. I was slow compared to others
- 3. I was similar to most others of same age and sex
- 4. Seemed like I was continually on the go (more than others of same age and sex)
- 5. Does not apply

P. How much talking did you do?

- 0. I don't remember
- 1. I talked much less than others of my same age and sex
- 2. I talked about as much as most others of my same age and sex
- 3. I often talked excessively (much more than others of my same age and sex)
- 4. Does not apply

Q. How good were you at taking turns?

- 0. I don't remember
- 1. I didn't like taking turns so I didn't play those kinds of games
- 2. I took turns appropriately for my age
- 3. I was often impatient and had difficulty waiting for a turn
- 4. Does not apply

R. How well did you interact with peers?

- 0. I don't remember
- 1. I didn't like playing with other kids much
- 2. I liked playing with other kids (and they liked playing with me)
- 3. I often got in trouble for butting into other kids' conversations or games
- 4. Does not apply