

Psychiatric Symptoms and Behavior Checklist

Name: _____

DOB ____/____/____

Checklist can be completed by primary care provider, or by caregiver and reviewed by provider

Please mark the list below:

No symptoms--0
Mild symptoms occasionally--1
Mild symptoms some of the time--2
Major symptoms some of the time--3
Major symptoms all of the time--4

Symptoms and behaviors	BASELINE ¹ Mark if usually present	NEW Mark if recent onset	COMMENTS If new onset or increased
Anxiety-related			
Anxiety			
Panic			
Phobias			
Obsessive thoughts			
Compulsive behaviors			
Rituals/routines			
Other			
Mood-related			
Agitation			
Irritability			
Aggression			
Self-injurious behavior			
Depressed mood			
Loss of interest • Unhappy/miserable • Under-activity			
Sleep issues			
Eating pattern			
Appetite			
Weight (provide details)			
Elevated mood			
Intrusiveness			
Hypersexuality			
Other			
Psychotic-related ²			
Psychotic and psychotic-like symptoms (e.g., self talk, delusions, hallucinations)			
Movement-related			
Catatonia ('stuck')			
Tics			
Stereotypies (repetitive movements or utterances)			
ADHD-related or Mood Disorder			
Inattention			
Hyperactivity			
Impulsivity			
Dementia-related			
Concentration			
Memory			
Other			
Other			
Alcohol misuse			
Drug abuse			
Sexual issues/problems			
Psychosomatic complaints			

¹ Establish usual baseline i.e., behaviors and daily functioning before onset of concerns. ² Use caution when interpreting psychotic-like symptoms and behaviors in patients with IDD. These may be associated with anxiety (or other circumstances) rather than a psychotic disorder.