



## **Pica & Associates**

Psychological Services  
and  
Holistic Medicine

### **Adult Behavior Checklist**

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Name \_\_\_\_\_

Date \_\_\_\_\_

Please read the following statements and circle **1** for Never, meaning you never experienced that symptom, circle **2** for sometimes, meaning you experienced that behavior at times, and **3** for frequently, meaning that you experience that behavior frequently.

#### **Attention:**

I am easily distracted .....	<b>1 2 3</b>
I have trouble listening .....	<b>1 2 3</b>
I make careless mistakes .....	<b>1 2 3</b>
I interrupt others .....	<b>1 2 3</b>
I have a hard time sitting still .....	<b>1 2 3</b>
I feel restless .....	<b>1 2 3</b>
I have trouble finishing tasks .....	<b>1 2 3</b>
I have a poor attention span.....	<b>1 2 3</b>

#### **Anxiety:**

I worry that something bad is going to happen to me .....	<b>1 2 3</b>
I have trouble leaving my house .....	<b>1 2 3</b>
I avoid being alone .....	<b>1 2 3</b>
I am afraid of particular objects .....	<b>1 2 3</b>
I become anxious around people I do not know .....	<b>1 2 3</b>
I am fearful of new situations .....	<b>1 2 3</b>
I overanalyze myself .....	<b>1 2 3</b>
I feel in a state of panic .....	<b>1 2 3</b>
I have nightmares .....	<b>1 2 3</b>
I engage in rigid rituals like hand washing, cleaning, etc. ....	<b>1 2 3</b>

#### **Depression:**

I have trouble falling asleep .....	<b>1 2 3</b>
I have trouble staying asleep .....	<b>1 2 3</b>
I have difficulty making decisions .....	<b>1 2 3</b>
I feel hopeless.....	<b>1 2 3</b>
I suffer from changes in appetite .....	<b>1 2 3</b>
I have lost interest in sex .....	<b>1 2 3</b>
I wish I was dead .....	<b>1 2 3</b>
I do not like myself .....	<b>1 2 3</b>

I feel guilty .....	1	2	3
I suffer from crying spells .....	1	2	3
I have thought about hurting myself .....	1	2	3
I have hurt myself in the past .....	1	2	3
I am very irritable .....	1	2	3
I cry for no reason .....	1	2	3
I was depressed after my pregnancy .....	1	2	3

Mood:

People have told me that I am moody .....	1	2	3
There are times when I have not slept for several days in a row .....	1	2	3
I have outbursts of anger .....	1	2	3
There are times when I feel super human .....	1	2	3
There are times when I hear voices inside my head .....	1	2	3
I feel that others can read my mind .....	1	2	3
Others have described my behavior as bizarre and erratic .....	1	2	3
There are times when my mind races .....	1	2	3

Aggression / Impulse Control:

I have trouble controlling my impulses .....	1	2	3
I have been described by others as argumentative .....	1	2	3
I find myself yelling at my children / spouse .....	1	2	3
I am quick tempered .....	1	2	3
I have been involved in one or more physical fights .....	1	2	3
I have been arrested for battery / assault .....	1	2	3

Please provide information about your use of drugs and/or alcohol in the past and currently:

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Please list any prior treatment with a psychologist / psychiatrist:

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Are you currently on any psychotropic medication? If so, what medication and what dosage?

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What is your reason for seeking treatment?

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