

Report for Psychiatric Appointments Behavior and Symptom Checklist for Intellectual Disability

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Name of Individual

Date

Current Behavioral Problems Reported by Caregivers: Circle area and give comments on right side

Duration: 1-3 months

3-6 months

6-12 months

12+ months

Clinical problems/symptoms and behavioral pattern: (circle one)

chronic, person displays behavior on a daily basis, but severity may wax and wane

acute, behavior represents a dramatic change

episodic, periods of disturbance and periods of normal functioning

Directions: circle any behavior or symptom present and discuss with psychiatrist/prescriber

Behavior:

1. Is aggressive
2. Is self-injurious
3. Eats non-food items (pica)
4. Drinks excessive amounts of water.
5. Is overactive
6. Is underactive
7. Engages in ritualistic behavior, compulsions
8. Has self-stimulatory behavior
9. Steals
10. Has tantrums.
11. Is impulsive
12. Other

Sexuality

1. Publicly masturbates
2. Inappropriately touches others
3. Has attempted to coerce others into having sex
4. Other

Mood Changes

1. Is excessively angry
2. Is overly anxious/fearful
3. Has periods of acute fearfulness.
4. Is easily startled.
5. Is withdrawn.
6. labile/frequent mood changes
7. Appears sad.
8. Cries easily.
9. Is unable to enjoy activities.
10. Is excessively elated/excited.
11. Is excessively irritable.
12. Has periods of acute and precipitous anger.

Forms of Speech

1. Increase in rate of verbalizations
2. Speech that is echolalic
3. Pressured speech (ne/she is constantly verbalizing and cannot seem to stop)
4. Other

Speech Content

1. Has plans and goals that far exceed his or her abilities
2. Is preoccupied with death

3. Talks of suicide
4. Is preoccupied with returning to a previous residential program
5. Is preoccupied with sexual themes.
6. Talks of being harmed or attacked.
7. Self-esteem low, worthless
8. Other

Psychomotor Activities

1. Is unable to sit still for more than a few minutes at a time.
2. Moves slowly or remains motionless for long periods of time.

Attention and Concentration

1. Cannot attend to daily tasks within their presumed level of ID/DD
2. Is preoccupied

Memory

1. Forgets things he or she has just done.
2. Forgets verbal directions.
3. Forgets routines that had been familiar.

Orientation

1. Often appears confused in a familiar environment.
2. Sometimes does not recognize people that he/she knows.

Sleep

1. Has difficulty falling asleep
2. Repeatedly awakens in the middle of the night.
3. Awakens one hour or more before his or her times to get up and remains up for rest of day.
4. Requires too little sleep.
5. Requires an excessive amount of sleep.
6. Naps during the day.

Appetite

1. Has a decrease in appetite
2. Had a weight loss of more than 5 lbs.
3. Had an increase in appetite
4. Had a weight gain of more than 5 lbs.

Bowel/Bladder

1. Daytime urinary incontinence.
2. Nighttime urinary incontinence
3. Daytime fecal incontinence
4. Nighttime fecal incontinence.

Psychotic/Pseudo-psychotic behaviors

1. Talks to him or herself out loud
2. Appears to talk directly to people not there
3. Talks to self more out loud if upset
4. Says he or she sees things that are not there
5. Complains that he or she smells things not evident.
6. Reports feeling sensations that are not explainable.
7. Has beliefs that seem strange or untrue.
8. Thinks people are controlling self, or are out to get self.
9. Engages in fantasy thought or play
10. Has an imaginary friend

Comments/ Changes since last visit: