

WEISS SYMPTOM RECORD II

PATIENT: _____

INFORMANT: _____

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.

| <i>Difficulty with:</i> | <i>None (0)</i> | <i>Mild (1)</i> | <i>Moderate (2)</i> | <i>Severe (3)</i> | <i>N/A</i> |
|--|-----------------|-----------------|---------------------|-------------------|------------|
| ATTENTION | | | | | |
| 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 | | | | | |
| 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 | | | | | |
| Loses temper | | | | | |
| Easily annoyed | | | | | |
| Angry and resentful | | | | | |
| Argues | | | | | |
| Defiant | | | | | |
| Deliberately annoys other people | | | | | |
| Blames other people rather than themselves | | | | | |
| Spiteful | | | | | |

WEISS SYMPTOM RECORD II

| <i>Difficulty with:</i> | <i>None (0)</i> | <i>Mild (1)</i> | <i>Moderate (2)</i> | <i>Severe (3)</i> | <i>N/A</i> |
|--|-----------------|-----------------|---------------------|-------------------|------------|
| DEVELOPMENT AND LEARNING | | | | | |
| Wetting, (after age 5) | | | | | |
| Soiling (after age 4) | | | | | |
| Reading | | | | | |
| Spelling | | | | | |
| Math | | | | | |
| Writing | | | | | |
| AUTISM SPECTRUM | | | | | |
| 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 | | | | | |
| Repetitive noises (e.g. sniffing, throat clearing) | | | | | |
| Repetitive movements (blinking, shrugging) | | | | | |
| Clumsy | | | | | |
| PSYCHOSIS | | | | | |
| Hearing voices that are not there | | | | | |
| Seeing things that are not there | | | | | |
| Scrambled thinking | | | | | |
| Paranoia (feeling people are against you) | | | | | |
| DEPRESSION | | | | | |
| 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 | | | | | |

WEISS SYMPTOM RECORD II

| <i>Difficulty with:</i> | <i>None (0)</i> | <i>Mild (1)</i> | <i>Moderate (2)</i> | <i>Severe (3)</i> | <i>N/A</i> |
|--|-----------------|-----------------|---------------------|-------------------|------------|
| MOOD REGULATION | | | | | |
| 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 | | | | | |
| Suicidal thoughts | | | | | |
| Suicide attempt(s) or a plan | | | | | |
| ANXIETY | | | | | |
| 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 | | | | | |
| Physical abuse | | | | | |
| Sexual abuse | | | | | |
| Neglect | | | | | |
| Other severe trauma | | | | | |
| PTSD | | | | | |
| Flashbacks or nightmares | | | | | |
| Avoidance | | | | | |
| Intrusive thoughts of traumatic events | | | | | |

WEISS SYMPTOM RECORD II

| <i>Difficulty with:</i> | <i>None (0)</i> | <i>Mild (1)</i> | <i>Moderate (2)</i> | <i>Severe (3)</i> | <i>N/A</i> |
|--|-----------------|-----------------|---------------------|-------------------|------------|
| SLEEP | | | | | |
| Trouble falling asleep or staying asleep | | | | | |
| Excessive daytime sleepiness | | | | | |
| Snoring or stops breathing during sleep | | | | | |
| EATING | | | | | |
| Distorted body image | | | | | |
| Underweight | | | | | |
| Binge eating | | | | | |
| Overweight | | | | | |
| Eating too little or refusing to eat | | | | | |
| CONDUCT | | | | | |
| 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 | | | | | |
| 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) | | | | | |

WEISS SYMPTOM RECORD II

| <i>Difficulty with:</i> | <i>None (0)</i> | <i>Mild (1)</i> | <i>Moderate (2)</i> | <i>Severe (3)</i> | <i>N/A</i> |
|---|-----------------|-----------------|---------------------|-------------------|------------|
| ADDICTIONS | | | | | |
| Gambling | | | | | |
| Excessive internet, gaming or screen time | | | | | |
| Other addiction _____ | | | | | |
| PERSONALITY | | | | | |
| 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) | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

This scale is copyrighted by Margaret Danielle Weiss, MD PhD. The scale can be used by clinicians and researchers free of charge and can be posted on the Internet or replicated as needed. Please contact Dr. Weiss at margaret.weiss@icloud.com if you wish to post the scale on the Internet, use it in research or plan to create a translation.