

## 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>
<b>ATTENTION</b>					
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)					
<b>HYPERACTIVITY AND IMPULSIVITY</b>					
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)					
<b>OPPOSITIONAL</b>					
Loses temper					
Easily annoyed					
Angry and resentful					
Argues					
Defiant					
Deliberately annoys other people					
Blames other people rather than themselves					
Spiteful					

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<b>DEVELOPMENT AND LEARNING</b>					
Wetting, (after age 5)					
Soiling (after age 4)					
Reading					
Spelling					
Math					
Writing					
<b>AUTISM SPECTRUM</b>					
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"					
<b>MOTOR DISORDERS</b>					
Repetitive noises (e.g. sniffing, throat clearing)					
Repetitive movements (blinking, shrugging)					
Clumsy					
<b>PSYCHOSIS</b>					
Hearing voices that are not there					
Seeing things that are not there					
Scrambled thinking					
Paranoia (feeling people are against you)					
<b>DEPRESSION</b>					
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					

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<b>MOOD REGULATION</b>					
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					
<b>SUICIDE</b>					
Suicidal thoughts					
Suicide attempt(s) or a plan					
<b>ANXIETY</b>					
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					
<b>STRESS RELATED DISORDERS</b>					
Physical abuse					
Sexual abuse					
Neglect					
Other severe trauma					
<b>PTSD</b>					
Flashbacks or nightmares					
Avoidance					
Intrusive thoughts of traumatic events					

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<b>SLEEP</b>					
Trouble falling asleep or staying asleep					
Excessive daytime sleepiness					
Snoring or stops breathing during sleep					
<b>EATING</b>					
Distorted body image					
Underweight					
Binge eating					
Overweight					
Eating too little or refusing to eat					
<b>CONDUCT</b>					
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					
<b>SUBSTANCE USE</b>					
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)					

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<b>ADDICTIONS</b>					
Gambling					
Excessive internet, gaming or screen time					
Other addiction _____					
<b>PERSONALITY</b>					
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					
<b>OTHER (Please indicate any other difficulties)</b>					

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