

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Directions:** Each rating should be considered in the context of what is appropriate for the age of the patient.

Symptoms	Never	Occasionally	Often	Very Often
Bullies, threatens, or intimidates others	0	1	2	3
Starts physical fights	0	1	2	3
Lies to get out of trouble or avoid obligations (i.e., "cons" others)	0	1	2	3
Is truant from school/work without permission	0	1	2	3
Is physically cruel to people	0	1	2	3
Has stolen things that have value	0	1	2	3
Deliberately destroys other's property	0	1	2	3
Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
Is physically cruel to animals	0	1	2	3
Has deliberately set fires to cause damage	0	1	2	3
Has broken into someone else's home, business, or car	0	1	2	3
Has stayed out at nights without permission	0	1	2	3
Has run away from home overnight	0	1	2	3
Has forced someone into sexual activity	0	1	2	3