



### Progress Monitoring Checklist (Patient 7-12 years)

Please answer the questions based on how it is going since your last appointment. This progress monitoring tool will help you and the counselor know how you are doing. The counselor will discuss the results with you.

	Not true	Sometimes	True
1. I feel miserable or unhappy.	0	1	2
2. I don't enjoy anything at all.	0	1	2
3. I felt so tired I just sat around and did nothing.	0	1	2
4. I was very restless.	0	1	2
5. I felt I was no good anymore.	0	1	2
6. I cried a lot.	0	1	2
7. I found it hard to think properly or concentrate.	0	1	2
8. I hated myself.	0	1	2
9. I felt I was a bad person.	0	1	2
10. I felt lonely.	0	1	2
11. I thought nobody really loved me.	0	1	2
12. I thought I would never be as good as other kids.	0	1	2
13. I did everything wrong.	0	1	2

11+

Not True or hardly ever true	Somewhat true or sometimes true	Very true or often true
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14. I get really frightened for no reason at all.	0	1	2
15. I am afraid to be alone in the house.	0	1	2
16. People tell me that I worry too much.	0	1	2
17. I am scared to go to school.	0	1	2
18. I am shy.	0	1	2

3+

19. I have scary dreams about a very bad thing that once happened to me. I try not to think about a very bad thing that once happened to	0	1	2
20. me.	0	1	2
21. I get scared when I think back on a very bad thing that once happened to me.	0	1	2
22. I keep thinking about a very bad thing that once happened to me, even when I don't want to think about it.	0	1	2

6+