



Robert D. Wells Ph.D. & Associates
PO Box 3901
Santa Barbara, CA 93130
o 559-228-1618 | f 805.563.2996

ADOLESCENT SELF-REPORT SCALE®

Name: _____ Date: _____

Please mark the following statements as true or false. If the statement describes you pretty well, mark it as true. If the statement does not describe you, please mark it as false.

	NOT TRUE	SOMEWHAT OR SOMETIMES TRUE	VERY TRUE OR OFTEN TRUE
1. I act too young for my age			
2. I drink alcohol without my parent's approval (describe):			
3. I argue a lot			
4. I fail to finish things that I start			
5. There is a very little that I enjoy			
6. I like animals			
7. I brag			
8. I have trouble concentrating or paying attention			
9. I can't get my mind off certain thoughts; (describe):			
10. I have trouble sitting still			
11. I'm too dependent on adults			
12. I feel lonely			
13. I feel confused or in a fog			
14. I cry a lot			
15. I am pretty honest			
16. I am mean to others			
17. I daydream a lot			
18. I deliberately try to hurt or kill myself			
19. I try to get a lot of attention			
20. I destroy my own things			
21. I destroy things belonging to others			
22. I disobey my parents			
23. I disobey at school			

	NOT TRUE	SOMEWHAT OR SOMETIMES TRUE	VERY TRUE OR OFTEN TRUE
24. I don't eat as well as I should			
25. I don't get along with other kids			
26. I don't feel guilty after doing something I shouldn't			
27. I am jealous of others			
28. I break rules at home, school, or elsewhere			
29. I am afraid of certain animals, situations, or places, other than school (describe):			
30. I am afraid of going to school			
31. I am afraid I might think or do something bad			
32. I feel that I have to be perfect			
33. I feel that no one loves me			
34. I feel that others are out to get me			
35. I feel worthless or inferior			
36. I accidentally get hurt a lot			
37. I get in many fights			
38. I get teased a lot			
39. I hang around with kids who get in trouble			
40. I hear sounds or voices that other people think aren't there (describe):			
41. I act without stopping to think			
42. I would rather be alone than with others			
43. I lie or cheat			
44. I bite my fingernails			
45. I am nervous or tense			
46. Parts of my body twitch or make nervous movements (describe):			
47. I have nightmares			
48. I am not liked by other kids			
49. I can do certain things better than most kids			
50. I am too fearful or anxious			
51. I feel dizzy or lightheaded			
52. I feel too guilty			
53. I eat too much			
54. I feel overtired without good reason			
55. I am overweight			
56. Physical problems without known medical cause:			
56a. Aches or pains (not stomach or headaches)			
56b. Headaches			
56c. Nausea, feel sick			

	NOT TRUE	SOMEWHAT OR SOMETIMES TRUE	VERY TRUE OR OFTEN TRUE
56d. Problems with eyes (not if corrected by glasses) (describe):			
56e. Rashes or other skin problems.			
56f. Stomachaches			
56g. Vomiting, throwing up			
56h. Other (describe):			
57. I physically attack people			
58. I pick my skin or other parts of my body (describe):			
59. I can be pretty friendly			
60. I like to try new things			
61. My school work is poor			
62. I am poorly coordinated or clumsy			
63. I would rather be with older kids than kids my own age			
64. I would rather be with younger kids than kids my own age			
65. I refuse to talk			
66. I repeat certain acts over and over (describe):			
67. I run away from home			
68. I scream a lot			
69. I am secretive or keep things to myself			
70. I see things that other people think aren't there (describe):			
71. I am self-conscious or easily embarrassed			
72. I set fires			
73. I can work well with my hands			
74. I show off or clown			
75. I am too shy or timid			
76. I sleep less than most kids			
77. I sleep more than most kids during day and/or night (describe):			
78. I am inattentive or easily distracted			
79. I have a speech problem (describe):			
80. I stand up for my rights			
81. I steal at home			
82. I steal from places other than home			

	NOT TRUE	SOMEWHAT OR SOMETIMES TRUE	VERY TRUE OR OFTEN TRUE
83. I store up too many things I don't need (describe):			
84. I do things other people think are strange (describe):			
85. I have thoughts that other people would think are strange (describe):			
86. I am stubborn			
87. My moods or feelings change suddenly			
88. I enjoy being with people			
89. I am suspicious			
90. I swear or use dirty language			
91. I think about killing myself			
92. I like to make others laugh			
93. I talk too much			
94. I tease others a lot			
95. I have a hot temper			
96. I think about sex too much			
97. I threaten to hurt people			
98. I like to help others			
99. I smoke, chew, or sniff tobacco			
100. I have trouble sleeping (describe):			
101. I cut classes or skip school			
102. I don't have much energy			
103. I am unhappy, sad, or depressed			
104. I am louder than other kids			
105. I use drugs for nonmedical purposes (don't include alcohol or tobacco) (describe):			
106. I like to be fair to others			
107. I enjoy a good joke			
108. I like to take life easy			
109. I try to help other people when I can			
110. I wish I were of the opposite sex			
111. I keep from getting involved with others			
112. I worry a lot			