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Symptom Checklist (Child)

Please check off the following symptoms/concerns your son/daughter has experienced in the past 30 days. **Circle the top 3:**

☐ Abuse (physical, sexual)	☐ Aggression	☐ Anger
☐ Anxiety/fear	☐ Alcohol Abuse	☐ Appetite changes (eating more/less)
☐ Behavior issues	☐ Confusion	☐ Decreased interest in activities
☐ Dependence	☐ Depressed mood (sadness, crying)	☐ Delusions (false thoughts)
☐ Difficulty completing homework	☐ Difficulty with transitions/change	☐ Disability
☐ Dizziness/fainting	☐ Drug abuse	☐ Elevated mood/increased energy
☐ Family conflict	☐ Fatigue/low energy	☐ Grief
☐ Hallucinations	☐ Headaches	☐ Helplessness
☐ Hyperactivity	☐ Illness	☐ Impulsivity
☐ Irritability	☐ Low self-esteem	☐ Mood swings
☐ Obsessions/compulsions	☐ Panic attacks	☐ Parental divorce/separation
☐ Phobias	☐ Physical pain	☐ Poor concentration
☐ Rebellion	☐ School issues	☐ Self-harm
☐ Sexual behavior	☐ Sibling rivalry	☐ Sleeping more/less/insomnia
☐ Social (difficulty making friends)	☐ Social (isolation/ withdrawal)	☐ Spiritual issues
☐ Stress	☐ Stomach issues (nauseous, pain)	☐ Suicidal thoughts
☐ Weight loss/gain	☐ Wetting bed	☐ Work/career issues
☐ Other:	☐ Other:	☐ Other:

Shy/ lies/ steals