Child Symptom Checklist

Please mark any symptoms your child is currently experiencing

\_\_\_\_\_ Abuse -physical, emotional, sexual, neglect, bullying (to self or others)

\_\_\_\_\_Aggression/violence

\_\_\_\_\_ Anxiety, nervousness

\_\_\_\_\_ Attention, concentration, distractibility

\_\_\_\_\_ Career / life choices

\_\_\_\_\_ Communication difficulties

\_\_\_\_\_ Compulsions

\_\_\_\_\_ Depression, low mood, sadness, crying

\_\_\_\_\_ Divorce, separation (of parents)

\_\_\_\_\_ Drug use (prescription, over-the-counter, street drugs)

\_\_\_\_\_ Eating problems (over-eating, under-eating, appetite, vomiting)

\_\_\_\_\_ Failure

\_\_\_\_\_ Fatigue, tiredness, low energy

\_\_\_\_\_ Feeling controlled

\_\_\_\_\_ Fears, phobias

\_\_\_\_\_ Grief, mourning, loss, death, divorce

\_\_\_\_\_ Guilt

\_\_\_\_\_ Hallucinations (hearing voices, seeing things)

\_\_\_\_\_ Headaches, stomachaches, or other physical pain

\_\_\_\_\_ Health concerns, illness, medical, physical concerns

\_\_\_\_\_ Hopelessness

\_\_\_\_\_ Inferiority, low self-esteem

\_\_\_\_\_ Impulsiveness, poor impulse control, loss of control

\_\_\_\_\_ Judgment problems, risk taking

\_\_\_\_\_ Legal matters, involvement with juvenile justice system

\_\_\_\_\_ Loneliness

\_\_\_\_\_ Memory problems

\_\_\_\_\_ Mood swings

\_\_\_\_\_ Motivation issues, laziness

\_\_\_\_\_ Obsessions, compulsions (repetitive thoughts or actions)

\_\_\_\_\_ Oversensitive to rejection

\_\_\_\_\_ Pain (physical pain issues)

\_\_\_\_\_ Panic or anxiety attacks

\_\_\_\_\_ Perfectionism

\_\_\_\_\_ Procrastination

\_\_\_\_\_ Pregnancy (infertility, miscarriage, termination/abortion)

\_\_\_\_\_ School problems

\_\_\_\_\_ Self-harm (cutting, burning, etc.)

\_\_\_\_\_ Sexual issues, desire differences, gender concerns, sexual dysfunction

\_\_\_\_\_ Shyness, oversensitivity to criticism

\_\_\_\_\_ Sleep problems (too much, too little, insomnia, bad dreams/nightmares)

\_\_\_\_\_ Smoking, vaping, tobacco use

\_\_\_\_\_ Spiritual, religious, moral, ethical issues

\_\_\_\_\_ Stress, tension, trouble relaxing

\_\_\_\_\_ Suicidal thoughts

\_\_\_\_\_ Terminal illness

\_\_\_\_\_ Trauma

\_\_\_\_\_ Unhappiness

\_\_\_\_\_ Unwanted Memories

\_\_\_\_\_ Vision Difficulty

\_\_\_\_\_ Weight concerns, dieting

\_\_\_\_\_ Withdrawal, isolating

\_\_\_\_\_ Work issues, employment

\_\_\_\_\_ Other (Please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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