Child Symptom Checklist

Top of Form

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate any of the following symptoms your child is currently experiencing:

**Depression:**

 frequent crying

 feeling sad, empty, or down

 loss of energy

 fatigue

 loss of interest

 loss of enjoyment

 hopelessness

 helplessness

 worthlessness

 purposelessness

 difficulty concentrating

 recurrent suicidal ideation

 recurrent thoughts about death / dying

 insomnia

 hypersomnia

 loss of appetite

 increased appetite

 social withdrawal, agitation

**Anxiety:**

 feeling on edge or tense

 excessive worry

 difficulty controlling worry / concentrating

 distractablity

 difficulty falling or staying asleep

 restlessness

 reassurance seeking

 avoids age-appropriate behaviors

 memory blanks

 nausea/stomachache

 rule driven, repetitive behavior to reduce stress

 perfectionism

 crying, tantrums, clinging

 scared or worried about separation or well-being

 scared of strangers

 scared of bad things happening to attachment figure

 avoids being alone

 won't go to school or detach from adult

 reluctance to go to sleep without adult

**OCD Obsessions:**

 contamination

 religious

 safety/harm

 unwanted acts of aggression

 perfectionism

**OCD Compulsions:**

 checking

 washing

 counting

 ordering and arranging

 repeating routines

 hoarding

 reassurance seeking

**Panic:**

 accelerated heart rate

 pounding heart

 heart palpitations

 sweating

 shortness of breath

 difficulty breathing

 sensation of choking

 trembling or shaking

 chest pain / discomfort

 abdominal pain/discomfort

 feeling dizzy, faint, lightheaded, unsteady

 chills or heat sensations

 paresthesia's

 derealization

 depersonalization

 fear of losing control or "going crazy"

 fear of dying

 persistent concern/worry over additional panic attacks and their consequences

 significant, maladaptive change in behavior related to the attacks

**Post Traumatic Stress:**

 direct experience, witnessing, or learning of traumatic event(s)

 repeated or extreme exposure to aversive details of the traumatic event(s)

 recurrent, involuntary, and intrusive distressing memories of the event(s)

 repetitive play involving aspects of the traumatic event(s)

 recurrent distressing dreams related to the event(s)

 recurrent distressing dreams related to the event(s), dissociative reactions, flashbacks, reenactment of trauma

 intense or prolonged psychosocial distress at exposure to internal or external cues

 marked physiological reactions to internal or external cues

 persistent avoidance of stimuli associated with event(s)

 behaviors, difficulty falling or staying asleep

 negative alterations in cognition and mood (eg, memory)

**ADHD:**

 careless errors

 inattentive

 doesn't listen

 fails to finish task

 difficulty organizing tasks

 avoids sustained mental effort

 often loses needed things

 distractibility

 often forgetful

 often fidgets

 leaves seat in classroom

 excessive running, climbing

 can't play quietly

 "on the go"

 blurts answer

 can't wait turn

 intrudes on others

**Self-Injurious behavior:**

 cutting or excoriating skin

 pinching or picking skin

 pulling out hair

 hitting head

 banging head

 swallowing objects

 inserting objects (under skin, anus, vagina)

**Oppositional / Defiance:**

 spiteful/vindictive

 often loses temper

 often argues with adults

 defies adult requests

 deliberately annoys others

 blames others

 touchy; easily annoyed

 angry and resentful

**Conduct Disorder:**

 bullies; threatens

 runs away

 has used weapons

 initiates physical fights

 stolen with confrontation

 physically cruel to people or animals

 fire setting

 destroyed property

 often lies; cons

 stolen significant items

 truant from school

 forced sexual activity

**Other symptoms:**

 knows no "strangers"

 difficulty with transitions

 difficulty with changes in routine

 reliance on rules / routines

 gets upset by "minor changes"

 has difficulty understanding other people's emotions

 has speech delays

 repetitive body movements (rocking, flapping, spinning)

 obsessive fixation on a particular object, toy, character, etc

 flat tone of voice

 very literal

 gives unrelated answers to questions

 doesn't initiate interaction with others

Other Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/ Relationship of person completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_