



Lorven  
Child and Family Development

## SYMPTOM CHECKLIST

Client Name \_\_\_\_\_ Date \_\_\_\_\_

Please check all items that apply to you. *All information is strictly confidential.*

### BEHAVIOR

- Does things without thinking
- Destroys property or belongings
- Steals
- Lies often
- Refuses to accept responsibility and blames others for their misbehavior
- Deliberately annoys other people
- Engages in self harm behavior such as hitting self, punching self, banging head against wall/floor
- Has run away from home
- Has attempted or talked about suicide
- Argues when told to do something
- Delays doing as asked
- Cruel to animals
- Wants everything his/her own way
- Often tries to be the center of attention
- Has temper tantrums, how frequent \_\_\_\_\_
- Acts like a younger child
- Curses
- Sets fires on purpose
- Bullies, threatens or intimidates others
- Nervous habits (example: fidgeting, tapping hands or feet)
- Often pouts and sulks
- Prefers to be alone/avoids activities
- Always seems to be "on the go"
- Acts as if driven by a motor
- Constantly in motion
- Impulsive
- Defiant
- Unable to control immediate reactions
- Will act without considering consequences
- Difficulty taking turns, waiting, or sharing
- Other:

### ACADEMIC

- Is truant from school

- Grades have dropped
- Does not complete assignments in the classroom
- Does not do homework
- Learning disability \_\_\_\_ and/or mental retardation \_\_\_\_
- Feels unfairly treated by teachers or authorities
- Short attention span
- Often clowns in class
- Refuses to go to school
- Is poorly organized in seatwork
- Poor handwriting/sloppy work
- Can't sit still
- Makes grades below ability
- Has difficulty working in groups
- Rarely speaks up in class
- Rarely works without individual attention
- Has had detentions, suspensions or was expelled
- Test anxiety
- Fears teacher
- Trouble on the bus
- Other:

### THINKING

- Seems preoccupied with certain thoughts
- Daydreams more than most
- Says or does things over and over
- Hears or sees things that aren't there
- Seems unaware at times of what is happening around him/her
- Trouble concentrating
- Ideas that don't make sense
- Nervous mannerisms such as nail biting, skin picking, leg jiggling
- Other:

### FEELINGS

- Is upset by any changes in routines or schedules

Client:

Record No.:

Date of Birth:

- Lots of fears
- Lacks self-confidence
- Feels sad a lot
- Cries easily
- Does not seem to feel guilt
- Is extremely critical
- Panic attacks
- Mood swings
- Worries too much about different things
- Becomes easily annoyed or irritable
- Feels afraid something awful might happen
- Obsessive or compulsive behavior
- Withdrawal from others
- Loss of motivation
- Lack of energy
- Constantly on guard, watchful or easily startled
- Appears to be detached from others or activities
- Seems afraid to make mistakes/easily embarrassed
- Does not like to be touched
- Resents even gentle criticism
- Has an "I don't care" attitude
- Has a "you can't make me" attitude
- Feels angry a lot
- Feels bored a lot
- Is afraid of "rough" play
- Has frequent nightmares
- Other:

#### FAMILY

- Gets along poorly with brothers \_\_\_ sisters \_\_\_
- Gets along poorly with mother \_\_\_ stepmother \_\_\_
- Gets along poorly with father \_\_\_ stepfather \_\_\_
- Avoids contact with family members
- Parents get along poorly with each other
- Clings to parents

Other:

#### SOCIAL

- Hangs around with a bad crowd
- Is too easily led by others
- Chooses friends a lot younger \_\_\_ a lot older \_\_\_
- Is often teased by others
- Doesn't like being alone
- Has few friends
- Tattles on other children
- Teases other children
- Seems shy
- Often boasts
- Often interrupts others
- Won't argue or fight back when most would
- Fights
- Has ever been sexually molested
- Other:

#### PHYSICAL

- Frequent physical complaints
- Sleep: trouble falling asleep \_\_\_ sleeps too much \_\_\_
- Is tired much of the time
- Is seriously overweight \_\_\_ underweight \_\_\_
- Lost \_\_\_ or gained \_\_\_ a lot of weight
- Hearing problems \_\_\_ Speech Problems \_\_\_
- Poor bladder control during the day
- Wets the bed at night
- Poor bowel control
- Is clumsy and awkward
- Frequently becomes ill on school days, while at school or away from home
- Has ever been physically abused
- Physically aggressive toward others
- Other:

Any number of life events can cause stress, or changes in mood and behavior.

**My child has experienced the following: (PLEASE CHECK ALL THAT APPLY)**

- |   |  |
|---|--|
| <input type="checkbox"/> Adoption or foster care placement    | <input type="checkbox"/> Recent move to a new residence                |
| <input type="checkbox"/> Traumatic event                      | <input type="checkbox"/> Parent on military leave                      |
| <input type="checkbox"/> Bullying                             | <input type="checkbox"/> Parent remarriage                             |
| <input type="checkbox"/> Death of a friend or family member   | <input type="checkbox"/> Recent addition to family (birth or adoption) |
| <input type="checkbox"/> Family financial problems            | <input type="checkbox"/> Recent move to a new school                   |
| <input type="checkbox"/> Illness in the family                |  |
| <input type="checkbox"/> Incarcerated parent                  |  |
| <input type="checkbox"/> Marital / Parent relationship stress |  |
| <input type="checkbox"/> Medical illness or disability        |  |
| <input type="checkbox"/> Parental divorce                     |  |