

## Symptom Check List

*Check* those that you have ever experienced and *Circle* those you've experienced recently.

### Sleep:

Difficulty at bedtime  
Difficulty falling asleep  
Nightmares  
Insomnia  
Trouble getting out of bed  
Difficult Mornings  
Fatigue or Tiredness

### School:

Trouble concentrating  
Trouble sitting still  
Late to school  
School avoidance /refusal  
Grades / Performance  
Behavior issues  
Trouble making friends  
Difficulty with homework

### Medical

Dizziness  
Lack of appetite  
Excessive appetite  
Restricted Eating  
Binge Eating  
Headaches/migraines  
Upset stomach/Pain  
Weight loss or gain  
Chronic pain  
Health problems  
Frequent illness  
Chronic Medical Issue

### Mood

Feelings of sadness  
Irritability  
Fearful  
Tearfulness  
Anxiety/Worry  
Loss of appetite  
Mood Swings  
Grief  
Anger / Aggression  
Depression  
Panic Attacks  
Suspicion  
Stress  
Guilt  
Unhappiness  
Hyperactivity  
Impulsivity  
Indecision  
Loss of interests  
Low Self-esteem  
Self-Harm/Cutting  
Suicidal Thoughts  
Threats of suicide

### Other Concerns:

### Clinical

Obsessions/compulsions  
Intrusive Thoughts  
Hearing voices  
Alcohol / Drug Use  
Addiction  
Abuse  
Seeing Visions  
Trauma / PTSD

### Social

Trouble making friends  
Opposition to authority  
Trouble being alone  
Withdrawn  
Shyness  
Socially Isolated  
Relationship Issues  
Loneliness  
Sibling conflict  
Conflict with Parents  
Adoption  
Body Image  
Identity Issues  
Sexuality  
Divorce / Separation  
Trouble with peers  
Lack of Assertiveness  
Bullying  
Sexual Harrassment