

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

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Withdrawn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