

Children's Symptom Checklist (For parents to complete)

Check the items that describe or relate to the concerns you have:

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| <input type="checkbox"/> Sleep disturbance | <input type="checkbox"/> Appetite change |
| <input type="checkbox"/> Withdrawal from others | <input type="checkbox"/> Depressed mood |
| <input type="checkbox"/> Anxious or fearful | <input type="checkbox"/> Difficulty with daily routine |
| <input type="checkbox"/> Aggression toward self or others | <input type="checkbox"/> Self injury |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Suicidal thoughts or behaviors |
| <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Easily distracted |
| <input type="checkbox"/> Defiant | <input type="checkbox"/> Oppositional |
| <input type="checkbox"/> Clinging behaviors | <input type="checkbox"/> Follow through on tasks |
| <input type="checkbox"/> Plays well with others | <input type="checkbox"/> Nightmares |
| <input type="checkbox"/> Unreasonable fears | <input type="checkbox"/> Trauma history |
| <input type="checkbox"/> Substance abuse | <input type="checkbox"/> Sexual activity |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Irritability |