



## CHILD/TEEN SELF REPORT

### Symptom Checklist

Please check (☑) near all that apply to how you have been feeling (to be completed with child):

Sleep problems	Problems remembering	Nervous or tense
Problem with school work	Racing heart	Drug/alcohol use
Not getting along with others	Wanting to hurt self/self harm behaviors	Concerns about sexual feelings or identity
Lack of friends	Lying a lot	Always getting in trouble
Sadness or depressed	Shy around others	Not feeling confident
Feeling panic or fear	Problems concentrating	Nightmares
Feeling anxious	Grief or loss	Problem eating habits
Not feeling good enough	Feeling hopeless	Feeling worthless
Worrying	Disturbing thoughts	Recurring thoughts
Stomach aches	Mood changes/swings	Shaking/trembling
Wanting to harm others	Feelings of wanting to die	Constant pain
Hitting/fighting	Hard time sitting still	Problems at home
Angry easily or a lot	Confused thinking	Problem staying on task
Problems with sexual thoughts/behavior	Problems with decision making/judgement	Concerns about family members
Irritable	Abused by others	Illegal behavior
Not wanting to be around others	Do things without thinking/impulsive	See or hear things others don't
Can't stay focused	Disorganized thoughts	Weight concerns
Concerns about gender	Feeling helpless	Other addictive behavior

Please write down any other information that you think would be helpful for the therapist to know about the problems or situation.

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What do you want to accomplish/What would make your life better?

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