



ABOUT YOUR CHILD'S SYMPTOMS

Client Name: _____

Counselor Name: _____

Please mark all items below that apply to your child.

- | | | | |
|--|--|---|---|
| <input type="radio"/> Accident-prone | <input type="radio"/> Fire setting | <input type="radio"/> Obesity | <input type="radio"/> Tics-movements or noises |
| <input type="radio"/> Affectionate | <input type="radio"/> Friendly | <input type="radio"/> Only younger playmates | <input type="radio"/> Timid |
| <input type="radio"/> Aggressive | <input type="radio"/> Hair chewing | <input type="radio"/> Oppositional | <input type="radio"/> Truancy |
| <input type="radio"/> Argues | <input type="radio"/> Head banging | <input type="radio"/> Outgoing | <input type="radio"/> Uncooperative |
| <input type="radio"/> Assaults | <input type="radio"/> Hitting | <input type="radio"/> Out-of-seat behaviors | <input type="radio"/> Uncoordinated |
| <input type="radio"/> Bathroom language | <input type="radio"/> Hostile | <input type="radio"/> Overactive | <input type="radio"/> Under-active |
| <input type="radio"/> Bigoted | <input type="radio"/> Hyperactive | <input type="radio"/> Picks on others | <input type="radio"/> Unhappy |
| <input type="radio"/> Bossy to others | <input type="radio"/> Hypochondriac | <input type="radio"/> Poor concentration | <input type="radio"/> Unprepared |
| <input type="radio"/> Breaks rules | <input type="radio"/> Imaginary playmates | <input type="radio"/> Pouts | <input type="radio"/> Vandalism |
| <input type="radio"/> Breaks the law | <input type="radio"/> Immature | <input type="radio"/> Prejudiced | <input type="radio"/> Violent |
| <input type="radio"/> Bullied by others | <input type="radio"/> Inappropriate sexual behaviors | <input type="radio"/> Procrastinates | <input type="radio"/> Wastes time |
| <input type="radio"/> Bullies others | <input type="radio"/> Inattentive | <input type="radio"/> Provokes others | <input type="radio"/> Wetting/ Soiling of bed/clothes |
| <input type="radio"/> Cheats | <input type="radio"/> Independent | <input type="radio"/> Rages | <input type="radio"/> Withdraws |
| <input type="radio"/> Clowns around | <input type="radio"/> Inflicts pain on others | <input type="radio"/> Recent move | <input type="radio"/> Work problems |
| <input type="radio"/> Competition | <input type="radio"/> Insults others | <input type="radio"/> Refuses | <input type="radio"/> Yells |
| <input type="radio"/> Complains | <input type="radio"/> Interrupts | <input type="radio"/> Relationships with friends | <input type="radio"/> Any other characteristics: |
| <input type="radio"/> Complains of feeling sick | <input type="radio"/> Intimidated by others | <input type="radio"/> Relationships with siblings | _____ |
| <input type="radio"/> Compliant | <input type="radio"/> Intimidates others | <input type="radio"/> Relationships with teachers | How much exercise is your child getting on a daily basis? |
| <input type="radio"/> Concern for others | <input type="radio"/> Intolerant | <input type="radio"/> Resists | <input type="radio"/> _____ |
| <input type="radio"/> Conflicts at school | <input type="radio"/> Irritability | <input type="radio"/> Responsible | How many hours is your child sleeping on a daily basis? |
| <input type="radio"/> Conflicts at home | <input type="radio"/> Isolates | <input type="radio"/> Restless | <input type="radio"/> _____ |
| <input type="radio"/> Conflicts with friends | <input type="radio"/> Lacks organization | <input type="radio"/> Rocking or other repetitive movements | How many hours is your child sleeping on a daily basis? |
| <input type="radio"/> Conflicts with police | <input type="radio"/> Lacks respect for authority | <input type="radio"/> Runs away | <input type="radio"/> _____ |
| <input type="radio"/> Cries easily | <input type="radio"/> Learning disability | <input type="radio"/> Sad | How much screen time does your child have on a daily basis (computer, phone, tv, tablet, gaming)? |
| <input type="radio"/> Cruel to animals | <input type="radio"/> Legal difficulties | <input type="radio"/> School avoiding | <input type="radio"/> _____ |
| <input type="radio"/> Dares others | <input type="radio"/> Lethargic | <input type="radio"/> Self-harming behaviors | How much screen time does your child have on a daily basis (computer, phone, tv, tablet, gaming)? |
| <input type="radio"/> Dawdles | <input type="radio"/> Likes to be alone | <input type="radio"/> Sexual preoccupation | <input type="radio"/> _____ |
| <input type="radio"/> Daydreams | <input type="radio"/> Loitering | <input type="radio"/> Sexually active | How many devices does your child have access to? |
| <input type="radio"/> Defiant | <input type="radio"/> Loss of friends | <input type="radio"/> Shy | <input type="radio"/> _____ |
| <input type="radio"/> Dependent | <input type="radio"/> Low frustration tolerance | <input type="radio"/> Slow-moving | How many devices does your child have access to? |
| <input type="radio"/> Destructive | <input type="radio"/> Lying | <input type="radio"/> Slow-responding | <input type="radio"/> _____ |
| <input type="radio"/> Developmental delays | <input type="radio"/> Manipulates | <input type="radio"/> Smart-alecky | How many devices does your child have access to? |
| <input type="radio"/> Difficulties w/ parent's partner | <input type="radio"/> Masturbation | <input type="radio"/> Smoking | <input type="radio"/> _____ |
| <input type="radio"/> Disobedient | <input type="radio"/> Mental retardation | <input type="radio"/> Social | How many devices does your child have access to? |
| <input type="radio"/> Disrupts family activities | <input type="radio"/> Moody | <input type="radio"/> Speech difficulties | <input type="radio"/> _____ |
| <input type="radio"/> Distractible | <input type="radio"/> Mute, refuses to speak | <input type="radio"/> Stealing | How many devices does your child have access to? |
| <input type="radio"/> Dropping out of school | <input type="radio"/> Nail biting | <input type="radio"/> Stubborn | <input type="radio"/> _____ |
| <input type="radio"/> Drug or alcohol use | <input type="radio"/> Name calling | <input type="radio"/> Suicide talk or attempt | How many devices does your child have access to? |
| <input type="radio"/> Drug sales | <input type="radio"/> Needs for high degree of supervision | <input type="radio"/> Swearing | <input type="radio"/> _____ |
| <input type="radio"/> Eating issues | <input type="radio"/> Negativism | <input type="radio"/> Talks back | How many devices does your child have access to? |
| <input type="radio"/> Failure in school | <input type="radio"/> Nervous | <input type="radio"/> Talks out | <input type="radio"/> _____ |
| <input type="radio"/> Fantasy life | <input type="radio"/> New school | <input type="radio"/> Teased | How many devices does your child have access to? |
| <input type="radio"/> Fearful | <input type="radio"/> Nightmares | <input type="radio"/> Teases others | <input type="radio"/> _____ |
| <input type="radio"/> Feelings are easily hurt | <input type="radio"/> Noisy | <input type="radio"/> Temper tantrums | How many devices does your child have access to? |
| <input type="radio"/> Fidgety | <input type="radio"/> Noncompliant | <input type="radio"/> Threatens | <input type="radio"/> _____ |
| <input type="radio"/> Fighting | <input type="radio"/> Obedient | <input type="radio"/> Thumb sucking | How many devices does your child have access to? |
| <input type="radio"/> Finger sucking | | | <input type="radio"/> _____ |