CURRENT SYMPTOM CHECKLIST

NAME:_____

Below you will find a large number of statements about your child. Circle "YES" or "NO" for those that are true of your child at the present.

PERSONAL- SOCIAL

1- My child continually seeks for attention.	YES	NO
2- Often I can see tension building in my child.	YES	NO
3- My child explodes under stress.	YES	NO
4- My child has nervous habits, like pulling at his/her clothing, clearing his/her throat often, sniffing his/her nose, etc.	YES	NO
5- My child cries easily.	YES	NO
6- My child is a thumb or finger sucker.	YES	NO
7- My child is a worrier.	YES	NO
8- My child often rocks back and forth.	YES	NO
9- My child shakes or trembles sometimes.	YES	NO
10- My child has many or unusual fears.	YES	NO
11- My child is often angry.	YES	NO
12- My child is moody.	YES	NO
13- My child becomes overexcited easily.	YES	NO
14- My child is hyperactive easily.	YES	NO
15- My child becomes hysterical, upset or angry when things do not go his/her way.	YES	NO
16- My child seems sad.	YES	NO
17- My child has sleeping problems.	YES	NO

18- My child has bad	dreams.	YES	NO
19- My child walks or	r talks in his/her sleep.	YES	NO
20- My child gets cor	nfused easily.	YES	NO
21- My child has trou	uble remembering things.	YES	NO
22- My child has diffi	iculty concentrating for any length of time.	YES	NO
23- My child complai	ins he/she never gets a fair share of things.	YES	NO
24- My child says peo	ople don't like him/her.	YES	NO
25- My child often te	ends to be very selfish and self-centered.	YES	NO
26- My child is very s	shy.	YES	NO
27- My child is sensit	tive and has his/her feelings hurt easily.	YES	NO
28- My child avoids c	competition.	YES	NO
29- My child is often	a poor sport and poor loser.	YES	NO
30- My child often ha	as trouble making friends.	YES	NO
31- My child often se	eems to have little self-confidence.	YES	NO
32- My child cannot g	get along with my husband (wife).	YES	NO
33- We frequently ha	ave family problems.	YES	NO
34- There is a lot argu	uing and fighting in our house.	YES	NO
35- My child express family members or	es concern about something terrible or horrible happening to himself/herself.	YES	NO
36- My child does no	ot get along with his/her brothers and sisters.	YES	NO
37- My child often ex	xpresses strong dislike for home and family.	YES	NO
38- One (or more) of	f my children has problems too.	YES	NO
39- My child asks stra	angers things and asks unusual questions.	YES	NO

40- My child often does strange or stupid things.	YES	NO
41- My child often says he/she wished he/she was dead or away from it all.	YES	NO
42- My child has been physically or sexually abused.	YES	NO
43- My child often has small accidents or injuries.	YES	NO
BEHAVIORAL:		
44- My child is a discipline problem at home.	YES	NO
45- My child is a discipline problem at school.	YES	NO
46- My child tells tales or lies.	YES	NO
47- My child often throws temper tantrums.	YES	NO
48- My child has attempted to seriously harm a person or animal.	YES	NO
49- My child manipulates situations t his/her own benefits.	YES	NO
50- My child does sexual things he/she should not do.	YES	NO
51- My child seems to welcome punishments.	YES	NO
52- My child disturbs other children: teasing, provoking, fights, interrupting others.	YES	NO
53- My child steals things sometimes.	YES	NO
54- I often have to spank my child.	YES	NO
SCHOOL:		
55- My child is in a special program at school.	YES	NO
56- My child may have a learning disability.	YES	NO
57- My child voices an intense dislike of school.	YES	NO
58- My child does not seem to be learning as he/she should.	YES	NO
59- The teachers complain about my child.	YES	NO

PHYSICAL:

60- My child bowels do not move regularly.	YES	NO
61- My child is overweight or underweight.	YES	NO
62- My child is taking medicine now.	YES	NO
63- My child has/had a major illness, operation or accident.	YES	NO
64- My child stares blankly into space and unaware of his/her surroundings when doing so.	YES	NO
65- My child has a visual, hearing or speech problem. (Underline which).	YES	NO
66- My child has allergies or asthma.	YES	NO
67- My child has a chronic illness or handicap.	YES	NO
68- My child often complains of illnesses such as nausea or stomach pain or headaches.	YES	NO
69- My child often has accidentals bowel movements in his/her clothing.	YES	NO
70- My child has eating problems.	YES	NO
71- My child wets the bed.	YES	NO

OTHERS:

List any other problems or concerns you have about your child that were not listed above.

