
AREAS OF CONCERN

Symptoms: Please check the boxes for those symptoms that have increased recently in frequency (happen more often) or severity (gotten worse). If a symptom is extremely distressful, please circle the symptom description.

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|---|--|---|
| <input type="checkbox"/> Very worried or anxious | <input type="checkbox"/> Racing thoughts | <input type="checkbox"/> Bedwetting (enuresis) |
| <input type="checkbox"/> Restlessness (hard to sit still) | <input type="checkbox"/> Impaired impulse control | <input type="checkbox"/> Shy around other people |
| <input type="checkbox"/> Inattention or easily distracted | <input type="checkbox"/> Talk too much or too fast | <input type="checkbox"/> Memory problems |
| <input type="checkbox"/> Feeling keyed up or "hyper" | <input type="checkbox"/> Nightmares or bad dreams | <input type="checkbox"/> Hear voices that aren't there |
| <input type="checkbox"/> Difficulty concentrating | <input type="checkbox"/> Flashbacks | <input type="checkbox"/> See things that aren't there |
| <input type="checkbox"/> Hyperactive or hypervigilant | <input type="checkbox"/> Use drugs or alcohol | <input type="checkbox"/> Developmental delays |
| <input type="checkbox"/> Self Harm (cutting or carving) | <input type="checkbox"/> Weight loss or gain | <input type="checkbox"/> Motor development delays |
| <input type="checkbox"/> Hopelessness or helplessness | <input type="checkbox"/> More or less appetite | <input type="checkbox"/> Stealing |
| <input type="checkbox"/> Tearfulness or chronic sadness | <input type="checkbox"/> Binging or purging | <input type="checkbox"/> Running away |
| <input type="checkbox"/> Suicidal thoughts/attempts | <input type="checkbox"/> Eat to feel better | <input type="checkbox"/> Truancy or suspensions |
| <input type="checkbox"/> Major loss (death or divorce) | <input type="checkbox"/> Obsessive and/or compulsive | <input type="checkbox"/> Learning disabilities |
| <input type="checkbox"/> Decreased interest in activities | <input type="checkbox"/> Prolonged fear or worry | <input type="checkbox"/> Verbal or emotional abuse |
| <input type="checkbox"/> Isolation/Withdrawal | <input type="checkbox"/> Panic attacks | <input type="checkbox"/> Physical or sexual abuse |
| <input type="checkbox"/> Failure or fear of failure | <input type="checkbox"/> Anger or hostility | <input type="checkbox"/> Trouble with the law |
| <input type="checkbox"/> Mood swings | <input type="checkbox"/> Hard time making decisions | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Guilt or shame | <input type="checkbox"/> Memory problems | <input type="checkbox"/> Loud snoring |
| <input type="checkbox"/> Trouble falling asleep | <input type="checkbox"/> Procrastination | <input type="checkbox"/> Nausea or stomach aches |
| <input type="checkbox"/> Trouble staying asleep | <input type="checkbox"/> Feeling worthless | <input type="checkbox"/> Not close to family or friends |
| <input type="checkbox"/> Sleep too much or too little | <input type="checkbox"/> Feeling numb | <input type="checkbox"/> Can't make or keep friends |
| <input type="checkbox"/> Wake up exhausted | <input type="checkbox"/> Repetitive behaviors | <input type="checkbox"/> Difficulty with communication |
| <input type="checkbox"/> Irritable or grouchy | <input type="checkbox"/> Temper tantrums | <input type="checkbox"/> Oppositional behavior |
| <input type="checkbox"/> Unable to relax | <input type="checkbox"/> Physical aggression | <input type="checkbox"/> Can't control temper |
| <input type="checkbox"/> Less talkative | <input type="checkbox"/> Verbal aggression | <input type="checkbox"/> Sibling or family conflicts |
| <input type="checkbox"/> Separation Anxiety | <input type="checkbox"/> Grief | <input type="checkbox"/> Sexual identity concerns |

If there are other symptoms you are experiencing that are not listed, please describe below. Also, explain any of the above symptoms that you would like us to know more about.
