Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identify the client’s symptoms, the frequency (i.e. 3 x per day), and severity of problems by scoring on a scale from 1 to 10 with 10 as the most severe.

ACTIVITY SLEEP

\_\_\_\_\_\_\_( ) Hyperactivity \_\_\_\_\_\_\_( ) marked change in sleeping habits

\_\_\_\_\_\_\_( ) restless such as squirming in seat \_\_\_\_\_\_\_( ) difficulty falling asleep

\_\_\_\_\_\_\_( ) impulsive: acts without thinking \_\_\_\_\_\_\_( ) wakes up early & can’t fall back asleep

\_\_\_\_\_\_\_( ) fidgets such as hands always busy \_\_\_\_\_\_\_( ) sleeps too much:\_\_\_\_ hrs per night

\_\_\_\_\_\_\_( ) ticks or unusual activities \_\_\_\_\_\_\_( ) sleeps too little: \_\_\_\_\_hrs per night

\_\_\_\_\_\_\_( ) jokes inappropriately \_\_\_\_\_\_\_( )bad dreams or night terrors

\_\_\_\_\_\_\_( ) recent increase in activities: work, sex ,social APPETITE

\_\_\_\_\_\_\_( ) loss of energy or fatigue \_\_\_\_\_\_\_( ) binge eating

\_\_\_\_\_\_\_( ) loss of motivation: no interest in activities \_\_\_\_\_\_\_( ) self-induced vomiting

\_\_\_\_\_\_\_( ) bored and uninterested \_\_\_\_\_\_\_( ) loss of appetite

RELATIONAL \_\_\_\_\_\_\_( ) increase in appetite

\_\_\_\_\_\_\_( ) drop in grades \_\_\_\_\_\_\_( ) weight gain: \_\_\_\_\_\_\_lbs.

\_\_\_\_\_\_\_( ) lost a job \_\_\_\_\_\_\_( ) weight loss: \_\_\_\_\_\_\_lbs.

\_\_\_\_\_\_\_( ) legal problems \_\_\_\_\_\_\_( ) dislikes own appearance or body size

\_\_\_\_\_\_\_( ) theft (in or out of home) MIND/SPEECH/THOUGHTS

\_\_\_\_\_\_\_( ) dishonesty or lying \_\_\_\_\_\_\_( ) poor concentration/ easily distracted

\_\_\_\_\_\_\_( ) dangerous or risk taking behavior \_\_\_\_\_\_\_( ) difficulty focusing on school work

\_\_\_\_\_\_\_( ) missing or cutting school \_\_\_\_\_\_\_( ) poor problem solving skills

\_\_\_\_\_\_\_( ) physically abusive to others \_\_\_\_\_\_\_( ) difficulty making decisions

\_\_\_\_\_\_\_( ) conflict with parents or teachers \_\_\_\_\_\_\_( ) makes poor decisions

\_\_\_\_\_\_\_( ) destructive: hits or breaks things \_\_\_\_\_\_\_( ) accident prone

\_\_\_\_\_\_\_( ) threatens to harm or kill others \_\_\_\_\_\_\_( ) forgets easily

\_\_\_\_\_\_\_( ) cruel to animals or other children \_\_\_\_\_\_\_( ) memory loss of significant events

\_\_\_\_\_\_\_( ) suspensions from school \_\_\_\_\_\_\_( ) does not acknowledge own problems

\_\_\_\_\_\_\_( ) fights with peers or siblings \_\_\_\_\_\_\_( ) racing thoughts

\_\_\_\_\_\_\_( ) self-injurious: cuts, burns, tattoos, etc. \_\_\_\_\_\_\_( ) talks excessively

\_\_\_\_\_\_\_( ) threats to kill self THOUGHT CONTENT/PERCEPTIONS

\_\_\_\_\_\_\_( ) suicide attempt \_\_\_\_\_\_\_( ) grandiosity

\_\_\_\_\_\_\_( ) blames others for own behavior \_\_\_\_\_\_\_( ) strange or unusual ideas

\_\_\_\_\_\_\_( ) lonely or difficulty attaching to others \_\_\_\_\_\_\_( ) delusions or false beliefs

\_\_\_\_\_\_\_( )poor social skills: difficulty making and keeping friends \_\_\_\_\_\_\_( ) thoughts of suicide

\_\_\_\_\_\_\_( ) defies authority \_\_\_\_\_\_\_( ) avoids eye contact /direct conversation

\_\_\_\_\_\_\_( ) withdrawn from family or friends \_\_\_\_\_\_\_( ) hallucinations: sees, hears, smells ,feels

\_\_\_\_\_\_\_( ) ridiculed by peers \_\_\_\_\_\_\_( ) reoccurring thoughts or play of

ANXIETY/PHOBIA distressing events

\_\_\_\_\_\_\_( ) nervous or anxious \_\_\_\_\_\_\_( ) paranoia: thinks others will injure self

\_\_\_\_\_\_\_( ) afraid of a lot of things PHYSICAL

\_\_\_\_\_\_\_( ) afraid of a specific thing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_( ) physical complaints: stomach, head, etc.

\_\_\_\_\_\_\_( ) worries often about: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_( ) aches and pains

\_\_\_\_\_\_\_( ) panic attacks \_\_\_\_\_\_\_( ) sweaty palms

\_\_\_\_\_\_\_( ) feels disliked or criticized \_\_\_\_\_\_\_( ) auto or other accidents

\_\_\_\_\_\_\_( ) obsessive behaviors: counting, touching, exercising, etc. \_\_\_\_\_\_\_( ) smells of paint/other chemicals

MOOD \_\_\_\_\_\_\_( ) health problems: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_( ) angry \_\_\_\_\_\_\_( ) doesn’t give adequate care to hygiene

\_\_\_\_\_\_\_( ) grouchy or irritable \_\_\_\_\_\_\_( ) onset of puberty :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_( ) depressed mood \_\_\_\_\_\_\_( ) developmental delays or growth spurts

\_\_\_\_\_\_\_( ) strong guilt feelings \_\_\_\_\_\_\_( ) difficult pregnancy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_( ) feels as if she/he is bad \_\_\_\_\_\_\_( ) prenatal drug use ( by mother)

\_\_\_\_\_\_\_( ) mood swings \_\_\_\_\_\_\_( ) child is sexually active or acting out

\_\_\_\_\_\_\_( ) tearfulness \_\_\_\_\_\_\_( ) soiling or bed wetting

\_\_\_\_\_\_\_( ) hopeless or helpless \_\_\_\_\_\_\_( ) reoccurring respiratory problems

\_\_\_\_\_\_\_( ) dislikes self \_\_\_\_\_\_\_( ) suspect drug or alcohol use

\_\_\_\_\_\_\_( ) feels unloved or un-liked \_\_\_\_\_\_\_( ) cigarette use: amt. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_( ) overestimates own abilities \_\_\_\_\_\_\_ ( ) OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_( ) elevated mood