

CKCC SYMPTOM CHECKLIST

Completed by _____

Place a check in the boxes by all symptoms that you (or your child who is being seen) have experienced recently. To the right of each symptom checked, circle whether the problem is Mild, Moderate, or Severe. Mark only those that apply.

In regard to _____

On (Date) _____

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|--|------|----------|--------|
| <input type="checkbox"/> Tiredness | Mild | Moderate | Severe |
| <input type="checkbox"/> Fatigue | Mild | Moderate | Severe |
| <input type="checkbox"/> Insufficient or poor sleep | Mild | Moderate | Severe |
| <input type="checkbox"/> Excessive sleeping | Mild | Moderate | Severe |
| <input type="checkbox"/> Sadness | Mild | Moderate | Severe |
| <input type="checkbox"/> Tearfulness | Mild | Moderate | Severe |
| <input type="checkbox"/> Loss of interest or pleasure | Mild | Moderate | Severe |
| <input type="checkbox"/> Over/under eating | Mild | Moderate | Severe |
| <input type="checkbox"/> Binging/purging | Mild | Moderate | Severe |
| <input type="checkbox"/> Low self esteem | Mild | Moderate | Severe |
| <input type="checkbox"/> Extreme sensitivity | Mild | Moderate | Severe |
| <hr/> | | | |
| <input type="checkbox"/> Irritability | Mild | Moderate | Severe |
| <input type="checkbox"/> Marked mood shifts | Mild | Moderate | Severe |
| <input type="checkbox"/> Feelings of helplessness | Mild | Moderate | Severe |
| <input type="checkbox"/> Feelings of hopelessness | Mild | Moderate | Severe |
| <input type="checkbox"/> Difficulty smiling/ laughing | Mild | Moderate | Severe |
| <input type="checkbox"/> Suicidal feelings | Mild | Moderate | Severe |
| <input type="checkbox"/> Suicidal plans | Mild | Moderate | Severe |
| <input type="checkbox"/> Suicidal attempts (Ever) | Mild | Moderate | Severe |
| <input type="checkbox"/> Self injurious thoughts | Mild | Moderate | Severe |
| <input type="checkbox"/> Self injurious acts | Mild | Moderate | Severe |
| <input type="checkbox"/> Psychiatric hospitalization | Mild | Moderate | Severe |
| <hr/> | | | |
| <input type="checkbox"/> Nervousness, anxiety | Mild | Moderate | Severe |
| <input type="checkbox"/> Fear of separation | Mild | Moderate | Severe |
| <input type="checkbox"/> Specific phobia(s) | Mild | Moderate | Severe |
| <input type="checkbox"/> Panic attacks | Mild | Moderate | Severe |
| <input type="checkbox"/> Extreme fearfulness | Mild | Moderate | Severe |
| <input type="checkbox"/> Obsessions | Mild | Moderate | Severe |
| <input type="checkbox"/> Compulsions | Mild | Moderate | Severe |
| <input type="checkbox"/> Explosive temper | Mild | Moderate | Severe |
| <input type="checkbox"/> Anger, hostility | Mild | Moderate | Severe |
| <input type="checkbox"/> Aggression, destructiveness | Mild | Moderate | Severe |
| <input type="checkbox"/> Physical violence | Mild | Moderate | Severe |
| <input type="checkbox"/> Unreasonable risk-taking | Mild | Moderate | Severe |
| <hr/> | | | |
| <input type="checkbox"/> Social withdrawal | Mild | Moderate | Severe |
| <input type="checkbox"/> Fear of leaving home | Mild | Moderate | Severe |
| <input type="checkbox"/> Non-assertiveness | Mild | Moderate | Severe |
| <input type="checkbox"/> Feelings of entitlement | Mild | Moderate | Severe |
| <input type="checkbox"/> Oppositionalism, defiance | Mild | Moderate | Severe |
| <input type="checkbox"/> Lying, misrepresenting truth | Mild | Moderate | Severe |
| <input type="checkbox"/> Stealing | Mild | Moderate | Severe |
| <input type="checkbox"/> Bedwetting | Mild | Moderate | Severe |
| <input type="checkbox"/> Poor control of bowels | Mild | Moderate | Severe |
| <input type="checkbox"/> Disrespect for rules, authority | Mild | Moderate | Severe |
| <input type="checkbox"/> Disorganization | Mild | Moderate | Severe |

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|--|------|----------|--------|
| <input type="checkbox"/> Sexual acting out | Mild | Moderate | Severe |
| <input type="checkbox"/> Sexual abuse (victim) | Mild | Moderate | Severe |
| <input type="checkbox"/> Sexual abuse (aggressor) | Mild | Moderate | Severe |
| <input type="checkbox"/> Sexual identity problems | Mild | Moderate | Severe |
| <input type="checkbox"/> Sexual inhibition problem | Mild | Moderate | Severe |
| <input type="checkbox"/> Sex addiction (any type) | Mild | Moderate | Severe |
| <hr/> | | | |
| <input type="checkbox"/> Running away behavior | Mild | Moderate | Severe |
| <input type="checkbox"/> Impaired judgment | Mild | Moderate | Severe |
| <input type="checkbox"/> Attention-getting behavior | Mild | Moderate | Severe |
| <input type="checkbox"/> Totally different behavior at times | Mild | Moderate | Severe |
| <input type="checkbox"/> Past traumatization | Mild | Moderate | Severe |
| <input type="checkbox"/> Recent traumatization | Mild | Moderate | Severe |
| <input type="checkbox"/> Difficulty making/keeping friends | Mild | Moderate | Severe |
| <input type="checkbox"/> Poor social skills | Mild | Moderate | Severe |
| <input type="checkbox"/> Impulsivity | Mild | Moderate | Severe |
| <input type="checkbox"/> Accident proneness | Mild | Moderate | Severe |
| <hr/> | | | |
| <input type="checkbox"/> Uses alcohol in any form | Mild | Moderate | Severe |
| <input type="checkbox"/> Uses tobacco in any form | Mild | Moderate | Severe |
| <input type="checkbox"/> Uses illegal drugs | Mild | Moderate | Severe |
| <input type="checkbox"/> Interferes with functioning | Mild | Moderate | Severe |
| <input type="checkbox"/> Inability to decrease use | Mild | Moderate | Severe |
| <input type="checkbox"/> Withdrawal symptoms | Mild | Moderate | Severe |
| <input type="checkbox"/> Had A/D problems in past | Mild | Moderate | Severe |
| <input type="checkbox"/> Gambling/spending addiction | Mild | Moderate | Severe |
| <hr/> | | | |
| <input type="checkbox"/> Inattentive, easily distracted | Mild | Moderate | Severe |
| <input type="checkbox"/> Unable to concentrate | Mild | Moderate | Severe |
| <input type="checkbox"/> Memory problems | Mild | Moderate | Severe |
| <input type="checkbox"/> Does not finish tasks | Mild | Moderate | Severe |
| <input type="checkbox"/> Disruptive | Mild | Moderate | Severe |
| <input type="checkbox"/> Difficulty with instructions | Mild | Moderate | Severe |
| <input type="checkbox"/> Hyperactive | Mild | Moderate | Severe |
| <input type="checkbox"/> Does not do homework | Mild | Moderate | Severe |
| <input type="checkbox"/> Problems related to work | Mild | Moderate | Severe |
| <hr/> | | | |
| <input type="checkbox"/> Delusions, hallucinations | Mild | Moderate | Severe |
| <input type="checkbox"/> "Spacing out", staring | Mild | Moderate | Severe |
| <input type="checkbox"/> Wandering speech | Mild | Moderate | Severe |
| <input type="checkbox"/> Racing thoughts/speech | Mild | Moderate | Severe |
| <input type="checkbox"/> Unusual talkativeness | Mild | Moderate | Severe |
| <input type="checkbox"/> Vague, non-specific speech | Mild | Moderate | Severe |
| <input type="checkbox"/> Slurred speech | Mild | Moderate | Severe |
| <input type="checkbox"/> Other issues (list) _____ | | | |