



Heather Fabbre LMFT

Licensed Marriage Family Therapist
Registered Art Therapist

Symptom Checklist For Children

Please check the items that are currently causing you difficulty in your child's life:

- | | |
|---|--|
| <input type="checkbox"/> Anger | <input type="checkbox"/> Physical complaints |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Tearfulness |
| <input type="checkbox"/> Sleep disturbance/nightmares | <input type="checkbox"/> Taking More Risks |
| <input type="checkbox"/> Acting out | <input type="checkbox"/> Decreased concentration |
| <input type="checkbox"/> Regressive behaviors | |
| <input type="checkbox"/> Separation anxiety | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Withdrawn | |
| <input type="checkbox"/> Grief/Loss | |
| <input type="checkbox"/> Changes at school | |
| <input type="checkbox"/> Relationship Problems with: | |
| <input type="checkbox"/> Parents | |
| <input type="checkbox"/> Siblings | |
| <input type="checkbox"/> Friends | |