Name:

DB:

Developmental Symptom Checkist

Instructions: Please Place a check mark in each age frame that the symptoms/behaviors was present.

No.	Symptoms and Behaviors	0-2	3-5	6-8	9-11	1214	1518	1922	2330	3145	46-65	66+
1	In utero testing											
2	In utero trauma											
3	Brain injuries											
	History of abuse/neglect											
	Frequent moves											
	More than 1 caregiver											
	Sep. from caregiver more than two days											
	Adopted											
	Broken bones											
10	Accident prone											
	Eneuris											
12	Encopresis											
	Bedwetting											
	Throwing up											
	Diarrhea											
16	Constipation											
17	Physical aches/pains											
18	Often sick											
19	History of Chronic pain											
20	High tolerance for pain											
21	Hair loss											
22	Stomach problems											
	Gaining weight											
	Losing weight											
	Headaches											
26	Dizziness											
27	Fainting											
	Problems w/menstration											
29	Sleeping problems											
	Nightmares											
	Night terrors											
	Difficulties relaxing											
	Gasping for breathe											
	Clammy hands											
	Feeling rapid heart rate											
	Sweating											
	Hoarding											
	Stealing											
	Feeling overweight											
	Eating too much											
	Craving for carbs											
	Craving for sweets											
	Binging											
	Purging											

	Symptoms and Behaviors	0-2	3-5	6-8	9-11	1214	1518	1922	2330	3145	46-65	66+
	Anoxeria											
	Coffee											
-	Pop/diet pop											
	Aspirin											
	Diet pills											
	Painkilling pills											
	Prescription abuse											
	Tranquilizers											
	Marijana											
	Alcohol											
	Smoking											
	_											
-	Illicit drugs Overcounter drugs											
	Ectasy											
	Gambling		+	+								
	Spending											
	Stuttering		-									
	Language delays											
	Gross motor delays											
-	Fine motor delays											
	Sensory processing prob											
	Learning difficulties											
	Thinking slowly											
	Confusion											
	Problems with memory											
	Forgetfulness											
-	Concentration											
	Distractibility											
	Organization problems											
	Difficulties listening											
	Poor impulse control											
	Feeling bored											
_	Occupation therapy											
	Physical therapy											
	Speech/Lang. Therapy											
	Homework difficulties											
	Trouble with reading											
	Trouble with math											
	Trouble with writing											
	Failing a class											
	Difficulties homework											
	Difficulties w/sch project											
	Diff. Completing classwork											
	Not wanting to go to sch											
89	Disliking school											
90	Worrying about sch work											
91	Difficulties w/teachers											
92	Special Education											
93	Sch Abstenteeism											

	Symptoms and Behaviors	02	35	68	911	1214	15-18	19-22	2330	3145	46-65	66+
94	Sch suspension											
	Sch retention											
96	Breaking rules											
	School bully											
	Difficulties w/friends											
99	Diff. Making friends											
	Diff. Keeping friends											
	Breaking curfew											
	Difficulties w/authorities											
103	Difficulties w/parents											
	Difficulties w/supervisors											
	Diff. W/people workplace											
	Disliking work											
	Diff. W/work projects											
	Worrying a/work perform.			1								
	Work abstenteeism			1								
	Not wanting to go to work			1								
	Being late for work											
	Job lay-off											
	Job firing											
	Bankruptcy											
	Losing a family member											
	Losing an Important Pet											
	Losing a close friend											
	Losing a Romance											
	Other Losses											
	Divorce											
121	Fear of losing someone											
	Fear of dying											
	Fear of Heights											
125	Fear of Animals											
126	Fear of Crowded Places											
127	Fear of Performing											
128	Fear of Social Settings											
	Fear of Flying											
	Fear of Traveling				1							
	Fear of the Dark				1							
	Panic Attacks											
133	Feeling Nervous											
	Uncontrollable thoughts				1							
	Crying episodes				1							
	Extreme clinging				1							
	Demanding											
	Difficulty internalizing beh											
	Non-stop chatter											
	Obsessw/horror, cartoons											
	Laughing loudly											
	Troubles w/ eye contact											
	-		1	1		1	i		1			1

	Symptoms and Behaviors	02	35	68	911	1214	15-18	19-22	2330	3145	46-65	66+
144	Need for control											
145	Risk taker											
146	Feeling lonely											
147	Cutting/biting/scratching/burning											
148	Mood swings											
149	Depression											
150	Wanting to run away											
151	History of running away											
152	Raging											
153	Temper tantrums											
154	Agrumentative											
155	Physical fights											
156	Destruction of property											
157	Shoplifting											
158	Fire setting											
159	Legal Problems											
160	Auto Accidents											
161	DUI/DWI											
162	Sexual offender											
163	Sexual abuse											
164	Physical abuse											
165	Emotional abuse											