WHOLE JOURNEY

Child/Teen Assessment

Please note that although this is a self-assessment, issues reported may be utilized to formulate a diagnosis and treatment plan. You can change your answers at any time. Feel free to speak to your clinician regarding any questions or concerns.

Name:_____ Date:_____

Symptom Checklist:
Check all that apply to how you have been feeling

	Sleep problems		Memory problems		Hard time sitting still/restless
	Not enjoying things		Loss of time		Worrying a lot
	Problems at work		Racing heart beat		Drug/alcohol use
	Obsessive thoughts		Nervous or tense/unable to relax		Concerns about sexual feelings or identity
	Lack of friends		Relationship problems		Other sexual concerns
	Stomach aches/digestive problems		Shy/uncomfortable around others		Not feeling confident
	Feeling panic and fear		Problems concentrating		Racing thoughts
	Feeling anxious		Grief or loss		Problem eating habits
	Not feeling good enough		Feeling hopeless		Feeling worthless
	Compulsive behaviors		Disturbing thoughts		Not getting along with others
	Wanting to hurt self		Mood swings		Shaking/trembling
	Wanting to harm others		Feelings of wanting to die		Chronic pain
	Aggressive/abusive		Sadness or depression		Childhood issues
	Angry easily or a lot		Confused thinking		Problem staying on task
	Problems with sexual thoughts/behavior		Problems with decision making/judgment		Concerns about family members
	Irritable		Abused by others		Illegal behavior
	Isolating/not wanting to be around others		Impulsive/Doing things without thinking		See or hear things others don't
	Self harm behaviors		Disorganized thoughts		Weight concerns
	Concerns about gender		Feeling helpless		Other addictive behaviors

How long have you been experiencing these problems?_____

What do you think is causing these problems?_____

_____

_____

Please write down any other information that would be helpful for me to know about the problems or situation.

_____

_____

_____

What do you want to accomplish in treatment/What would make your life better?

_____

_____

_____ _____

Signature **Date**