

Gilbert Counselors, LLC

Professional Counseling Services

1425 W. Elliot Rd, Suite 201 * Gilbert, AZ 85233 *
gilbertcounselors.com

Behavior Checklist

Child's Name _____ Date _____

Please circle all of the following that describe your child's behaviors over the
past 6 months:

- | | |
|------------------------------------|------------------------------------------------|
| Academic problems | Night terrors |
| Angry Mood | Not interested in things |
| Anxiety | Other _____ |
| Arguing | Overeating or no appetite |
| Being bullied or bullying | Playing with fire |
| Blames others | Poor grades |
| Bossiness | Unusual behavior |
| Can't concentrate | Self injury |
| Crying | Separation anxiety |
| Defiant | Sexualized behavior (that seems inappropriate) |
| Destroys things | Shyness |
| Difficulty sleeping or waking | Soiling pants |
| Doesn't want to try new things | Stealing |
| Eating problems | Stomachaches |
| Easily frustrated | Strong feelings of guilt or shame |
| Fearfulness | Suicide attempts |
| Frequent conflict | Suicidal thoughts |
| Hair pulling | Suicide threats |
| Hard to make/keep friends | Talking back |
| Headaches | Tantrums |
| Hears or sees things others do not | Too concerned with neatness |
| Hits others | Threats or comments about hurting self |
| Hurts animals | Threats or comments about hurting others |
| Hyperactive | Unhappy, sad or depressed |
| Impulsive | Wetting pants |
| Irritable | Wetting bed |
| Lack of confidence | Withdrawn |
| Mood quickly goes up and down | Worries a lot |
| Nightmares | Yelling |