**Wellspring Christian Counseling, LLC**
**6601 Woodlake Village Parkway, Midlothian, VA 23112**
**(804) 608-8233**

# BEHAVIOR CHECKLIST

**Client Name:** _________________________________ **DOB:** __________

To help identify behaviors and develop a plan for treatment, please check below the behaviors that are currently a problem, when they started and how often they are exhibited (e.g. daily, weekly, etc.).

| Behaviors | Applicable Y/N | Onset | Frequency |
|---|---|---|---|
| Fire Setting | | | |
| Disobedient | | | |
| Cursing | | | |
| Lack of interest | | | |
| Temper Tantrums | | | |
| Mood Swings | | | |
| Anxious/Nervous | | | |
| Irritable | | | |
| Anger Outbursts | | | |
| Depressed | | | |
| Crying | | | |
| Low Self-Esteem/Self-Worth | | | |
| Easily Distracted | | | |
| Excessive Energy | | | |
| Inappropriate Impulsivity | | | |
| Has experienced significant loss | | | |
| Fighting with other children | | | |
| Fighting with brothers/sisters | | | |
| Fighting with parents/authority figures | | | |
| Threatens to hurt/kill self | | | |
| Tries to hurt/kill self | | | |
| Threatens to hurt/kill others | | | |
| Tries to hurt/kill others | | | |
| Destroys Property | | | |

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| Harms Animals | | | |
|---|---|---|---|
| Stealing | | | |
| Lying | | | |
| Seeing things that are not there | | | |
| Hears voices that are not there | | | |
| Feeling things that are not there | | | |
| Paranoia | | | |
| Bizarre/weird thinking | | | |
| Fears (specify): | | | |
| Inappropriate sexual behavior (specify): | | | |
| Has seen abuse and/or violence (specify): | | | |
| Has experienced abuse and/or violence (specify): | | | |
| Disruptive in class | | | |
| Difficulty completing school tasks | | | |
| Poor Grades | | | |
| Difficulty going to sleep | | | |
| Waking up during the night | | | |
| Lack of Need for Sleep | | | |
| Bed Wetting | | | |
| Change in Eating Patterns (weight loss/weight gain) (specify): | | | |
| Eating Disordered Behavior | | | |

*Include findings in Diagnostic Assessment

**Therapist:** ________________________________ **Date:** ______________________