**Stepping Stones Counseling by Alicia Harris**

Symptom Check List

Please check all symptoms that apply to you that have happened in at least the last six months. *Parents please have both you and your child each fill out a symptom check list separately.*

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☐Anxiety ☐Loss of appetite

☐Feeling Nervous/Shaky ☐Increased appetite

☐Worrying often ☐Weight loss

☐Shyness ☐Weight gain

☐Panic attacks ☐Restriction

☐Muscles always tense ☐Binging

☐Faint/Dizziness ☐Purging

☐Pains in chest ☐Chewing and Spitting

☐Stomach discomfort ☐Frequent dieting

☐Problems with Bowels/Bowel movement ☐Over exercising

☐Feeling easily Annoyed/Irritated ☐Use of Laxatives

☐Difficulty leaving home ☐Use of Diet Pills

☐Isolating self ☐ Use of Diuretics

☐Avoid social settings ☐Feeling out of control

☐Frequently washing Hands/Body ☐Menstrual problems

☐Checking things over and over ☐Recent loss

☐Hoarding ☐Relationship stressors

☐Low self-esteem ☐Sexual difficulties

☐Feelings of irritability ☐Sexual identity issues

☐Difficulty concentrating ☐Trouble sleeping

☐Difficulty Showering/Bathing ☐Academic concerns

☐Feeling Hopeless/Worthless ☐Financial concerns

☐Loss of interest in activities ☐Work concerns

☐Thoughts of hurting yourself ☐Alcohol use

☐Self-harm ☐Drug use

☐Thoughts of ending your life ☐Gambling problems

☐Thoughts of hurting others ☐Online/Website issues

☐Feelings of guilt ☐Procrastination

☐Flashbacks

☐Nightmares

☐Paranoid

☐Blaming others for your problems

☐Feeling like people dislike you/unfriendly toward you

☐Feeling like your thoughts are controlled by others

☐Are you pregnant (Y) or (N)

Stepping Stones Counseling by Alicia Harris

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