



SYMPTOM CHECKLIST

Applicant Name: _____

Instructions: Indicate whether any of the following have been recent problems by marking "Yes" or "No." For any items marked "Yes," please provide a brief description in the space provided.

| Symptom | Yes | No |
|---|-----|----|
| Acts impulsively | | |
| Appetite or eating problems | | |
| Depressed, mood swings, or withdrawal | | |
| Destroys property | | |
| Does not take responsibility for problem behavior | | |
| Easily irritated | | |
| Fears (e.g., afraid of the dark, strangers, etc.) | | |
| Fidgety or hyperactive | | |
| Hears or sees things that do not exist | | |
| Lies | | |
| Loses temper | | |
| Medications (currently taking) | | |
| Past probation | | |
| Physically assaults others or staff | | |
| Poor focus or concentration | | |
| Steals | | |
| Treats or attempts to harm oneself | | |

Completed by: _____

Date: _____

California Impact Coalition

www.caimpactcoalition.org

Phone: (925) 300-6039

Email: info@caimpactcoalition.org