

Life Management Associates, LLC

600 Dewey Blvd., Suite B
Butte, MT 59701

Office: 406-782-4778
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LMA

ATTACHMENT SYMPTOM CHECKLIST



LIFE MANAGEMENT ASSOCIATES, LLC

ATTACHMENT SYMPTOM CHECKLIST

Today's Date: ____/____/____

Client Name (First) _____ (MI) _____ (Last) _____

Sex: F ☐ M ☐ Age _____ Date of Birth ____/____/____

Relationship of individual completing this form:

☐ Self, ☐ Spouse, ☐ Parent/Legal Guardian, ☐ Other *specify* _____

Please place a mark in the appropriate column for each symptom as it pertains to the child. Please give a brief description, on the last page, if you feel it would be helpful, of the child's behavior regarding symptoms checked as moderate or severe.

	None	Mild	Moderate	Severe
1. Lack of impulse control	_____	_____	_____	_____
2. Self-destructive behaviors	_____	_____	_____	_____
3. Intense displays of anger (rage)	_____	_____	_____	_____
4. Destruction of property	_____	_____	_____	_____
5. Preoccupation with fire, gore or evil	_____	_____	_____	_____
6. Aggression toward others	_____	_____	_____	_____
7. Inappropriate sexual conduct and attitudes	_____	_____	_____	_____
8. Cruelty to animals	_____	_____	_____	_____
9. Frequently defies rules (oppositional)	_____	_____	_____	_____
10. Cannot tolerate limits and external control	_____	_____	_____	_____
11. Victimizes others (perpetrator, bully)	_____	_____	_____	_____
12. Exploitive (manipulative, controlling)	_____	_____	_____	_____
13. Bossy	_____	_____	_____	_____
14. Consistently irresponsible	_____	_____	_____	_____
15. Inappropriate demanding and clingy	_____	_____	_____	_____
16. Marked mood changes	_____	_____	_____	_____
17. Stealing	_____	_____	_____	_____

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Page 2.

	None	Mild	Moderate	Severe
18. Deceitful (lying, conning)	_____	_____	_____	_____
19. Hoarding	_____	_____	_____	_____
20. Sleep Disturbance	_____	_____	_____	_____
21. Enuresis (wets self)	_____	_____	_____	_____
22. Encopresis (soils self)	_____	_____	_____	_____
23. Hyperactivity	_____	_____	_____	_____
24. Abnormal eating habits	_____	_____	_____	_____
25. Persistent nonsense questions & incessant chatter	_____	_____	_____	_____
26. Lack of cause and effect thinking	_____	_____	_____	_____
27. Lack of remorse and conscience	_____	_____	_____	_____
28. Learning disorders	_____	_____	_____	_____
29. Language disorders	_____	_____	_____	_____
30. Perceives self as a victim (helpless)	_____	_____	_____	_____
31. Grandiose sense of self-importance	_____	_____	_____	_____
32. Perceives others as unsafe, dangerous	_____	_____	_____	_____
33. Not affectionate on parents' terms	_____	_____	_____	_____
34. Frequently depressed, sad	_____	_____	_____	_____
35. Feelings of hopelessness	_____	_____	_____	_____
36. Inappropriate emotional response	_____	_____	_____	_____
37. Superficially engaging and charming	_____	_____	_____	_____
38. Lack of eye contact on parents' terms	_____	_____	_____	_____
39. Indiscriminately affection with strangers	_____	_____	_____	_____
40. Lack of long term friends	_____	_____	_____	_____
41. Unstable peer relationships	_____	_____	_____	_____
42. Blames others for own mistakes or problems	_____	_____	_____	_____

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	None	Mild	Moderate	Severe
43. Victimized by others.	_____	_____	_____	_____
44. Lacks trust of caretaking or control by others	_____	_____	_____	_____
45. Accident prone	_____	_____	_____	_____
46. Child is adopted (check one)	Yes_____		No_____	
47. Child experienced separation from birth mother during first two years	Yes_____		No_____	
48. Child experienced unrelieved pain during first two years	Yes_____		No_____	

Brief description of the child's behavior regarding symptoms checked as moderate or severe.

#____, Brief description:

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