Symptom Checklist

NAME:_____ **DATE**_____ **CHART #:**_____

Current symptoms/issues: (check ones that apply)

- ☐ Depressed mood, feeling sad
- ☐ Decreased energy/lacking motivation
- ☐ Lack of interest/enjoyment
- ☐ Frequent crying
- ☐ Suicidal thoughts, thoughts of death
- ☐ Grief/loss issues
- ☐ Hopelessness/helplessness
- ☐ Worthlessness
- ☐ Guilt/Inferiority feelings
- ☐ Difficulty making decisions
- ☐ Memory problems
- ☐ Withdrawing/isolating self

- ☐ Irritability/anger
- ☐ Elevated mood
- ☐ Increased energy
- ☐ Mood swings
- ☐ Increased self esteem
- ☐ Increased goal direction
- ☐ Temper problems/poor control
- ☐ Racing thoughts

- ☐ Past use of chemicals
- ☐ Current use of chemicals

- ☐ Shyness/sensitive to criticism
- ☐ Anxiousness/excessive worry
- ☐ Panic attacks
- ☐ Obsessive thoughts/behaviors
- ☐ Compulsive thoughts/behaviors
- ☐ Pounding or racing heart
- ☐ Dizziness
- ☐ Sweating
- ☐ Nausea/vomiting
- ☐ Hot/cold flashes
- ☐ Fear of dying
- ☐ Shortness of breath
- ☐ Trembling
- ☐ Choking
- ☐ Numbness/tingling
- ☐ Fear of situation/places
- ☐ Fear of going out of control

- ☐ Difficulty concentrating
- ☐ Impulsiveness
- ☐ Poor decision making
- ☐ Difficulty paying attention
- ☐ Excessive activity
- ☐ Procrastination/difficulty getting started/completing work

- ☐ Disorganized thoughts
- ☐ Difficulty with thinking
- ☐ Delusions
- ☐ Unusual beliefs or thoughts
- ☐ Hearing voices
- ☐ Seeing things
- ☐ Paranoia/suspicious of others
- ☐ Feeling disconnected
- ☐ Flashbacks
- ☐ Nightmares

- ☐ Physical complaints
- ☐ Coexisting medical conditions
- ☐ Increased appetite
- ☐ Decreased appetite
- ☐ Binging, purging, restricting
- ☐ Difficulty with sleep
- ☐ Sleeping excessively

- ☐ Emotional/Verbal abuse
- ☐ Physical
- ☐ Sexual abuse

Symptoms have been present for: ☐ Less than one month ☐ 1-6 months ☐ 7-11 months ☐ One year or more

Are you having any suicidal/homicidal thoughts? ☐ Yes ☐ No Explain:_____

Do you have a plan for suicide/homicide? ☐ Yes ☐ No Explain:_____

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