**Symptom Checklist** *MaryAPRN.com | from the desk of Mary Andersen RN, CNS, MSN*

**NAME: DATE CHART #:**

**Current symptoms/issues: (check ones that apply)**

|  |  |  |
| --- | --- | --- |
| * Depressed mood, feeling sad | * Shyness/sensitive to criticism | * Disorganized thoughts |
| * Decreased energy/lacking motivation | * Anxiousness/excessive worry | * Difficulty with thinking |
| * Lack of interest/enjoyment | * Panic attacks | * Delusions |
| * Frequent crying | * Obsessive thoughts/behaviors | * Unusual beliefs or thoughts |
| * Suicidal thoughts, thoughts of death | * Compulsive thoughts/behaviors | * Hearing voices |
| * Grief/loss issues | * Pounding or racing heart | * Seeing things |
| * Hopelessness/helplessness | * Dizziness | * Paranoia/suspicious of others |
| * Worthlessness | * Sweating | * Feeling disconnected |
| * Guilt/Inferiority feelings | * Nausea/vomiting | * Flashbacks |
| * Difficulty making decisions | * Hot/cold flashes | * Nightmares |
| * Memory problems | * Fear of dying |  |
| * Withdrawing/isolating self | * Shortness of breath | * Physical complaints |
|  | * Trembling | * Coexisting medical conditions |
| * Irritability/anger | * Choking | * Increased appetite |
| * Elevated mood | * Numbness/tingling | * Decreased appetite |
| * Increased energy | * Fear of situation/places | * Binging, purging, restricting |
| * Mood swings | * Fear of going out of control | * Difficulty with sleep |
| * Increased self esteem |  | * Sleeping excessively |
| * Increased goal direction | * Difficulty concentrating |  |
| * Temper problems/poor control | * Impulsiveness | * Emotional/Verbal abuse |
| * Racing thoughts | * Poor decision making | * Physical |
|  | * Difficulty paying attention | * Sexual abuse |
| * Past use of chemicals | * Excessive activity |  |
| * Current use of chemicals | * Procrastination/difficulty getting |  |

started/completing work

**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? Do you have a plan for suicide/homicide?**

* Yes No
* Yes No

Explain: Explain:

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*Apps Symptom Checklist2016*