**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*