ADULT SYMPTOM CHECKLIST **NAME:**_____ **DATE:** _____

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
- ☐ Temper problems/poor control
- ☐ Elevated mood/feeling "great"
- ☐ Increased energy
- ☐ Mood swings—freq highs/lows
- ☐ Increased self esteem
- ☐ Increased feeling of power or importance
- ☐ Focus on goal directed activity
- ☐ Racing thoughts-can't stop thinking
- ☐ Rapid Speech, talks fast or too much
- ☐ Engaging in risky behaviors: spending money, sexual activity

- ☐ Binging—eating excessive Amounts of food
- ☐ Purging--vomiting,
- ☐ Restricting food
- ☐ Using diet pills,/laxatives
- ☐ Exercising excessively
- ☐ Concerns about body image
- ☐ Fear of gaining wt
- ☐ Eating alone
- ☐ Feeling disgusted/guilty after eating

- ☐ Shyness/sensitive to criticism
- ☐ Anxiousness/excessive worry
- ☐ Restlessness, feeling on edge
- ☐ Being easily fatigued
- ☐ Mind going blank
- ☐ Muscle tension

- ☐ Phobia: germs, diseases, etc
- ☐ Unable to leave home
- ☐ Panic attacks
- ☐ Pounding or racing heart
- ☐ Chest pain/tightness
- ☐ Dizziness
- ☐ Sweating
- ☐ Nausea/vomiting
- ☐ Hot/cold flashes
- ☐ Fear of dying
- ☐ Shortness of breath
- ☐ Trembling/shaking
- ☐ Choking
- ☐ Numbness/tingling in hands/feet
- ☐ Fear of situation/places
- ☐ Fear of going out of control

- ☐ Obsessive thoughts/behaviors
- ☐ Compulsive thoughts/behaviors
- ☐ Repetitive behaviors eg: checking, cleaning, counting

- ☐ Difficulty concentrating
- ☐ Difficulty paying attention
- ☐ Difficulty with focus
- ☐ Is easily distracted
- ☐ Difficulty starting things
- ☐ Difficulty completing work
- ☐ Procrastination
- ☐ Disorganized
- ☐ Poor decision making
- ☐ Fidgets/difficulty sitting still
- ☐ Impulsiveness
- ☐ Excessive activity
- ☐ Frequent job changes
- ☐ Has multiple projects going on

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

- ☐ Intrusive memories
- ☐ Flashbacks
- ☐ Nightmares
- ☐ Avoidance of people, places
- ☐ Always "on guard"
- ☐ Easily startled
- ☐ Negative beliefs about self
- ☐ Unable to trust others

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

- ☐ Appetite changes
- ☐ Difficulty with sleep
- ☐ Sleeping excessively
- ☐ Physical complaints
- ☐ Coexisting medical conditions

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

- ☐ Frequent relationship problems
- ☐ Financial problems
- ☐ Legal problems

Symptoms have been present for

- ☐ Less than one month
- ☐ 1-6 months
- ☐ 7-11 months
- ☐ One year or more