

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

**SYMPTOM CHECKLIST**

Please mark all of the symptoms that currently apply to you. If there are symptoms that you have also experienced in the past, please indicate these.

<u>Past</u>	<u>Current</u>	<u>SYMPTOM</u>	<u>Past</u>	<u>Current</u>	<u>SYMPTOM</u>
_____	_____	Marriage problems	_____	_____	Phobia
_____	_____	Relationship problems	_____	_____	Fears of social situations
_____	_____	Difficulties with family	_____	_____	Obsessive thoughts
_____	_____	Step-family problems	_____	_____	Compulsive behaviors
_____	_____	Divorce issues	_____	_____	Behavior to undo things
_____	_____	Difficulties with friends	_____	_____	Physical abuse to others
_____	_____	School problems	_____	_____	Physical abuse by others
_____	_____	Work problems	_____	_____	Verbal abuse to others
_____	_____	Serious physical illness (in yourself)	_____	_____	Verbal abuse by others
_____	_____	Serious physical illness (in someone else)	_____	_____	Sexual abuse to others
_____	_____	Death of family member	_____	_____	Sexual abuse by others
_____	_____	Death of friend	_____	_____	Intrusive memories
_____	_____	Sadness	_____	_____	Recurrent distressing dreams
_____	_____	Depressed mood	_____	_____	Recurrent flashbacks
_____	_____	Loss of interest in activities	_____	_____	Easily startled
_____	_____	Withdrawn/isolating	_____	_____	Difficulties controlling worry
_____	_____	Weight loss	_____	_____	Restlessness
_____	_____	Weight gain	_____	_____	Feeling keyed up or on edge
_____	_____	Increase in appetite	_____	_____	Mind going blank
_____	_____	Decrease in appetite	_____	_____	Episodes of lost time
_____	_____	Sleep difficulties	_____	_____	Episodes of unexplainable actions
_____	_____	Feeling restless or agitated	_____	_____	Excessive fantasy or daydreaming
_____	_____	Fatigue or loss of energy	_____	_____	Difficulty trusting others
_____	_____	Feeling worthless	_____	_____	Avoidance of conflict
_____	_____	Feeling guilty	_____	_____	Shy/uneasy around others
_____	_____	Feeling hopeless	_____	_____	Muscle tension
_____	_____	Feeling ashamed	_____	_____	Headaches
_____	_____	Low self-esteem	_____	_____	Stomach aches
_____	_____	Trouble with concentration	_____	_____	Physical pain (besides head or stomach)
_____	_____	Trouble with memory	_____	_____	Teeth grinding, clenching or TMJ
_____	_____	Attention problems	_____	_____	Motor or vocal tic
_____	_____	Confusion	_____	_____	Hair pulling
_____	_____	Trouble making decisions	_____	_____	Skin picking
_____	_____	Suicide attempt	_____	_____	Nail biting
_____	_____	Suicidal thoughts	_____	_____	Overeating
_____	_____	Suicidal plan	_____	_____	Binge eating
_____	_____	Self-injury (e.g. burning, cutting)	_____	_____	Not eating enough
_____	_____	Crying spells	_____	_____	Starving self to lose weight
_____	_____	Anger	_____	_____	Self-induced vomiting
_____	_____	Irritability	_____	_____	Excessive exercise
_____	_____	Loss of temper/outbursts	_____	_____	Use of diet pills
_____	_____	Mood swings	_____	_____	Abuse of laxatives
_____	_____	Feeling elated	_____	_____	Dissatisfaction with appearance
_____	_____	Inflated self-esteem or grandiosity	_____	_____	Gambling
_____	_____	Decreased need for sleep (e.g. feel rested after only 3 hours of sleep)	_____	_____	Overuse of Computer or Internet
_____	_____	More talkative than usual	_____	_____	Pornography issues
_____	_____	Racing thoughts	_____	_____	Sexual Addiction
_____	_____	Distractible	_____	_____	Alcohol Abuse
_____	_____	Excessive energy	_____	_____	Drug Abuse
_____	_____	Hallucinations	_____	_____	Hold grudges, unforgiving
_____	_____	Overspending	_____	_____	Dishonesty
_____	_____	Worry	_____	_____	Sexual problems
_____	_____	Anxiety	_____	_____	Low sexual interest
_____	_____	Panic attacks	_____	_____	Sexual orientation concerns
_____	_____	Fears of being outside the home alone	_____	_____	Lack close friends
_____	_____	Fears of being in a crowd or standing in line	_____	_____	Unusual thoughts or perceptions
_____	_____		_____	_____	Ran away from home
_____	_____		_____	_____	Skipping school

<u>Past</u>	<u>Current</u>	<u>SYMPTOM</u>
_____	_____	Shoplifting or Stealing
_____	_____	Breaking the law
_____	_____	Impulsive
_____	_____	Physical Fights
_____	_____	Aggressive/Violent behavior
_____	_____	Fears of abandonment
_____	_____	Difficulties with identity
_____	_____	Chronic feelings of emptiness
_____	_____	Need to be center of attention
_____	_____	Require excessive admiration
_____	_____	Believe others are envious of you
_____	_____	Arrogant
_____	_____	Avoid school/work due to fear of criticism
_____	_____	Fear of failure
_____	_____	Unwilling to get involved in things unless certain of being liked
_____	_____	Feel socially inferior
_____	_____	Reluctant to take risks due to embarrassment
_____	_____	Need to be liked by others
_____	_____	Need to please others
_____	_____	Difficulty saying "no"
_____	_____	Feel uncomfortable when alone
_____	_____	Difficulty making decisions
_____	_____	Fear of disapproval
_____	_____	Very occupied with details, lists, order
_____	_____	Perfectionism
_____	_____	Difficulties throwing things away
_____	_____	Hoard things
_____	_____	Rigid
_____	_____	Stubborn
_____	_____	Excessive devotion to work
_____	_____	Feel hyperactive
_____	_____	Often fail to give close attention to details or make careless mistakes in schoolwork, work, or other activities
_____	_____	Often have difficulty sustaining attention in tasks or activities
_____	_____	Often do not seem to listen when spoken to directly
_____	_____	Often do not follow through on instructions & fail to finish schoolwork, chores, or duties in the workplace
_____	_____	Often have difficulty organizing tasks and activities
_____	_____	Often avoid, dislike, or are reluctant to engage in tasks that require sustained mental effort (such as homework)
_____	_____	Often lose things necessary for tasks or activities (e.g., assignments, pencils, books, or tools)
_____	_____	Often easily distracted by extraneous stimuli
_____	_____	Often forgetful in daily activities
_____	_____	Often fidget with hands or feet or squirm in seat
_____	_____	Often leave seat in classroom or in other situations in which remaining seated is expected
_____	_____	Often feel restless
_____	_____	Often have difficulty engaging in leisure activities quietly
_____	_____	Often "on the go" or act as if "driven by a motor"
_____	_____	Often talk excessively
_____	_____	Often blurt out answers before questions have been completed

<u>Past</u>	<u>Current</u>	<u>SYMPTOM</u>
_____	_____	Often have difficulty awaiting turn
_____	_____	Often interrupt or intrude on others (e.g. butt into conversations or games)
_____	_____	Other symptoms not listed:
_____	_____	_____
_____	_____	_____
_____	_____	_____