SYMPTOM CHECKLIST

Date: ____________________

Name: ___________________________________________

____Angry or irritable feelings  ____Sleep difficulties
____Loss of Interest  ____Impulses to hurt self or others
____Hopelessness  ____Nightmares
____Crying spells  ____Feeling that nothing mattered
____Difficulty making decisions  ____Anxiety or nervousness
____Depression  ____Violent behavior
____Suicidal thoughts  ____Memory loss

____Panicky feelings  ____Disorientation
____Fears of particular situations  ____Obsessive preoccupations
____Avoidance of social situations  ____Repeated thoughts
____Weakness  ____Compulsive behaviors
____Fainting spells  ____Easily distracted
____Mood swings  ____Feel that you may lose control

____Paranoid feelings  ____Visual or auditory hallucinations
____Elevated mood or euphoria  ____Confusion
____Too much energy  ____Disorganized thoughts
____Can’t stop talking  ____Self-critical
____Racing thoughts  ____Feel more important than others
____Inability to talk  ____Hear voices when no one is there
____Suspiciousness  ____See things that aren’t there
____Believe your thoughts are controlled  ____Transmit your thoughts to others without speaking
____Believe there are plots against you  ____Hear your thoughts out loud
____Fear others

____Difficulty following rules  ____Difficulty trusting others
____Difficulty feeling warm to others  ____Not getting along with people
____Wanting or letting everyone do things for you  ____Trying to be perfect
____Avoiding responsibilities  ____Being overly sensitive
____Selfishness  ____Use others for personal gain

____Nausea/vomiting  ____Exaggerating physical problems
____Excessive concern over a physical problem  ____Exaggerating emotional problems
____Headaches  ____Recent weight gain; how much____
____Seizures  ____Recent weight loss; how much____
____Shortness of breath  ____Lack of energy
____Medical problems________________        ____Use of alcohol
____Drug use or addiction  ____Bulimia (gorging then vomiting)
____Anorexia (not eating)  ____Physically abusing yourself
____Cheating or stealing
**WHAT RESULTS YOU WOULD LIKE TO HAVE FROM YOUR THERAPY**

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

**COUPLE RELATIONSHIP**

- [ ] Tension
- [ ] Arguments
- [ ] Emotional distance
- [ ] Communications problems

- [ ] Alcohol or other addiction problems
- [ ] Stresses from health problems
- [ ] No couple relationship; which is [ ] is not [ ] a problem.

**EXTENDED FAMILY**

- [ ] Recent losses
- [ ] On-going difficult interactions with

**WORK OR SCHOOL RELATED**

- [ ] Upsetting interactions
- [ ] Financial insecurity

**COMMUNITY RELATED**

- [ ] Insufficient friendships
- [ ] Over-extended; friends/work
- [ ] No support system

- [ ] Tension in friendships
- [ ] Tension with others

**CHILDREN**

Names           Ages

_________________________ [ ] Tension
_________________________ [ ] Angry exchanges
_________________________ [ ] Problems in relationships with siblings
_________________________ [ ] Children exhibiting behavioral problems
_________________________ [ ] Health Problems
_________________________ [ ] No children, which is [ ], is not [ ] a problem