

Symptom Checklist

Name _____

Date _____

Please check the following that apply to the way you are feeling:

Change in appetite	Feel bored	Feel incompetent
Change in sleep patterns	Feel lonely	Shy
Decreased need for sleep	Sexual problems	Can't make decisions
Difficulty sleeping	Suicidal ideas	Frequent crying
Feel depressed	Suicide attempt	Unable to have fun
Feel anxious	Feel stupid	Difficulty concentrating
Unable to relax	Dislike weekends/vacations	Dislike being touched
Difficulty making friends	Overeat	See things (hallucinate)
Difficulty in keeping a job	Feel unattractive	Temper outbursts
Feel tense	Work too hard	Inferiority feelings
Feel confused	Low energy	Easily distracted
Feel guilty	Hear voices	Racing thoughts
Procrastinate (put things off)	Often use aspirin or painkillers	Difficulty organizing/completing tasks
Financial problems	Cutting myself	Forgetful
Drink a lot much	Unhappy childhood	Phobias
Worry a lot	Sad	Grief
No appetite	Feel unpredictably euphoric (happy) to depressed (low), without any particular reason	Fearful
Panic attacks	Overwhelmed	Impulsive
Hyperactive	Hopeless	Body aches frequently
Angry or "hot temper"	Childhood abuse	Other traumatic events (war veteran, sexual assault, car accident, etc.)
Stress Level: (Circle) High Moderate Low	Other:	