

SYMPTOM CHECKLIST

NAME: _____

DATE: _____

Please check as many of the following items that apply to you. Do you have trouble with:

SLEEP PROBLEMS

- Difficulty falling asleep
- Early morning waking
- Waking during the night
- Feel tired when waking
- Increase in dreams
- Unpleasant dreams
- Excessive sleep

CHANGES IN:

- Weight _____ lbs lost/gained
- Health
- Sexual interest
- Sexual performance
- Appetite
- Energy level

FEELINGS OF:

- Anxiety
- Tiredness
- Boredom
- Lack of Interest
- Sadness
- Depression
- Despair
- Worthlessness
- Helplessness
- Emptiness
- Rage
- Tension
- Loneliness
- Guilt
- Hopelessness

THOUGHTS OF:

- Harming yourself
- Harming others

DO YOU HAVE ALLERGIES:

- No
- Yes _____

RECENT HISTORY OF

- Nausea/vomiting
- Diarrhea
- Fever/Chills
- Sweating
- Chest pain
- Dizziness
- Headaches
- Trembling
- Lower back pain
- Dry mouth
- Shortness of breath
- Palpitations
- Rapid breathing
- Head injury
- Loss of consciousness
- Loss of memory
- Confusion
- Seizure
- Bleeding
- Swollen joints
- Numbness, tingling
- Paralysis
- Flashbacks
- Blackouts

DIFFICULTY WITH:

- Short attention span
- Carelessness of sloppy work
- Listening when spoken to
- Following through on instructions
- Organizing tasks or activities
- Avoiding homework or paperwork
- Losing things at home or school
- Forgetfulness in daily activities
- Fidgeting or squirming in seat
- Sitting still
- Restlessness or hyperactivity
- Playing quietly
- Talking excessively
- Speaking out of turn
- Waiting for others
- Interrupting or intruding on others

CONFLICT WITH:

- Spouse
- Family member
- Other loved one

PROBLEMS WITH:

- Arguing a lot
- Lying
- Stealing
- Losing temper
- Avoiding people
- Spending/finances
- Sexual behavior
- Gambling
- Eating
- Fighting
- Increased drinking
- Substance abuse
- Destroying things

FEAR OF:

- Loss of control
- Death
- Being alone
- Places/situations
- Objects or animals
- Cancer
- AIDS
- Being possessed
- Being insane

EXPERIENCE OF:

- Vivid dreams
- Nightmares
- Hearing voices
- Seeing visions
- Being out of body

Thank you for taking the time to complete this form!