

Symptoms Checklist

Client's signature: _____

Date: _____ Print name: _____

Part 1

Directions: In the past month, how often has each symptom occurred or been a problem for you. Circle the answer that is most accurate for you using the key below. Underline any part of a symptom that is most true for you.

	1 Never or hardly ever	2 Once or twice a month	3 Once or twice a week	4 Three or more times a week	5 Nearly every day	6 Nearly every day and most of the day
1. Feeling depressed, empty, sad, or blue	1	2	3	4	5	6
2. Loss of interest or pleasure in doing most activities or hobbies..	1	2	3	4	5	6
3. Eating too little or too much.....	1	2	3	4	5	6
4. Trouble falling asleep or staying asleep, or sleeping too much...	1	2	3	4	5	6
5. Feeling agitated or restless, like you cannot sit still or need to pace the floor	1	2	3	4	5	6
6. Physically you slow down; talk little, or speak in a low tone.....	1	2	3	4	5	6
7. Feel fatigued, tired or a loss of energy	1	2	3	4	5	6
8. Feeling worthless, or guilt, or shame	1	2	3	4	5	6
9. Difficulty concentrating, or making decisions	1	2	3	4	5	6
10. Having thoughts about wanting to die or committing suicide	1	2	3	4	5	6
11. Feeling hopeless or helpless.....	1	2	3	4	5	6
12. Worrying that involves having "What if?" thoughts.....	1	2	3	4	5	6
13. Worrying even when there are no signs of trouble or problems .	1	2	3	4	5	6
14. Spending a lot of time thinking about unpleasant worries	1	2	3	4	5	6
15. Feeling overly tense, unable to relax	1	2	3	4	5	6
16. Physical tension in the form of jitteriness, jumpiness, foot or hand tapping, twitching, fidgeting, restlessness, easily startled. .	1	2	3	4	5	6
17. Having a panic attack or feeling loss of control.	1	2	3	4	5	6
18. Sudden fits of trembling or your heart starts rapidly pounding...	1	2	3	4	5	6
19. Sensations of shortness of breath or smothering	1	2	3	4	5	6
20. Feeling dizzy, unsteady, lightheaded, or faint	1	2	3	4	5	6
21. At times, things seem unreal or you feel detached from your surroundings	1	2	3	4	5	6

Part 2

Directions: This part uses a different answer key than part one. Please note the difference. How much is each symptom a problem for you? Please circle the answer that is most accurate for you. Underline any part of a symptom that is most true for you.

	1	2	3	4	5
	Not at all	A little bit	Moderately	Quite a bit	Very much
22. Specific fear of an object or situation—e.g. snakes, dogs, traveling in airplanes, heights, etc.	1	2	3	4	5
23. Avoiding people or social situations due to a fear of having to be noticed, speak, or perform	1	2	3	4	5
24. Being timid or shy	1	2	3	4	5
25. Difficulty saying “No.” or setting boundaries with others.	1	2	3	4	5
26. Having compulsive habits such as hand washing, keeping things in a certain order, counting, making things even.....	1	2	3	4	5
27. Having experienced a traumatizing situation that involves violence, a threat, or witnessing something horrific	1	2	3	4	5
28. Something has happened or changed in my life that is difficult or stressful.....	1	2	3	4	5
29. Trying to forget or cope with an unpleasant experience	1	2	3	4	5
30. Having suffered emotional, physical or sexual abuse	1	2	3	4	5
31. Having a fear of abandonment or rejection	1	2	3	4	5
32. Lacking confidence, being hard on myself	1	2	3	4	5
33. Feeling like a failure	1	2	3	4	5
34. Having problems with anger or temper	1	2	3	4	5
35. Others have commented that I have an anger problem	1	2	3	4	5
36. Sensitive about being criticized.....	1	2	3	4	5
37. Having a fear of failure.....	1	2	3	4	5
38. Experiencing problems in school or work	1	2	3	4	5
39. Having indecision or concern about choice of career	1	2	3	4	5
40. Feeling rejected by a special person or partner	1	2	3	4	5
41. Problems with romantic or sexual relationships	1	2	3	4	5
42. Having marital problems	1	2	3	4	5
43. Having family problems	1	2	3	4	5
44. Having problems parenting a difficult child	1	2	3	4	5
45. Feeling lonely or isolated	1	2	3	4	5
46. Having concerns about physical health problems	1	2	3	4	5
47. Having problems with alcohol or other drugs.....	1	2	3	4	5
48. Having words and or thoughts running through my head.....	1	2	3	4	5

- 49. Trying to discover my purpose in life 1 2 3 4 5
- 50. Having financial concerns 1 2 3 4 5
- 51. Being influenced too easily by others 1 2 3 4 5
- 52. Feeling controlled by another person or people. 1 2 3 4 5
- 53. Trying to recover from a close person’s death..... 1 2 3 4 5
- 54. Trying to sort out religious or spiritual beliefs..... 1 2 3 4 5
- 55. Feeling unattractive 1 2 3 4 5
- 56. Feeling too different 1 2 3 4 5
- 57. Concerned that a part of my body is distorted or ugly..... 1 2 3 4 5
- 58. Obsessing about weight loss, starving myself, or making myself vomit in order *not* to gain weight. 1 2 3 4 5
- 59. Cutting myself or causing some other type of self-injury to ease emotional pain. 1 2 3 4 5
- 60. Having issues concerning sex or sexuality..... 1 2 3 4 5

Part 3

61. Have you ever experienced periods of time (even once) when your mood changed dramatically, and you became high-spirited, enthusiastic, very energetic, or irritable yes no
62. *Answer this question only if you answered “yes” to question number 61.*
 During those periods of time do you experience any of the following? Check all that you experience:
- My self-esteem skyrockets, I feel extremely good about myself
 - My need for sleep decreases, I feel rested even with little sleep
 - I am very friendly and sociable—even with people I don’t know
 - I talk nonstop—I feel a pressure to talk and talk
 - I have racing thoughts and my attention keeps jumping from one idea to another
 - I am easily distracted by unimportant things, like background noise or what somebody is wearing.
 - I become involved setting goals with a lot of activities and doing a lot of planning, more than usually.
 - I do impulsive things, like going on a shopping spree, having casual sex, or spending money for business investments.

Other problems that are not listed: _____
