

# 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 Not at all	2 A little bit	3 Moderately	4 Quite a bit	5 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. Having compulsive habits such as hand washing, counting, keeping things in a certain order.....	1	2	3	4 5
25. Something has happened or changed in my life that is difficult or stressful.....	1	2	3	4 5
26. I have one or more problems that are difficult, painful, or I want changed .....	1	2	3	4 5
27. Lacking confidence, being hard on myself .....	1	2	3	4 5
28. Feeling like a failure .....	1	2	3	4 5
29. Having problems with anger or temper.....	1	2	3	4 5
30. Feeling afraid.....	1	2	3	4 5
31. Having difficulty with academics/work .....	1	2	3	4 5
32. Having indecision or concern about choice of career .....	1	2	3	4 5
33. Feeling like I'm not doing as well in school or work as I should.....	1	2	3	4 5
34. Feeling rejected by a special person or partner .....	1	2	3	4 5
35. Problems with romantic or sexual relationships .....	1	2	3	4 5
36. Having marital problems .....	1	2	3	4 5
37. Having family problems or not getting along with certain family members .....	1	2	3	4 5
38. Difficulty getting along with others .....	1	2	3	4 5
39. Feeling lonely or isolated .....	1	2	3	4 5
40. Having concerns about physical health problems .....	1	2	3	4 5
41. Having problems with alcohol .....	1	2	3	4 5
42. Having problems with drugs other than alcohol .....	1	2	3	4 5
43. Having words, thoughts running through my head.....	1	2	3	4 5
44. Trying to discover my purpose in life .....	1	2	3	4 5
45. Having financial concerns .....	1	2	3	4 5
46. Having job related concerns .....	1	2	3	4 5
47. Being timid or shy .....	1	2	3	4 5

- 48. Being influenced too easily by others ..... 1 2 3 4 5
- 49. Being away from home ..... 1 2 3 4 5
- 50. Trying to recover from a close person’s death..... 1 2 3 4 5
- 51. Trying to sort out religious or spiritual beliefs..... 1 2 3 4 5
- 52. Feeling physically unattractive..... 1 2 3 4 5
- 53. Trying to forget or cope with an unpleasant experience ..... 1 2 3 4 5
- 54. Feeling too different ..... 1 2 3 4 5
- 55. Wishing I were the other sex ..... 1 2 3 4 5
- 56. Suffering from racial, religious, or any prejudice ..... 1 2 3 4 5
- 57. Needing legal advice ..... 1 2 3 4 5
- 58. Having issues concerning sex or sexuality..... 1 2 3 4 5

### Part 3

59. Have you ever experienced periods of time (even once) when your mood changed dramatically and you became high-spirited, enthusiastic, energetic, or very irritable .....  yes  no
60. *Answer this question only if you answered “yes” to question number 59.*  
 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 in 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: \_\_\_\_\_

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\_\_\_\_\_