

Name: _____ DOB: _____ Today's Date: _____

Symptom Checklist: *Please mark the items that that you have struggled with.*

Mood & Anxiety

- Depressed mood
- Anger
- Irritability
- Changes in appetite or weight
- Sleep problems
- Loss of interest
- Low motivation
- Crying
- Suicidal thoughts/ thoughts of death
- Energy loss / fatigue
- Difficulty concentrating
- Difficulty making decisions
- Feelings of worthlessness
- Feelings of guilt
- Anxiety
- Panic attacks
- Phobias
- Worrying
- Intrusive thoughts / mental images
- Feeling jittery, restless, keyed-up, on edge
- Muscle tension
- Heart racing or pounding
- Racing thoughts
- Shortness of breath / hyperventilating
- Shakiness
- Nausea / gastrointestinal distress
- Hyper-alert or on-guard
- Jumpy /easily startled
- Decreased need for sleep
- Excessive energy
- Increased risky behavior
- Feeling euphoric
- Mood swings

Behaviors

- Aggression
- Anger outbursts
 - Stealing
 - Lying
 - Repetitive behaviors/ compulsions

- Hoarding things
- Alcohol/drug use concerns
- Gambling problems
- Sexual behavior or pornography use concerns
- Internet/video game/social media use concerns
- Hair pulling
- Skin picking
- Impulsivity
- Inability to sit still
- Difficulty leaving home
- Running away
- School refusal / truancy
- Missing work

Learning/Cognitive

- Concentration problems
- Distractibility
- Poor attention
- Forgetfulness
- Memory problems
- Intellectual Disability
- Learning Disorder(s)
- Traumatic Brain Injury
- Hallucinations
- Paranoia
- Frequently in a daze
- Things around you seeming unreal

Health / Body

- Low appetite/eating too little
- Weight loss
- High appetite/eating too much
- Weight gain
- Body image concerns
- Restricting food intake
- Food purging (vomiting or laxative misuse)
- Excessive exercise
- Emotional eating
- Uncontrolled/binge eating
- Chronic health issues
- Chronic pain
- Unexplained physical health symptoms or pain

- Seizures
- Blackouts
- Sexual concerns
- Difficulty falling asleep
- Sleeping too little / insomnia
- Sleeping too much
- Restless sleep / trouble staying asleep
- Nightmares

Abuse/Trauma

- Past traumatic experience(s)
- Trauma witness
- Abuse survivor
- Abuse perpetrator

Safety Concerns

- Thoughts/Urges/Actions of hurting yourself
- Thoughts/Urges/Actions of hurting others

Relationships / Social

- Family problems
- Friend / peer problems
- Romantic relationship problems
- Parenting problems
- Shyness
- Social anxiety
- Social withdrawal / isolation
- Social skill concerns

Other

- Academic problems
- Work problems
- Legal problems
- Financial problems
- Grief/loss
- Gender identity concerns
- Sexual orientation concerns
- _____
- _____
- _____
- _____
- _____
- _____