

Symptom Checklist

By answering the following, you will help me better understand your current experiences. Please check each of the following problems which concern you, describing your experience of it briefly if you checked it. We'll talk about each in more detail when we meet.

_____ Nervous, anxious, worried, tense:

_____ Sad, blue, tearful:

_____ Sleep difficulties:

_____ Irritable, annoyed easily, temper outbursts:

_____ Eating issues:

_____ Sexual issues:

_____ Alcohol, drug use:

_____ Addictive behaviors, such as work, internet, spending, exercise:

_____ Low energy, lack of motivation or pleasure:

_____ Fearful or avoiding things or places:

_____ Nightmares, unpleasant thoughts or images:

_____ Heart racing or feeling of panic:

_____ Thoughts of ending your life:

_____ Thoughts of harm to yourself or someone else:

_____ Easily distracted, trouble concentrating:

_____ Uncomfortable in crowds or leaving home:

_____ Feeling worthless, hopeless, shameful, guilty:

_____ Cycles of alternating between feeling high and low:

_____ Other:

Are there any of these someone who knows you expressed a concern about for you, although you are not sure you agree? Please describe below.