

NAME: _____

SYMPTOM CHECKLIST

(PLEASE X THOSE THAT APPLY)



- Sadness/Depressed mood
- Appetite change
- Loss of energy
- Difficulty concentrating
- Loss of interest/pleasure in activities
- Guilt
- Worthlessness
- Hopelessness
- Work Issues
- Trouble falling asleep
- Waking during the night
- Early morning awakening (too early)
- Declining school grades or work performance
- Elevated mood
- Suicidal thoughts
- Passive thoughts
- Do you possess a gun: Yes / No / Choose not to answer
- Suicidal Intent
- Suicidal plan

- Anxiety
- Excessive worry
- Excessive Energy
- Hypersexuality
- Panic attacks
- Fears/Phobias
- Obsessions
- Compulsions
- Worry
- Rituals/things needed to be "just so"
- Flashbacks

- Thoughts of hurting others
- Decreased need for sleep
- Speeded up thoughts
- Grandiosity
- Excessive speech/Pressured speech
- Flight of Ideas
- Excessive activity
- Irritability

NAME: _____

(PLEASE X THOSE THAT APPLY)



- ___ Feeling others are against you
- ___ Belief that thoughts are being controlled
- ___ Hallucinations
- ___ False Beliefs

- ___ Overactivity
- ___ Short attention span
- ___ Distractibility
- ___ Impulsivity
- ___ Lying
- ___ Stealing
- ___ Oppositional or defiant
- ___ Temper problems

- ___ Legal problems
- ___ Aggression/Violence
- ___ Misuse of prescription drugs
- ___ Skipping school

- ___ Fear of becoming fat
- ___ Binge eating
- ___ Vomiting or using laxatives to lose weight

- ___ Problems with family relationships
- ___ Problems with money
- ___ Low Sex Drive
- ___ Memory problems