

SYMPTOM CHECKLIST Name:

Date:

	NEVER	SELDOM	SOMETIMES	VERY OFTEN	Note with a * the 3 most bothersome symptoms
Depressed mood					
Unwanted thoughts					
Difficulty sleeping					
Eating difficulty					
Reduced / excessive sex drive					
Difficulty with memory					
Poor concentration					
Low energy					
Physical pain					
Feeling detached from others					
Low self-esteem					
Wanting to harm yourself					
Mood swings					
Tremors					
Intense fears(heights, planes...)					
Suspiciousness					
Anxiety					
Feeling panicky					
Frequent nightmares					
Excessive picking/ scratching					
Fear of social situations					
Flashbacks					
Fear of leaving home					

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Date:

	NEVER	SELDOM	SOMETIMES	VERY OFTEN	Note with a * the 3 most bothersome symptoms
Feeling uneasy in public					
Fear of being sick					
Fear of dying					
No memory for blocks of time					
Hearing things not there					
Seeing things not there					
Disorientation					
Doing things over and over					
Addictive behavior					
Excessive alcohol / drug use					
Impulsivity					
Uncontrollable temper					
Aggressive impulses					
Excessive risk taking					
Self-injurious behavior					
Unusually high energy					
Problems with partner					
Fear of being overweight					
Vomiting / Purging					
Restricting food					
Counting calories					
Pre-menstrual symptoms					