

SHORT-TERM THERAPY...LONG-TERM RESULTS

CHECKLIST OF CONCERNS: ADULTS

Please mark all of the items below that apply.

Name: _____

For a child, mark any of these and then complete the "Child Checklist of Concerns" on the back.

DEPRESSIVE SYMPTOMS

- Down or irritable mood
Sleep problems
Appetite problems
Tiredness
Lack of motivation
Lack of enjoyment
Feelings of worthlessness
Feelings of hopelessness
Thoughts of suicide
Past suicide attempt

ANXIETY SYMPTOMS

- Worry/anxiety or muscle tension
Feeling keyed up/on edge
Feeling of panic
Bodily symptoms of fear: dizziness, lightheadedness, pounding heart, sweating, trembling, shortness of breath, chest pain, or fear of dying
Fear of going out because of panic
Reliving of a traumatic event
Distressing memories or nightmares
Feeling numb, unreal, or detached
Easily startled; always on-guard
Avoid situations reminding you of a traumatic event

OBSESSIVE-COMPULSIVE

- Repetitive unwanted thoughts that you try to suppress with another thought or action
Repetitive behavior such as: hand washing, checking things; mental acts such as: praying, counting, or silently repeating word to suppress unwanted thoughts or dreaded fears

ELEVATED MOOD

- Mood very "up" or irritable, mood swings
Lots of energy
Little need for sleep
Very active
Very talkative
Poor judgment
Spending sprees
Grandiose thoughts/plans
Increased sex drive

IMPULSE CONTROL PROBLEMS

- Explosive temper
Compulsive pornography
Compulsive gambling
Compulsive hair pulling
Compulsive spending
Compulsive stealing

OTHER SYMPTOMS

- Thoughts of hurting someone else?
Thoughts of hurting yourself?
Are you a victim of spousal abuse?
Is your child abused in any way?
Prefer not to socialize
Detect hidden meanings in what people say or do
Feeling persecuted
People can read or control your thoughts
Hallucinations; hear voices or see things that aren't there
Intentional vomiting
Binge eating/purging
Constantly dieting despite others saying you are thin

PHYSICAL SYMPTOMS

- Headaches
Dizziness
Abdominal pain
Other pain problems
Sexual problems
Other, specify:

TOBACCO, ALCOHOL & DRUGS

- Do you use smokeless tobacco (dip & chew)?
Do you smoke?
Do you drink alcohol?
Do you think you have a problem with alcohol?
Does anyone else think you have a problem with alcohol?
Have you ever had shakes or blackouts?
Have you ever had DWI charges against you?
Have you ever used illegal drugs?

If yes, list them:

When last used:

- Have you abused prescription drugs?