ADULT SYMPTOM CHECKLIST

Check all symptoms you have experienced in the past 2 to 3 weeks.
This will help your therapist more fully understand your concerns
And help you work on them.

Name: _____ Date: _____

- ☐ Crying spells
- ☐ Depressed moods
- ☐ Poor appetite or over eating
- ☐ Sleep disturbance
- ☐ Low energy or fatigue
- ☐ Poor concentration
- ☐ Feeling hopeless/helpless
- ☐ Loss of interest in activities
- ☐ Feelings of worthlessness
- ☐ Excessive guilt
- ☐ Suicidal feelings, threats, attempts
- ☐ Mood swings
- ☐ Irritability
- ☐ Isolated/withdrawn
- ☐ Racing thoughts
- ☐ Spending sprees
- ☐ Excessive sexual activity
- ☐ Anxious
- ☐ Panic attacks
- ☐ Overly fearful
- ☐ Feeling keyed up
- ☐ Self harm
- ☐ Fear of losing your mind
- ☐ Physical symptoms
- ☐ Sexual problems
- ☐ Relationship problems
- ☐ Distressing memories
- ☐ Alcohol/chemical use
- ☐ Nightmares (bad dreams)
- ☐ Memory loss
- ☐ Trapped feelings
- ☐ Hearing or seeing things
- ☐ Homicidal thoughts
- ☐ Gambling
- ☐ Obsessive thoughts
- ☐ Compulsive behaviors (hand washing checking, etc.)
- ☐ Feeling empty inside
- ☐ Fear of abandonment
- ☐ Inability to express anger
- ☐ Impulsive
- ☐ Ruminating
- ☐ Neglecting self to get approval from others
- ☐ Inability to control anger
- ☐ Restricting food intake
- ☐ Binge eating
- ☐ Excessive exercising
- ☐ Preoccupied with weight
- ☐ Purging or vomiting

Other: _____