

CURRENT SYMPTOM CHECK LIST

Please check any of the following symptoms which you have recently experienced. Put a (P) in front of any symptoms which you have experienced in the past, but are no longer problems for you.

A.

- trouble falling asleep
- sleep that is restless or disturbed
- waking up early and being unable to go back to sleep
- sleeping too much
- feeling guilty
- depressive feelings that are regularly worse in morning
- thoughts of ending your life
- fatigue or loss of energy
- poor concentration and memory
- decreased sex drive
- significant feelings of restlessness
- loss of pleasure in usual activities
- appetite loss
- feeling worthless
- weight loss
- weight gain
- feelings of sadness or depression
- withdrawing from others
- crying easily
- dramatic changes in mood
- decreased need for sleep
- excessive energy

B.

- heart pounding or racing
- feeling fearful
- nausea or upset stomach
- spells of terror or panic
- pains in heart or chest
- nervousness or shakiness inside
- recurrent nightmares
- repeated unpleasant thoughts

- drinking too much
- panic attacks
- afraid of losing control
- having to repeat the same actions such as touching, counting, washing
- feeling uneasy in crowds such as shopping or at a movie
- having to avoid certain things, places, or activities because they frighten you
- feeling anxious when driving
- feeling very stressed, anxious or depressed because of a life situation

C.

- being argumentative with others
- feeling critical of others
- feeling people dislike you
- feeling shy or uneasy
- hearing voices others do not hear
- wanting to be alone often
- feeling bored with others
- difficulty communicating what you really think or feel
- feeling inadequate, less than others
- others do not understand you
- feeling lonely even when you are with others
- others not meeting your needs
- temper outbursts you could not control
- other relational problems

Name _____ Date _____

