Symptoms Assessment

Client Name: _____Date: _____

Please check any symptoms below that you are experiencing currently, and/or in the past.

Now	Past	
☐	☐	Learning Problems
☐	☐	Motor Skill Problems
☐	☐	Communication Deficits
☐	☐	Stuttering/Speech Impairment
☐	☐	Repeats Words of Others
☐	☐	Repetitive Behaviors
☐	☐	Poor Peer Relationships
☐	☐	Inattention
☐	☐	Hyperactivity
☐	☐	Impulsivity
☐	☐	Aggressive Behavior
☐	☐	Animal Cruelty
☐	☐	Property Destruction
☐	☐	Chronic Lying
☐	☐	Stealing
☐	☐	Conduct Problems
☐	☐	Easily Loses Temper
☐	☐	Oppositional Behavior
☐	☐	Eating Non-Food Items
☐	☐	Tics/Twitches
☐	☐	Encopresis (soiling self)
☐	☐	Enuresis (wetting self)
☐	☐	Immaturity
☐	☐	Inappropriate Sexual Behaviors
☐	☐	Not Trustworthy
☐	☐	Clinginess
☐	☐	Lack of Attachment
☐	☐	Self-Injurious Threats

Now	Past	
☐	☐	Distrustful
☐	☐	Memory Impairment
☐	☐	Disorientation
☐	☐	Cognitive Impairment (thinking)
☐	☐	Drug/Substance Abuse
☐	☐	Alcohol Overuse/Abuse
☐	☐	Delusions
☐	☐	Hearing voices
☐	☐	Seeing things others cannot see
☐	☐	Suspicion/Paranoia
☐	☐	Poor Hygiene/Grooming
☐	☐	Depressed Mood
☐	☐	Diminished Interest in Activities
☐	☐	Loss of pleasure
☐	☐	Lack of motivation
☐	☐	Significant Weight Gain/Loss
☐	☐	Insomnia (trouble sleeping)
☐	☐	Hypersomnia (excessive sleepiness)
☐	☐	Fatigue/Low Energy
☐	☐	Appetite Disturbance
☐	☐	Agitation
☐	☐	Crying spells
☐	☐	Feelings of Worthlessness
☐	☐	Inappropriate Guilt
☐	☐	Poor Concentration
☐	☐	Thoughts of death/self-harm
☐	☐	Thoughts of hurting others
☐	☐	Self-harm behavior

Now	Past	
☐	☐	Irritability
☐	☐	Low Self-Worth
☐	☐	Unresolved Grief
☐	☐	Hopelessness
☐	☐	Mood Swings
☐	☐	Elevated Mood
☐	☐	Decreased Need for Sleep
☐	☐	Pressured Speech
☐	☐	Racing Thoughts
☐	☐	Excessive energy
☐	☐	Distractibility
☐	☐	Excessive Goal-Directed Behaviors
☐	☐	Panic Attacks
☐	☐	Excessive Anxiety/Worry
☐	☐	Muscle Tension
☐	☐	Restless or feeling on edge
☐	☐	Avoidance of Situations
☐	☐	Phobia(s)
☐	☐	Obsessive Thoughts
☐	☐	Compulsive Behaviors
☐	☐	Perfectionism
☐	☐	Exposure to a Trauma
☐	☐	Intrusive Memories
☐	☐	Nightmares
☐	☐	Flashbacks
☐	☐	Hyper-vigilance (excessive watchfulness)
☐	☐	Loss of Time
☐	☐	Detachment from Others
☐	☐	Anger Outbursts
☐	☐	Exaggerated Startle Response
☐	☐	Chronic Pain
☐	☐	Physical Disability
☐	☐	Several Physical Complaints
☐	☐	Preoccupation with Appearance

Now	Past	
☐	☐	Memory Problems
☐	☐	Impaired Sensory/Motor Function
☐	☐	Dissociation
☐	☐	Sexual Dysfunction
☐	☐	Sexual Arousal Concerns/Addiction
☐	☐	Gender Confusion/Concerns
☐	☐	Laxative/Diuretic Abuse
☐	☐	Excessive Dieting
☐	☐	Excessive Exercise
☐	☐	Binging/Purging
☐	☐	Sleepwalking
☐	☐	Sleep Terrors
☐	☐	Fear of abandonment
☐	☐	Unstable relationships
☐	☐	Impulsive spending of money
☐	☐	Feelings of emptiness
☐	☐	Difficulty controlling anger
☐	☐	Sexual Promiscuity
☐	☐	Emotionality
☐	☐	Attention-Seeking Behaviors
☐	☐	Excessive Dependency on Others
☐	☐	Fire-Setting/Fascination with Fire
☐	☐	Gambling problems
☐	☐	Problems with pornography
☐	☐	Computer addiction
☐	☐	Pulling out Hair
☐	☐	Suspicious of Others
☐	☐	Social Discomfort/Isolation
☐	☐	Witness to Domestic Violence
☐	☐	Sexual Abuse Victim
☐	☐	Physical/Emotional Abuse Victim
☐	☐	Sexual Abuse Perpetrator
☐	☐	Physical/Emotional Abuse Perpetrator