

# Symptom Checklist

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please read the description of each concern and circle the number that best describes how much it has bothered you during the last two days, including today.

**0 = not at all    1 = a little    2 = moderate    3 = quite a bit    4 = extremely**

***In the last two days, how much were you bothered by:***

Feeling restless, agitated	0	1	2	3	4	Feeling empty	0	1	2	3	4
Dramatic mood swings	0	1	2	3	4	Intense emotional reactions	0	1	2	3	4
Reckless, impulsive behaviors	0	1	2	3	4	Urges to injure yourself	0	1	2	3	4
Really high energy, no need for sleep	0	1	2	3	4	Nightmares	0	1	2	3	4
Irrational fears or thoughts	0	1	2	3	4	Always "on alert" or "on guard"	0	1	2	3	4
Thoughts that frighten you	0	1	2	3	4	Easily startled	0	1	2	3	4
Seeing things others do not see	0	1	2	3	4	"Flashbacks" of past trauma	0	1	2	3	4
Feeling you could hurt someone	0	1	2	3	4	Sense of "unreality"	0	1	2	3	4
Hearing voices others do not hear	0	1	2	3	4	Trouble with painful memories	0	1	2	3	4
Feeling someone is watching you	0	1	2	3	4	Never feeling close or connected	0	1	2	3	4
Feel that people plot against you	0	1	2	3	4	Vomiting	0	1	2	3	4
Others can read your thoughts	0	1	2	3	4	Feel ashamed of my body	0	1	2	3	4
Feeling anxious and worried	0	1	2	3	4	Binge eating	0	1	2	3	4
Afraid to leave home	0	1	2	3	4	Feeling others are unsympathetic	0	1	2	3	4
Spells of terror or panic	0	1	2	3	4	Fear of being abandoned by others	0	1	2	3	4
Heart pounding or racing	0	1	2	3	4	Pattern of relationship problems	0	1	2	3	4
Checking, rechecking things	0	1	2	3	4	Gambling	0	1	2	3	4
Feeling the need to count things	0	1	2	3	4	Feeling easily irritated and annoyed	0	1	2	3	4