Symptoms

DEPRESSION & ANXIETY

Occ'l	Wkly	Daily	
□	□	□	Increased crying
□	□	□	Sad mood
□	□	□	Lack of motivation
□	□	□	Poor concentration
□	□	□	Sleep patterns (□ more sleep / □ less sleep)
□	□	□	Appetite (□ increase / □ decrease)
□	□	□	Body weight (□ increase / □ decrease). If decreased, how many pounds in the last 30 days: _____.
□	□	□	Lack of interest in important things
□	□	□	Decreased self-esteem
□	□	□	Sadness
□	□	□	Hopeless/Helpless feeling
□	□	□	Suicidal thoughts
□	□	□	Homicidal thoughts
□	□	□	Nightmares
□	□	□	Other: _____

OTHER SYMPTOMS

Occ'l	Wkly	Daily	
□	□	□	Inattention
□	□	□	Hyperactivity
□	□	□	Delusions/Paranoia
□	□	□	Hallucinations (i.e., hearing voices/music that no one else hears)
□	□	□	Energy level (□ increase / □ decrease)
□	□	□	Chest discomfort
□	□	□	Abdominal (stomach) distress
□	□	□	Feeling dizzy
□	□	□	Fear of going crazy
□	□	□	Elevated startle response
□	□	□	Chills or hot flashes (circle to indicate)
□	□	□	Outburst of anger
□	□	□	Anxiety in general
□	□	□	Restless
□	□	□	Posttraumatic stress experiences
□	□	□	Avoidance of stimuli associated with a trauma
□	□	□	Hypervigilance (i.e., excessive attention and focus on internal/external stimuli)
□	□	□	Obsessions/compulsions (i.e., constant checking, washing, or counting type behaviors; unrelenting worries)
□	□	□	Agoraphobia (i.e., anxiety of places or inescapable situations)
□	□	□	Specific phobia (i.e., marked and persistent fear of certain objects or situations)
□	□	□	Social phobia (i.e., marked and persistent fear of social or performance situations where embarrassment may occur)

Occ'l	Wkly	Daily	
□	□	□	Intense fear
□	□	□	Rapid heartbeat
□	□	□	Increased swearing
□	□	□	Shortness of breath
□	□	□	Isolating self from others
□	□	□	Amnesia (i.e., partial/total loss of memory)
□	□	□	Running away
□	□	□	Truancy
□	□	□	Impaired memory
□	□	□	Somatization (i.e., health issues/concerns with no adequate medical explanation)
□	□	□	Agitated (i.e., easily annoyed/provoked to anger)
□	□	□	Illicit drugs you've used: _____ _____
□	□	□	Behavioral problems: _____ _____
□	□	□	Developmental problems: _____ _____
□	□	□	Self-mutilation: _____ _____
□	□	□	Legal issues: _____ _____
□	□	□	Sexual abuse issues: _____ _____
□	□	□	Eating issues: _____ _____
□	□	□	Impulsive
□	□	□	Suspicious
□	□	□	Thoughts of harming others

Did any of these symptoms increase in the last 90 days? (□ yes / □ no). If yes, which one(s), and what caused the increase?
_____.

Have you had any of these symptom(s) prior to the past 90 days? (□ yes / □ no). If yes, which one(s)? _____
_____. Aprox. (mo/yr): ___/_____.