

# CHATT COUNSELING

## Symptom Checklist

Name of Client: \_\_\_\_\_ Rated by: \_\_\_\_\_ Date: \_\_\_\_\_

Please rate yourself, or the person you are assessing, for each of symptoms below. If you don't know how to rate a symptom leave it blank.

**Symptom Rating Scale:** 0 = No problem 3= Occasional problem 5 = Frequent problem 8 = Generally a problem 10 = Major problem You may use any number from 0 to 10.

| SYMPTOMS  | SYMPTOMS                                      |
|---|---|
| Anxious, fearful, uneasy, worried, restless     | Sad & angry, agitated and feeling blue        |
| Sad, guilt, shame, helpless, hopeless feelings  | Agitated, upset, disturbed                    |
| Cries easily, tearful                           | Emotionally flat to positive events           |
| Feelings easily hurt, vulnerable                | Fearful, phobias, irrational fears            |
| Low self-Esteem, lacks confidence, helpless     | Overly focused, trouble "switching gears"     |
| Lack of motivation, discouraged                 | Aggressive, hostile, overly assertive, bold   |
| Poor anger management, bad temper               | Racing thoughts, trouble focusing             |
| Inattention, daydreaming, hard to stay on task  | Impulsive, rushes things, many mistakes       |
| Dull, slow to learn, not alert                  | Pressure/pain in Chest, discomfort            |
| Forgetful, projects unfinished                  | Hyperactive, fidgety, overly energetic        |
| Spacey, foggy, not tuned in                     | Teeth grinding, jaw clenching, tight jaw      |
| Foggy thinking, mixed up, confused, puzzled     | Headaches, feelings of discomfort             |
| Negative thinking, pessimistic                  | Crawling sensations on skin, twitches         |
| Academic problems — esp. reading & math         | Sensitivity to touch, hands, feet, face       |
| Nausea, sickness, upset stomach, diarrhea       | Pain/achy, unpleasant sensations              |
| Lethargic, lazy, drowsy, sluggish, tired        | Difficulty falling asleep, insomnia, restless |
| Disrupted sleep, wakes often, difficulty waking | Physical tension, taut, nervous, tense        |
|   | Nightmares, sleep-walking                     |
| Left Subtotals                                  | Right Subtotals                               |
| Grand Total                                     |   |

**PRESCRIPTION MEDS:** \_\_\_\_\_

**OVER-THE-COUNTER MEDS:** \_\_\_\_\_

- **SCHOOL/COLLEGE:** grades, attendance, learning problems
- **Work focus concerns:** \_\_\_\_\_
- **ACTIVITIES:** music, art, drama, sports, Scouts, bowling, group events, etc.
- **EXERCISE:** weight lifting, yoga, walking, running, gym
- **SOCIAL CONCERNS/OTHER ACTIVITIES OF DAILY LIVING:** \_\_\_\_\_