**Symptom Checklist**

Please put a number next to any item you are currently experiencing

0 = None at All 1 = Mildly 2 = Moderately 3= Severely

**Emotionally**

\_\_ feeling anxious or up tight \_\_ trouble remembering things

\_\_ excessive worrying \_\_ being tired or lacking energy

\_\_ unable to relax \_\_ feeling unmotivated

\_\_ feeling panicky \_\_ loss of interest in many things

\_\_ unable to calm down \_\_ having trouble concentrating

\_\_ having trouble making decisions \_\_ feeling hopeless

\_\_ feeling worthless \_\_ unhappy most of the time

\_\_ having strong fears \_\_ feeling self-critical

\_\_ feeling out of control \_\_ crying often

\_\_ fears of being alone \_\_ feeling empty

\_\_ feeling guilty \_\_ withdrawing inside

\_\_ trouble remembering things \_\_ thinking too much about death

\_\_ frequent mood swings \_\_ thoughts of hurting myself

\_\_ feeling resentful or angry \_\_ thoughts of killing myself

\_\_ feeling irritable or frustrated \_\_ feeling numb

\_\_ feeling rage \_\_ feeling detached from my body

\_\_ feeling sad \_\_ feeling unreal, strange, or foggy

**Physically and Behaviorally**

\_\_ loss of appetite \_\_ lack of exercise

\_\_ eating too little \_\_ exercising too much

\_\_ eating in binges \_\_ trouble finishing things

\_\_ eating too much \_\_ avoiding leisure activities

\_\_ trouble falling asleep \_\_ working too hard

\_\_ trouble staying asleep \_\_ impulsive behavior

\_\_ sleeping too much # hrs. \_\_\_ \_\_ engaging in addictive behaviors

\_\_ sleeping to little # of hrs. \_\_\_ \_\_ isolating

**Spiritually**

\_\_ loss of connection \_\_ loss of faith

\_\_ feeling hopeless \_\_ lack of meaning

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