

## Symptom Checklist

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

Form Completed by: _____ Date: _____
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Please respond for any categories that apply based on your knowledge and observations of the patient. For categories that do not apply, leave blank.

	1	2	3	4	5	6	7
	Not Problematic		Somewhat Problematic		Problematic		Very Problematic
Impulsiveness			1 2 3 4 5 6 7		Spaciness or fogginess		1 2 3 4 5 6 7
Aggressiveness			1 2 3 4 5 6 7		Feeling or acting drunk		1 2 3 4 5 6 7
Hyper-focus (over focus)			1 2 3 4 5 6 7		Motivation		1 2 3 4 5 6 7
Agitation			1 2 3 4 5 6 7		Energy		1 2 3 4 5 6 7
Anxiety			1 2 3 4 5 6 7		Depressed mood		1 2 3 4 5 6 7
Anger			1 2 3 4 5 6 7		Loss of emotional control		1 2 3 4 5 6 7
Obsessive thoughts			1 2 3 4 5 6 7		Night terrors		1 2 3 4 5 6 7
Compulsive behaviors			1 2 3 4 5 6 7		Ability in tasks requiring steps		1 2 3 4 5 6 7
Difficulty falling asleep			1 2 3 4 5 6 7		Snoring		1 2 3 4 5 6 7
Nightmares			1 2 3 4 5 6 7		Trouble staying asleep		1 2 3 4 5 6 7
Body tension			1 2 3 4 5 6 7		Pain threshold		1 2 3 4 5 6 7
Tics			1 2 3 4 5 6 7		Nausea		1 2 3 4 5 6 7
Headaches			1 2 3 4 5 6 7		Irritability		1 2 3 4 5 6 7
Racing thoughts			1 2 3 4 5 6 7		Feeling dull		1 2 3 4 5 6 7
Hyperactivity			1 2 3 4 5 6 7		Confused thinking		1 2 3 4 5 6 7
Feeling jumpy			1 2 3 4 5 6 7		Memory		1 2 3 4 5 6 7
Can't slow down			1 2 3 4 5 6 7		Punctuality		1 2 3 4 5 6 7
Negative thoughts			1 2 3 4 5 6 7		Forgetfulness		1 2 3 4 5 6 7
Skin crawling sensation			1 2 3 4 5 6 7		Cry easily		1 2 3 4 5 6 7
Pain awareness			1 2 3 4 5 6 7		Feeling blue		1 2 3 4 5 6 7
Unhappiness			1 2 3 4 5 6 7		Not feeling calm or relaxed		1 2 3 4 5 6 7
Not being organized			1 2 3 4 5 6 7		Poor body awareness		1 2 3 4 5 6 7
Less recall of dreams			1 2 3 4 5 6 7		Lack of empathy for others		1 2 3 4 5 6 7
Unclear thinking			1 2 3 4 5 6 7		Poor concentration		1 2 3 4 5 6 7
Slow reaction time			1 2 3 4 5 6 7		Fearfulness		1 2 3 4 5 6 7
Poor attention			1 2 3 4 5 6 7		Lack of eye contact with others		1 2 3 4 5 6 7
Not having my act together			1 2 3 4 5 6 7		Too talkative		1 2 3 4 5 6 7
Problems reading			1 2 3 4 5 6 7		Voice tense or higher pitch		1 2 3 4 5 6 7

Please list any additional symptoms, behaviors or comments:

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