

SUNSET COUNSELING CENTER

• I N C O R P O R A T E D •

Adult Symptom Checklist

Have you experienced any of the following symptoms in the past 30 days?	NEVER	FEW DAYS	MOST DAYS	EVERY DAY
Little or lack of interest or pleasure in doing things				
Feel down, depressed, or hopeless				
Trouble falling or staying asleep, or sleeping too much				
Poor appetite or overeating				
Feel bad about yourself				
Trouble concentrating on things				
Moving or speaking so slowly that other people could have noticed				
Thoughts that you would be better off dead or of hurting yourself				
Feel nervous, anxious, or on edge				
Worry too much about different things				
Feel restless or hard to sit still				
Easily annoyed, irritable, or angry outbursts				
Feel afraid, as if something awful might happen				
Nightmares or reoccurring negative memories of past experiences				
Avoiding situations that reminded you of negative memories				
Constantly on guard, watchful, or easily startled				
Feel numb or detached from others, activities, or your surroundings				
More energy than usual or racing thoughts and grand ideas				
Feel impulsive or out of control				
Have obsessive or compulsive thoughts or behaviors				

When did these symptoms start causing problems for you? 0-3 months 3-6 months 6-12 months 1+ years

What areas of your life do your symptoms create the most problem for you?

Relationships Work School Social Legal Issues Chores/Tasks Other _____

How severe have your symptoms been in the past week (scale of 1-10; 10 being most severe)? _____