Patient name: Date:

Current Symptom Checklist (Rate intensity of symptoms currently present)

**None** = This symptom is not present at this time \***Mild** = Impacts quality of life, but no significant impairment of day-to-day functioning

**Moderate** = Significant impact on quality of life and/or day-to-day functioning \***Severe** = Profound impact on quality of life and/or day-to-day functioning

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|  | **None** | **Mild** | **Moderate** | **Severe** |  | **None** | **Mild**  | **Moderate** | **Severe** |
| Depressed mood  |  |  |  |  | Binging/purging  |  |  |  |  |
| Appetite disturbance |  |  |  |  | Laxative/diuretic abuse |  |  |  |  |
| Sleep disturbance |  |  |  |  | Anorexia |  |  |  |  |
| Elimination disturbance |  |  |  |  | Paranoid ideation |  |  |  |  |
| Fatigue/low energy |  |  |  |  | Circumstantial symptoms |  |  |  |  |
| Psychomotor retardation |  |  |  |  | Loose associations  |  |  |  |  |
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| Poor concentration |  |  |  |  | Delusions  |  |  |  |  |
| Poor grooming |  |  |  |  | Hallucinations |  |  |  |  |
| Mood swings |  |  |  |  | Aggressive behaviors  |  |  |  |  |
| Agitation |  |  |  |  | Conduct Problems |  |  |  |  |
| Emotionally  |  |  |  |  | Opposition behavior  |  |  |  |  |
| Irritability |  |  |  |  | Sexual Dysfunction |  |  |  |  |
| Generalized anxiety |  |  |  |  | Grief |  |  |  |  |
| Panic attacks  |  |  |  |  | Hopelessness |  |  |  |  |

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| Phobias |  |  |  |  | Worthlessness |  |  |  |  |
| obsessions/compulsions |  |  |  |  | Significant weight gain/loss |  |  |  |  |
| Guilt |  |  |  |  | Concomitant medical condition |  |  |  |  |
| Elevated mood  |  |  |  |  | Emotional trauma victim |  |  |  |  |
| Hyperactivity |  |  |  |  | Physical trauma victim |  |  |  |  |
| Dissociative states |  |  |  |  | Sexual trauma victim |  |  |  |  |
| Somatic complaints |  |  |  |  | Emotional trauma perpetrator |  |  |  |  |
| Self-mutilation |  |  |  |  | Physical trauma perpetrator |  |  |  |  |

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| Social isolation |  |  |  |  | Sexual trauma perpetrator |  |  |  |  |
|  |  |  |  |  | Substance abuse  |  |  |  |  |
|  |  |  |  |  | Other(specify) |  |  |  |  |