SYMPTOM CHECKLIST

Date: _____

Name: _____

___Angry or irritable feelings
___Loss of Interest
___Hopelessness
___Crying spells
___Difficulty making decisions
___Depression
___Suicidal thoughts

___Panicky feelings
___Fears of particular situations
___Avoidance of social situations
___Weakness
___Fainting spells
___Mood swings

___Paranoid feelings
___Elevated mood or euphoria
___Too much energy
___Can't stop talking
___Racing thoughts
___Inability to talk
___Suspiciousness
___Believe your thoughts are controlled
___Believe there are plots against you
___Fear others

___Difficulty following rules
___Difficulty feeling warm to others
___Wanting or letting everyone do things for you
___Avoiding responsibilities
___Selfishness

___Nausea/vomiting
___Excessive concern over a physical problem
___Headaches
___Seizures
___Shortness of breath
___Medical problems_____
___Drug use or addiction
___Anorexia (not eating)
___Cheating or stealing

___Sleep difficulties
___Impulses to hurt self or others
___Nightmares
___Feeling that nothing mattered
___Anxiety or nervousness
___Violent behavior
___Memory loss

___Disorientation
___Obsessive preoccupations
___Repeated thoughts
___Compulsive behaviors
___Easily distracted
___Feel that you may lose control

___Visual or auditory hallucinations
___Confusion
___Disorganized thoughts
___Self-critical
___Feel more important than others
___Hear voices when no one is there
___See things that aren't there
___Transmit your thoughts to others without speaking
___Hear your thoughts out loud

___Difficulty trusting others
___Not getting along with people
___Trying to be perfect
___Being overly sensitive
___Use others for personal gain

___Exaggerating physical problems
___Exaggerating emotional problems
___Recent weight gain; how much_____
___Recent weight loss; how much_____
___Lack of energy
___Use of alcohol
___Bulimia (gorging then vomiting)
___Physically abusing yourself

Tarra Judson Stariell, MFT, CBT • MFT 37920 • 327 S. Ivy Street, Escondido, 92025
2816 Adams Avenue • San Diego, 92116 • 760-294-2150 • FAX 760-294-2151
www. SanDiegoSomaticTherapist.com
email: tarra@cox.net

WHAT RESULTS YOU WOULD LIKE TO HAVE FROM YOUR THERAPY

_____

_____

_____

_____

_____

COUPLE RELATIONSHIP

___Tension
___Arguments
___Emotional distance
___Communications problems
___Alcohol or other addiction problems
___Stresses from health problems
___No couple relationship; which is___ is not___ a problem.

EXTENDED FAMILY

___Recent losses
___On-going difficult interactions with

WORK OR SCHOOL RELATED

___Upsetting interactions
___Financial insecurity

COMMUNITY RELATED

___Insufficient friendships
___Over-extended; friends/work
___No support system
___Tension in friendships
___Tension with others

CHILDREN

Names Ages

_____
_____
_____
_____

___Tension
___Angry exchanges
___Problems in relationships with siblings
___Children exhibiting behavioral problems
___Health Problems
___No children, which is___, is not___a problem

Tarra Judson Stariell, MFT, CBT • MFT 37920 • 327 S. Ivy Street, Escondido, 92025
2816 Adams Avenue • San Diego, 92116 • 760-294-2150 • FAX 760-294-2151
www. SanDiegoSomaticTherapist.com
email: tarra@cox.net