

# Soar Services, Inc.

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

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

## SYMPTOMS CHECKLIST

- Depression
  - Low energy
  - Low self-esteem
  - Poor concentration
  - Hopelessness
  - Worthlessness
  - Guilt
  - Sleep disturbance
  - Appetite disturbance
  - Sadness
  - Fear of dying
  - Racing thoughts
  - Irritability
  - Easily angered/annoyed
  - Anxiety
  - Nervousness
  - Nightmares/bad dreams
  - Feeling things around you aren't real
  - Difficult trusting
  - Feeling you are not real
  - Easily startled
  - Panic feeling
  - Heart pounding/racing
  - Tingling/numbness
  - Trembling/shaking
  - Sweating
  - Phobias(fears)
  - Fear of going crazy
  - Difficult breathing
  - A lot of energy at times
  - Need little sleep
  - Obsessive/compulsive behaviors
  - Excessive behaviors (spending, gambling, sex)
  - Black outs
  - Excessive use of drugs/alcohol
  - Excessive use of prescription medications
  - Blaming others
  - Arguing
  - Defies rules
  - Unpleasant thoughts won't go away
  - Anger/frustrations
  - Delusions (believe things others don't)
  - Hallucinations (see/hear/smell things other don't)
  - Nausea
  - Thoughts of hurting yourself
  - Thoughts of hurting others
  - Grieving
  - Stomach problems
  - Stress
  - Chills/hot flashes
  - Headaches
  - Spousal abuse issues
  - Relationship problems
  - Marital/family/child problems
  - Physical abuse issues
  - Lose track of time
  - Can't hold on to a thought
- What do you hope happens in counseling?
- What is your greatest problem?