

Current Symptoms

Name: _____ SS#: _____ Date: _____

Rank each below with corresponding number or leave blank

Blank = Seldom/Never **1= Moderate** (*this sometimes occurs for me*) **2= Significant** (*this occurs often enough that it seems relevant*) **3= Severe** (*this occurs often*)

My Mood

- | | |
|--------------------------------------|------------------------------|
| _____ Depressed mood | _____ Feel guilty |
| _____ Feel little emotion | _____ Feel useless/worthless |
| _____ Feel sad | _____ Feel helpless |
| _____ Feel hopeless about the future | _____ Feel angry/resentful |
| _____ Easily agitated | _____ Feel anxious/fearful |
| _____ Cry easily | _____ Drastic mood changes |
| _____ Feel hopeless | _____ Elated mood |

My Thoughts

- | | |
|---|--|
| _____ Interrupted thoughts | _____ Ruminating past hurts/difficulties |
| _____ Feel inferior to others | _____ Persistent/obsessive thoughts |
| _____ Difficulty concentrating | _____ Repetitive/compulsive behaviors |
| _____ Negative outlook | _____ Exaggerated mistrust |
| _____ Racing thoughts | _____ Thoughts of death |
| _____ Thoughts go off on tangents | _____ Inattentive |
| _____ See or hear things that aren't real | _____ Easily distracted |
| _____ Hold strange beliefs others don't share | _____ Loss of bearings/disoriented |
| _____ Grandiose thoughts | _____ Difficulty adjusting to loss |
| _____ Lose touch with things around me | |

My Physical Wellbeing

- | | |
|--|--------------------------------------|
| _____ Low energy/tired | _____ Addictions: _____ |
| _____ Oversleep or sleeplessness | _____ Headaches |
| _____ Change in appetite/ or eating | _____ Chest discomfort/tightening |
| _____ overeating: weight gain | _____ Difficulty breathing |
| _____ undereating: weight loss | _____ Abdominal pain/nausea/diarrhea |
| _____ Sexual difficulties/lack of desire | _____ Shakiness/muscle tremors |
| _____ Anxiety/panic attacks | _____ Feel tightness in muscles/body |
| _____ Restless/fidgety | |

My Behaviors

- | | |
|---------------------------------------|----------------------------------|
| _____ Isolate myself from others | _____ Make poor choices |
| _____ Impulsive | _____ Immature |
| _____ Engage in risky sexual behavior | _____ Overly dependent on others |
| _____ Want to hurt myself/end my life | _____ Dramatic/emotional |
| _____ Injure or cut myself | _____ Noncompliant |
| _____ Excessive/hyperactive | _____ Hostile/Aggressive |
| _____ Uneasy, distressed | _____ Anger outbursts |
| _____ Create disruption/Uncooperative | _____ Underactive |
| _____ Other: _____ | _____ Poor self care |