

Intake Symptoms Checklist - Check All That Apply

Current Emotional Disturbances

- Sad, depressed
- Hopeless
- Emotionally weary
- Demotivated
- Isolation
- Loneliness
- Irritability, hostility, anger
- Feeling worthless
- Inability to regulate mood

Current Stress and/or Anxiety

- Fearful or anxious
- Panic attacks
- Stress, worry
- Unwanted persistent/intrusive thoughts
- Restlessness, feeling keyed up, on edge
- Shyness/discomfort in social settings
- Fear of worse case scenario
- Feeling out of control

Current Self-Esteem/Body Image

- Negative self-talk
- Rarely speak out / share my opinions
- Question my purpose in life
- Hate my body
- Low self-confidence
- Perfectionism
- Low self-esteem
- Feeling uncomfortable in my own skin

Current Thought Patterns

- Trouble staying on task/follow through
- Habitual procrastination/Time management issues
- Frequent absence from work/school
- Trouble expressing myself clearly in conversation
- Learning disabilities/difficulties (including AD/HD)
- Short-term memory loss
- Memory gaps of personal history
- Difficulty making decisions
- Hearing voices others don't
- Seeing people or events others don't
- Told my behavior is odd or eccentric
- Poor concentration or focus
- Trouble setting and meeting personal goals

Abuse / Trauma Assessment

- Childhood physical abuse
- Childhood sexual abuse
- Childhood emotional abuse
- Intimate partner abuse
- Abused in adulthood
- Online abuse
- Sexual assault
- Witnessed or victim of crime
- Cult/Occult abuse
- Other traumatic event(s)

Physical Harm Assessment

- I have persistent thoughts of harming another person
- I believe someone intends to physically harm me
- I fear for the safety of my family
- I have weapons in my home

Current Relational / Interpersonal Disturbances

- Relationship with mother / mother figure
- Relationship with father / father figure
- Relationship with spouse/significant other
- Friendship betrayal
- Work-place conflicts
- Relationship with siblings/other family
- Reputation smeared
- Identity disturbances
- Spiritual questions
- Parenting issues
- Blended family challenges
- Discrimination / prejudice
- Sexual identity formation questions
- Cultural conflicts
- Gender identity questions
- Other significant life adjustment issues

Current Physical / Health Concerns

- Loss of appetite
- Insomnia or trouble staying asleep
- Chronic fatigue, loss of energy
- Chronic health condition(s)
- Pain management
- Sexual performance issues
- Difficult pregnancy
- Physical limitation / disability
- Concern of catching illnesses from others
- Other medical/physical issue

Current Habitual Behaviors

- Compulsive sexual behaviors
- Substance use/abuse
- Overspending
- Compulsive and/or emotional eating
- "Caffeine addict"
- Smoker, vape user, tobacco use
- Anorexia, bulimia
- Anger or rage outbursts
- Other not listed

Grief and Loss Assessment

- Loss of pregnancy (abortion or miscarriage)
- Death of mother/father
- Death of spouse/significant other
- Death of close family member/friend
- Death of child / adult child
- Estranged from family member / friend
- Loss of community
- Loss of friendship
- Loss of career / job opportunity
- Financial loss
- Loss of identity
- Divorce
- Terminal illness/end of life concerns

Suicide / Self-harm Assessment

- Feeling others would be better off if I were dead
- Past thoughts of suicide
- Past attempt(s) of suicide
- Active/current thoughts of suicide
- Past self-harm (cutting, hitting, hair pulling)
- Active/current self-harming behaviors