Wendy Carannante and Associates PLLC

Symptom Checklist

Name of Client: Rated by: Date: 

Please rate yourself, or the person you are assessing, for each of symptoms below. If you don't know how to rate a symptom leave it blank.

**Symptom Rating Scale**: O = No problem 3= Occasional problem 5 = Frequent problem 8 = Generally a problem 10 = Major problem You may use any number from O to 10.

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| --- | --- | --- | --- | --- | --- |
| **SYMPTOMS** | | |  | **SYMPTOMS** |  |
| Anxious, fearful, uneasy, worried, restless | | |  | Sad & angry, agitated and feeling blue |  |
| Sad, guilt, shame, helpless, hopeless feelings | | |  | Agitated, upset, disturbed |  |
| Cries easily, tearful | | |  | Emotionally flat to positive events |  |
| Feelings easily hurt, vulnerable | | |  | Fearful, phobias, irrational fears |  |
| Low self-esteem, lacks confidence, helpless | | |  | Overly focused, trouble "switching gears" |  |
| Lack of motivation, discouraged | | |  | Aggressive, hostile, overly assertive, bold |  |
| Poor anger management, bad temper | | |  | Racing thoughts, trouble focusing |  |
| Inattention, daydreaming, hard to stay on task | | |  | Impulsive, rushes things, many mistakes |  |
| Dull, slow to learn, not alert | | |  | Pressure/pain in Chest, discomf01t |  |
| Forgetful, projects unfinished | | |  | Hyperactive, fidgety, overly energetic |  |
| Spacey, foggy, not tuned in | | |  | Teeth grinding, jaw clenching, tight jaw |  |
| Foggy thinking, mixed up. confused, puzzled | | |  | Headaches, feelings of discomfort |  |
| Negative thinking, pessimistic | | |  | Crawling sensations on skin, twitches |  |
| Academic problems — esp. reading & math | | |  | Sensitivity to touch, hands, feet, face |  |
| Nausea, sickness, upset stomach, diarrhea | | |  | Pain/achy, unpleasant sensations |  |
| Lethargic, lazy, drowsy, sluggish, tired | | |  | Difficulty falling asleep, insomnia, restless |  |
| Disrupted sleep, wakes often, difficulty waking | | |  | Physical tension, taut, nervous, tense |  |
|  | | |  | Nightmares, sleep-walking |  |
| Left Subtotals | | |  | Right Subtotals |  |
| Grand Total |  |  |  |  | |

**PRESCRIPTION MEDS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OVER-THE-COUNTER MEDS MEDS**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHOOL (grades, attendance, learning problems):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ACTIVITIES (music, art, drama, sports, Scouts, etc):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXERCISE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**