

Patient Name: _____

Circle all the symptoms that apply to you

MOOD

Sadness
Tearfulness
Feeling empty
Suicidal thoughts/attempts
Anxiety
Fear
Panic attacks
Irritability
Anger
Guilt
Social anxiety
Elevated mood
Mood swings
Self-harming (ex: cutting)

SLEEP

Problems falling asleep
Problems staying asleep
Waking in the early morning
Nightmares
Waking in panic
Sleeping too much
Sleeping too little

ENERGY

Too much
Too little

APPETITE/WEIGHT

Increased appetite
Decreased appetite
Increased weight
Decreased weight
Restrictive dieting
Over-exercising
Binge-eating
Purging
Taking laxatives

MOTIVATION/INTEREST

Little/no joy in pleasurable things
No drive to accomplish tasks

IMPULSIVITY

Impulsive spending
Putting self in danger
Interrupting others
Cannot wait your turn

CONCENTRATION/FOCUS

Cannot start/stick with/complete tasks
Difficulties concentrating on:
 School/homework
 Reading
 Conversations
Mind is racing
Procrastinating