

Brief Checklist of Symptoms

Please fill out the symptom checklist below, one for each person seeking counseling

Please Indicate the Degree of Discomfort

<u>Check if present</u>	<u>Symptom</u>	<u>Mild</u>	<u>Moderate</u>	<u>Severe</u>
_____	Depression	_____	_____	_____
_____	Anxiety	_____	_____	_____
_____	Low Self Esteem	_____	_____	_____
_____	Stress	_____	_____	_____
_____	Panic Attack	_____	_____	_____
_____	Attention Deficit	_____	_____	_____
_____	Eating Problems	_____	_____	_____
_____	Sleeping Problems	_____	_____	_____
_____	Obsessive or Compulsive	_____	_____	_____
_____	Anger Control	_____	_____	_____
_____	Irritable/Impatient	_____	_____	_____
_____	Low Trust	_____	_____	_____
_____	Religious Uncertainty	_____	_____	_____
_____	Fatigue	_____	_____	_____
_____	Body Problems	_____	_____	_____
_____	Sexual Problems	_____	_____	_____
_____	Loneliness	_____	_____	_____
_____	Trouble in Marriage or Relationship	_____	_____	_____
_____	Parenting Issues	_____	_____	_____
_____	Financial Stress	_____	_____	_____
_____	Addiction	_____	_____	_____
_____	Abuse	_____	_____	_____