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Symptoms Checklist

Patient Name: _____ Date: _____

Please circle the symptoms that you have recently noticed in yourself/child.

Physical:

Appetite Changes Headaches Muscular Tension Fatigue Insomnia sleep Foot-tapping sleep

Weight loss/gain Colds Muscle Aches Digestive upsets Pounding heart Teeth grinding

Low energy Restlessness Finger-drumming Addiction to Drugs

Addiction to Pornography Allergies Abuse

Emotional: Frustration The "Blues" Mood swings Temper outbursts Nightmares Crying

Irritability Depression Nervousness Worrying Easily discouraged Little joy Sadness

Anger Fearfulness Panic attacks Phobias Abuse Anxiety

Spiritual: Loss of Meaning Doubt Unforgiving Martyrdom Looking for magic

Loss of direction Need to "Prove" Self Cynicism Searching for God No inner peace

Emptiness

Relational: Intolerance Resentment Loneliness Lashing out Withdrawing Clamming up

Low sex drive Nagging Distrust Lack of intimacy Using people Feeling oppositional

Blaming others Feeling disconnected Problems with authority

Attitudinal: Self-criticalness Loss of interest in hobbies Guilt Apathy Impulsivity

Worthlessness Hopelessness "No One Cares" Suicidal thoughts or plans Suicidal attempts

Homicidal thoughts or plans Self-doubt