

Areas of Concern Checklist

CURRENT SYMPTOM CHECKLIST: **Mild** = Impacts quality of life, but no significant impairment of day-to-day functioning
Moderate = Significant impact on quality of life and/or day-to-day functioning **Severe** = Profound impact on quality of life/daily functioning

Check only those which apply. For couples use initials for each person.

	Mild	Moderate	Severe		Mild	Moderate	Severe
Depressed mood	[]	[]	[]	Grief and Loss	[]	[]	[]
Appetite disturbance	[]	[]	[]	Hopeless/Helplessness	[]	[]	[]
Sleep disturbance	[]	[]	[]	Worthlessness	[]	[]	[]
Elimination disturbance	[]	[]	[]	Social Isolation	[]	[]	[]
Fatigue/low energy	[]	[]	[]	Obsessions/compulsions	[]	[]	[]
Psychomotor retardation	[]	[]	[]	Guilt or shame	[]	[]	[]
Poor concentration	[]	[]	[]	Elevated mood	[]	[]	[]
Poor grooming	[]	[]	[]	Hyperactivity	[]	[]	[]
Mood Swings	[]	[]	[]	Dissociative states	[]	[]	[]
Agitation/Anger	[]	[]	[]	Physical complaints	[]	[]	[]
Emotionality	[]	[]	[]	Self-mutilation	[]	[]	[]
Irritability	[]	[]	[]	weight gain/loss	[]	[]	[]
Generalized Anxiety	[]	[]	[]	medical condition	[]	[]	[]
Panic Attacks _____	[]	[]	[]	Emotional trauma victim	[]	[]	[]
Phobias	[]	[]	[]	Physical trauma victim	[]	[]	[]
Bingeing/purging	[]	[]	[]	Sexual trauma victim	[]	[]	[]
Laxative/diuretic abuse	[]	[]	[]	Emotional trauma perpetrator	[]	[]	[]
Anorexia	[]	[]	[]	Physical trauma perpetrator	[]	[]	[]
Paranoid ideation	[]	[]	[]	Sexual trauma perpetrator	[]	[]	[]
Circumstantial symptoms	[]	[]	[]	Substance abuse	[]	[]	[]
Frequent crying	[]	[]	[]	Lack of remorse/guilt	[]	[]	[]
Delusions	[]	[]	[]	Stealing	[]	[]	[]
Hallucinations	[]	[]	[]	Suicidal thoughts/attempts	[]	[]	[]
Aggressive Behaviors	[]	[]	[]	Procrastination	[]	[]	[]
Conduct Problems	[]	[]	[]	Low motivation	[]	[]	[]
Oppositional behavior	[]	[]	[]	Flashbacks	[]	[]	[]
Sexual dysfunction	[]	[]	[]	Poor hygiene	[]	[]	[]
Marital Problems	[]	[]	[]	Racing thoughts	[]	[]	[]
Family Conflict	[]	[]	[]	_____	[]	[]	[]
School homework problems/expulsions	[]	[]	[]	_____	[]	[]	[]