

# Western Mental Health Center

## Problem Checklist – Adult

Name: \_\_\_\_\_

Date: \_\_\_\_\_

In an effort to be helpful to you, it is important that we get a good idea about the things that are happening in your life. Mark a ***P = true in the past*** and ***C = for currently true*** (leave blank if neither apply)

- depressed mood
- decreased appetite
- difficulty falling or staying asleep
- fatigue or low energy level
- low self-esteem
- difficulty concentrating/making decisions
- feelings of hopelessness
- depressed mood nearly every day for 2 weeks
- loss of interest or pleasure nearly every day for 2 weeks
- decreased appetite nearly every day for 2 weeks
- difficulty sleeping nearly every day for 2 weeks
- feeling slowed down nearly every day for 2 weeks
- fatigue or a loss of energy nearly every day for 2 weeks
- feeling guilty or worthless nearly every day for 2 weeks
- difficulty concentrating nearly every day for 2 weeks
- recurrent thoughts of death or dying
- reduced sexual interest
- feeling "on top of the world" without any special reason
- decreased need for sleep
- being more talkative than usual (or pressure to keep talking)
- having racing thoughts or "flight ideas"
- being easily distractible (by unimportant/irrelevant things)
- being hyperactive, agitated, or "speeded up"
- being impulsive (overspending, sexual sprees, or reckless driving)
- hearing a voice even when no one is around
- knowing special secrets which no one else believes
- having someone else read my mind or tamper with my thoughts
- having an outside force control my brain or thoughts
- using my own thought waves to control the thoughts of others
- feeling shaky or trembling
- muscle aches, soreness or tension
- restlessness or tension
- shortness of breath or smothering sensations
- palpitations or accelerated heart rate
- sweating or cold, clammy hands
- dry mouth
- dizziness or lightheadedness
- nausea, diarrhea, or other abdominal distress
- hot flashes or chills
- difficulty swallowing or a "lump in the throat"
- feeling "keyed up" or "on edge"
- exaggerated startle response (feeling jumpy)
- difficulty concentrating ("mind going blank") when nervous
- difficulty falling asleep or staying asleep
- irritability
- panic attacks with shortness of breath or smothering sensations
- panic attacks with dizziness or faintness
- panic attacks with palpitations or rapid heart rate
- panic attacks with trembling or shaking
- panic attacks with sweating
- panic attacks with choking
- panic attacks with nausea or abdominal distress
- panic attacks with feelings of unreality
- panic attacks with hot flashes or chills
- panic attacks with chest pain or discomfort
- panic attacks with a fear of dying
- panic attacks with a fear of "going crazy" or losing control
- vomiting (other than during pregnancy)
- pain in extremities
- shortness of breath
- amnesia
- difficulty swallowing
- burning sensation in sexual organs (other than during sex)
- painful menstruation
- loss of voice
- fainting or loss of consciousness
- blurred or double vision
- seizure or convulsion
- deafness
- abdominal pain (other than when menstruating)
- nausea (other than motion sickness)
- diarrhea
- back pain
- dizziness
- impotence
- headaches
- recurrent episodes of binge eating
- feeling a lack of control during episodes of binge eating
- self-induced vomiting, dieting or laxatives to prevent weight gain

- an average of two eating binges a week for at least 3 months
- persistent concern with body shape or weight
- significant weight loss during past year
- intense fear of gaining weight or becoming fat
- "feeling fat" regardless of actual body weight
- missing at least 3 consecutive menstrual periods
- drinking alcohol in larger amounts or longer than intended
- unsuccessfully trying to cut down or control drinking
- spending a lot of time drinking or recovering from being drunk
- drinking at times when I should have been doing other things
- giving up social or recreational activities because of drinking
- drinking despite arguments from family or friends
- drinking larger amounts to get the same effect

- using a larger amount of a drug than intended
- unsuccessfully trying to cut down or control use of a drug
- spending time using a drug or recovering from drug use
- difficulty keeping relationships/friendships lasting
- losing control with anger
- job/occupational difficulties
- concerns about children
- legal problems

- using a drug when supposed to be working or driving
- giving up social or recreational events because of drug use
- remembering painful things that have happened in the past
- needing everything to be perfect
- having thoughts that repeat themselves over and over
- feeling need to repeat certain behaviors over and over
- being really upset about something that has happened in the past 6 months
- having sexual problems
- physical health problems
- constant pain

In your own words, describe the problems you are currently experiencing:

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Following your receiving therapy/counseling, what would like to see change about your life and situation?

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