Briefly state the reason for your visit.

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Problem Checklist

Please check the problems you are having, using a 1, 2, or 3.

1=a little, 2=somewhat, 3 = severe

______ Depressed, blue, or empty mood
______ Irritable
______ Loss of interest or pleasure
______ Loss of energy, feeling tired
______ Insomnia
______ Oversleeping
______ Change in appetite or weight
______ Concentration problems
______ Memory problems
______ Stress at work
______ Low self-esteem
______ Hopelessness
______ Racing thoughts
______ Obsessive thoughts
______ Trouble making decisions
______ Less productive at work
______ Crying
______ Worry
______ Physical tension, trouble relaxing
______ Panic attacks
______ Irrational fears
______ Guilt
______ Feeling overwhelmed
______ Repetitive behaviors
______ Headaches
______ Stomach distress
______ Health worries
______ Suicidal thoughts, death wish
______ Withdrawn, distant from others
______ Conflicts with other/ others
______ Anger
______ Trust problems
______ Sexual problems
______ Misuse of alcohol or drugs
______ Unwanted behaviors
______ Other unhealthy behaviors