

VitalAtlanta

Shanna D. Jackson, PhD, LPC, CPCS
1 Baltimore Pl NW • Suite 105 • Atlanta, GA 30308
Phone (404) 934-9957 • www.vitalatlanta.com
www.circlespace.org

Symptom Checklist

Please complete the following checklist. Check only those items which are TRUE or mostly true for you. (Please circle if applicable for specificity)

- _____1. A life transition is causing me stress.
- _____2. I have just had a major loss.
- _____3. I have feelings of overwhelming panic and/or anxiety.
- _____4. I am afraid that I'm losing my mind.
- _____5. My mind keeps racing, and it is hard to shut out thoughts.
- _____6. I am (or have been) seeing or hearing things that others don't see or hear.
- _____7. I have disturbing nightmares.
- _____8. I have done things to hurt myself physically (suicide attempts, self-harm, etc.).
- _____9. I have serious thoughts of suicide.
- _____10. My future seems hopeless.
- _____11. I have intense emotions.
- _____12. My appetite is not like it used to be.
- _____13. I have recently lost/gained a significant amount of weight.
- _____14. I have sometimes vomited, fasted, or used laxatives or vigorous exercise in order to control my weight.
- _____15. A care provider has discussed my weight or size with me.
- _____16. I have had intense feelings about gaining weight.
- _____17. I have felt fat even though others have said I was thin.
- _____18. I have had recurring periods of binge eating (rapid consumption of a large amount of food in a short amount of time).

- _____19. I used to sleep normally (e.g. 7-8 hours) every night but now I sleep too much/ too little.
- _____20. I am concerned about issues of sexuality.
- _____21. I experience negative emotions about touch.
- _____22. I have sometimes felt like I ought to cut down on my drinking/drug use.
- _____23. I have sometimes felt bad or guilty about my drinking/drug use.
- _____24. People have sometimes annoyed me by criticizing my drinking/drug use.
- _____25. I have sometimes had a drink first thing in the morning to steady my nerves or get rid of my hangover.
- _____26. I have experienced traumatic medical procedures
- _____27. I have had a sudden inability to recall important personal information (more than ordinary forgetfulness, not due to head trauma, stroke, seizure, or alcohol-related blackouts).
- _____28. I have (past or present) experienced sudden unexpected travel away from my home or work place with the inability to recall my past (not due to head trauma, stroke, seizure, or alcohol-related blackouts).
- _____29. I have (past or present) assumed a new identity, partial or complete (not due to head trauma, stroke, seizure, or alcohol-related blackouts).
- _____30. I have had a persistent or recurrent experience of feeling detached from reality, as if I were an outside observer of my mental processes or body.
- _____30. I have (past or present) had a persistent or recurrent experience of feeling like an automaton or as if in a daydream.
- _____31. I have felt like there were two or more very different personalities within myself, each of which is dominant at a particular time.
- _____32. I feel I have some gaps in my memory after the age of five.
- _____33. As a child or adolescent, I experienced bullying from siblings, peers, or others.
- _____34. When I was a child or adolescent, an adult overly criticized me, focused on my failures, belittled, and/or swore at me.
- _____35. When I was a child or adolescent, an adult punched, bit, kicked, burned, or beat me.
- _____36. When I was a child or adolescent, someone fondled me, exposed themselves to me such that I felt frightened, exploited me sexually, and/or attempted sexual contact when I did not want to participate.

_____ 37. When I was a child or adolescent, I felt ignored or as if I didn't exist.

_____ 38. As an adult, someone overly criticized me, focused on my failures, belittled, and/or swore at me.

_____ 39. As an adult, someone punched, bit, kicked, burned, or beat me.

_____ 40. As an adult, someone fondled me, exposed themselves to me such that I felt frightened, exploited me sexually, and/or attempted sexual contact when I did not want to participate.

_____ 41. I have recently been sexually assaulted.

Does something else come to mind?

What is most important to address in therapy first?
