

# CURETON COUNSELING & CONSULTING, LLC

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## ADULT SYMPTOM CHECKLIST

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

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

### CHECK IF PRESENT:

#### **Section A:**

\_\_\_\_\_ Frequent and intense fear or dread in absence of stressful situation

\_\_\_\_\_ Feelings of being trapped that lead to restricted travel from home

\_\_\_\_\_ Shortness of breath, smothering sensation, dizziness, faintness, sweating, nausea, increased heart rate,  
(circle those present)

\_\_\_\_\_ Fear of dying, being out of control, feeling self or things are not real, numbness or tingling  
(circle those present)

#### **Section B:**

\_\_\_\_\_ Avoid relationships outside of the family

\_\_\_\_\_ Worry excessively about 2 areas for 6 months or more

\_\_\_\_\_ Marked self-doubt

\_\_\_\_\_ Excessive need for reassurance

#### **Section C:**

\_\_\_\_\_ A constant depressed or irritable mood

\_\_\_\_\_ Daily fatigue

\_\_\_\_\_ Self-abuse (hitting, cutting, harming self)

\_\_\_\_\_ Social withdraw

\_\_\_\_\_ Agitation or apathy

\_\_\_\_\_ Diminished ability to concentrate

\_\_\_\_\_ Severe excessive or diminished sleep

\_\_\_\_\_ Major appetite change

\_\_\_\_\_ Major weight change \_\_\_\_\_ pounds

\_\_\_\_\_ Recurrent thoughts of death

\_\_\_\_\_ Suicidal threats, plan, or attempt: (when and method) \_\_\_\_\_

#### **Section D:**

\_\_\_\_\_ Persistent elevated or irritable mood

\_\_\_\_\_ Decreased need for sleep

\_\_\_\_\_ Very talkative

\_\_\_\_\_ Flight of ideas/racing thoughts

\_\_\_\_\_ Agitation or excessive goal-directed activity

\_\_\_\_\_ Distractibility

\_\_\_\_\_ Unrestrained indulgences

#### **Section E:**

\_\_\_\_\_ Compulsively repeated acts such as hand washing, checking

\_\_\_\_\_ Constant intrusive, senseless thoughts

\_\_\_\_\_ Obsessive thoughts, unrelated to external events

\_\_\_\_\_ Intense fear of a specific things (specify) \_\_\_\_\_

\_\_\_\_\_ None on this page

**Section F:**

- Experienced a terrifying event (list event) \_\_\_\_\_
- Recurrent distressing recollection of the event Recurrent dreams of the event
- Diminished interest in significant activities
- Sudden feeling as if the event were recurring
- Distressed by exposure to events that symbolize or resemble the event, including anniversary of event
- Amnesia for traumatic event or efforts to avoid memories Sense of foreshortened future
- Feelings of detachment from others
- Restricted range of feelings
- Irritability or outbursts of anger
- Difficulty concentrating or sleeping
- Current weight: \_\_\_\_\_ lowest weight: \_\_\_\_\_ ideal weight: \_\_\_\_\_
- Intense fear of gaining weight
- Frequently skipping meals
- Exercising more than one hour a day
- Eating large amounts of food in short periods
- Use of diet pills, laxatives, or diuretics to cause weight loss
- Self-induced vomiting \_\_\_\_\_ times a day

**Section I:**

- Use of alcohol causing conflict with family, job problems, or legal problems
- Use of illegal drugs

**Section J:**

- Hallucinations (frequency) \_\_\_\_\_
- Delusions
- Suspiciousness
- Difficulty using good judgment

**Section K:            Only check these if they occur frequently**

- Restless
- Unable to relax
- Unable to persist in sedentary activities
- Forgetting appointments, car keys, etc.
- Unable to focus on conversations
- Disorganized
- Lack of persistence
- Interrupting conversations
- Impulsive buying
- Rash driving
- Marital discord
- Academic underachievement
- Sexual impulsivity
- Spontaneous Reactive
- Temper
- Easily stressed out

None on this page

**Section L: Only check an item if it has occurred for at least 6 months**

- Loses temper often
- Argues frequently
- Defies rules often
- Annoys others often
- Blames others frequently
- Angry, resentful, spiteful very frequently Swears often

**Section M: Check if you have any chemical sensitivities to:**

- Cigarette smoke
- Perfume
- Hair spray

**Section N: WOMEN: Check only if these have occurred during 2 consecutive cycles at a severe level (approx. 2 weeks before period).**

- Marked depressed mood, feelings of hopelessness
- Marked anxiety, tension, feelings of being "keyed-up" or "on edge"
- Marked mood changes
- Persistent, marked anger irritability, or increased interpersonal conflicts Decreased interest in usual activities
- Difficulty concentrating
- Lethargy, tiredness, lack of energy
- Marked change in appetite, foodcravings
- Hypersomnia or insomnia
- Sense of being overwhelmed or out of control
- Other physical symptoms: breast tenderness or swelling, headaches, joint or muscle pain, "bloating" sensation, weight gain (circle any that apply)

None on this page