

Client Checklist of Characteristics

Name of client: _____

Date: _____

1. Review this checklist, which contains concerns and symptoms.
2. **Mark any items that describe you in the past two weeks.**
3. Feel free to add any other symptoms or problems at the end.
4. **Put a star near the 4 characteristics that are most concerning to you now.**

- Sad or unhappy.
- Cry or become tearful more often than usual.
- Become irritable or frustrated easily.
- Less interested in enjoyable activities (hanging out with friends, sports, hobbies).
- Less motivation.
- Problems focusing or concentrating at school or work.
- Difficulty making decisions.
- Weight loss.
- Weight gain.
- Feelings are easily hurt.
- Procrastinate, waste time, day dream.
- Loss of energy
- Difficulty falling asleep.
- Difficulty staying asleep – wake up often.
- Difficulty falling back asleep once awake.
- Difficulty waking up in the morning.
- Sleepy or take naps during the day.
- Feel guilty.
- Think about death.
- Decreased need for sleep.
- Periods of time when have great increase in energy.
- Periods of time when more talkative and social.
- Fearful.
- Lonely.
- Worry a lot.
- Like to be alone, withdraw, isolate.
- Feel keyed up or on edge.
- Feel tense.
- Feel nervous in social situations.
- Have certain thoughts that I can't let go of (think about over and over again).
- Frequently have physical or health problems.
- Unhappy with school or work.
- Unhappy with friends.
- Unhappy with my body.
- Over analyze situations.

- Family problems or frustration with family.
- Exercise problems – too much or not enough.
- Prefer to be alone.
- Low self-esteem.
- Feel moody.
- Bite nails.
- Pull hair.
- Have nightmares or disturbing dreams.
- Restless or fidgety.
- Perfectionism.
- Intentionally hurt self physically.
- Worry about dating.
- Worry about sex.
- Feel shy or timid.
- Tics – involuntary rapid movements, noises or word productions.
- Get teased or picked on.
- Poor Appetite.
- Eat more than should.
- Feel hopeless.