

PRESENT SYMPTOMS INVENTORY

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Name:

Date:

Directions: Place a checkmark (✓ or X) in the box if you *presently or frequently* have these symptoms—have them often enough to be a concern to you or others who know you. Write on the back of this inventory if you want to explain some of the symptoms you checked or if you have other symptoms not listed here. Your responses will remain confidential. Thank you.

Emotional

- I feel intensely angry or mad.
- I feel frustrated or easily annoyed.
- I feel irritable or peevish.
- I feel anxious or nervous.
- I feel fearful, scared, or panicky.
- I feel uptight, tense, or restless.
- I feel depressed, sad, down, or blue.
- I feel sensitive about everything.
- I cry easily.
- I fall in love too easily.
- I feel hurt or disappointed.
- I feel extremely emotional in general.
- I feel moody (up & down).
- I feel guilty or ashamed.
- I feel stressed or overwhelmed.
- I feel worthless or unimportant.
- I feel hopelessness or despair.
- I feel like I'm jinxed or a failure.
- I am not coping with things well.
- I feel like I'm not myself.
- I feel indifferent, uncaring, or numb.
- I hate my life.

Behavioral

- I have difficulty doing my job.
- I have difficulty studying for school.
- I can't find anything that interests me.
- I don't have any sports activities.
- I don't have any hobbies.
- I'm not religiously involved.
- I can't give up unwanted habits.
- I can't keep myself motivated.
- I'm stuck in the same routines.
- I have difficulty staying organized.
- I have difficulty keeping to routines.
- I don't seem to learn from the past.
- I have difficulty keeping self-control.
- I act impulsively.
- I have difficulty relaxing.
- I have difficulty fulfilling goals.
- I have major work problems.
- I am in trouble with the law.
- I am using the services of a lawyer.
- I am court ordered for treatment.
- I am on probation.
- I don't take good care of my health.
- I don't take good care of my looks.
- I break things.
- I double check things.
- I have special rituals I perform.
- I do things to hurt myself.
- I have a lot of debt.
- I spend too much money.
- I am very frugal with money.
- I work too much.
- I see another counselor.
- I take a medication for my emotions.

Mental

- I am confused about what to believe
- I am confused about what to do.
- I have difficulty making decisions.
- I have trouble concentrating
- I'm easily distracted.
- I have trouble remembering things.
- I lose track of time.
- I think about committing suicide.
- I think about doing reckless things.
- I think about hurting others.
- I hear strange voices
- I see strange things.
- I think people are watching me.
- I think people are talking about me.
- I think certain thoughts over and over.
- I want to daydream and fantasize.
- I think about escaping to someplace.
- I excessively worry.
- Someone is controlling my thoughts.
- I'm being punished for my sins.
- I have frequent nightmares.
- I am preoccupied with sex.

Relational

- I am criticized or put-down.
- I am ignored.
- I am being controlled.
- I am physically abused by others.
- I am sexually abused by others.
- I am lonely or not close to anyone
- I am uncomfortable around others.
- I am shy.
- I distrust others.
- I argue or fight with others.
- I feel inferior around others.
- I don't fit in with others.
- I don't have much of a social life.
- People take advantage of me.
- I have difficulty being assertive.
- I don't feel understood by others.
- I am not liked or accepted by others.
- I have difficulty making friends.
- I have difficulty keeping friends.
- I don't express myself to others well.
- I am nervous or uneasy when alone.
- People don't give me enough credit
- I have conflicts with a boss.
- I have conflicts with work peers.
- I have serious marital problems.
- I am separated from my spouse.
- I am estranged from a child of mine.
- I am estranged from a parent.
- I have difficulty loving those I should.
- I have a very sick family member.
- I have a very disabled family member.
- My spouse sees a counselor.
- My child sees a counselor.

Physical

- I have pains or tightness in the chest.
- I have difficulty getting my breath.
- I have a persistent cough.
- I have sinus problems.
- I have seizures.
- I have periods or rapid heart beats.
- I have high blood pressure.
- I have difficulty swallowing.
- I have a poor appetite.
- I have a poor (unbalanced) diet.
- I don't exercise regularly.
- I over eat.
- I am excessively thirsty.
- I drink alcohol (more than 1-2/day).
- I use an illegal drug.
- I smoke or chew tobacco.
- I have been losing weight.
- I have been gaining weight.
- I have nausea or an upset stomach.
- I have bad cramping.
- I have irritable bowels.
- I have to urinate a lot.
- I have trouble falling asleep.
- I have trouble staying asleep.
- I don't get much sleep.
- I over sleep or fall asleep too easily.
- I feel unusually tired or lethargic
- I quickly run out of energy.
- I get faint or dizzy.
- I sweat easily.
- I get hot or cold flashes or spells.
- I have shaking or trembling.
- I have tender, sore, parts of my body.
- I have stiffness in parts of my body.
- I have weakness in parts of my body.
- I have numbness in parts of my body.
- I have tingling sensations.
- I have burning sensations.
- I get twitches.
- I have chronic pain.
- I have a chronic illness
- I have a physical handicap.
- I have headaches.
- I have chronic skin problems.
- I am losing a lot of hair.
- I have sexual impotence.
- I have low sexual desire.
- I am sensitive to bright light.
- I am sensitive to noise.
- I have trouble with my vision.
- I have trouble with my hearing.
- I seem to get ill or sick easily.
- I seem to injure myself easily.
- I don't seem to heal or recover easily.
- I have other unusual body sensations.
- I take medications for health reasons.
- I often see my physician.
- I have many physicians.