

Client Checklist-CONFIDENTIAL

Name: _____ Date: _____

Below are some categories in which some people commonly report difficulties. Please circle one number for each item. Your answers about yourself will help me to know you better.

Not a Problem	Slight Problem	Moderate Problem	Serious Problem	Severe Problem
1	2	3	4	5
Physical Functioning				
Overeating or weight gain	1	2	3	4 5
Loss of appetite or weight loss	1	2	3	4 5
Fatigue, lack of energy	1	2	3	4 5
Sleeping too much	1	2	3	4 5
Difficulty falling asleep	1	2	3	4 5
Difficulty staying asleep	1	2	3	4 5
Decreased need for sleep	1	2	3	4 5
Sexual functioning (if applicable)	1	2	3	4 5
Experience at Work (if applicable)				
General performance	1	2	3	4 5
General satisfaction	1	2	3	4 5
Lateness	1	2	3	4 5
Absenteeism	1	2	3	4 5
Negative feelings about work	1	2	3	4 5
Relating to supervisor(s)	1	2	3	4 5
Relating to co-workers	1	2	3	4 5
Experience at School (if applicable)				
Grades	1	2	3	4 5
Effort	1	2	3	4 5
Tardiness	1	2	3	4 5
Absences	1	2	3	4 5
Negative feelings about school	1	2	3	4 5
Relating to teachers	1	2	3	4 5
Relating to other students	1	2	3	4 5
Discipline problems	1	2	3	4 5
Feelings and Moods				
Sadness	1	2	3	4 5
Discouragement, hopelessness	1	2	3	4 5
Anxiety, nervousness, fear, worry	1	2	3	4 5
Anger, irritability	1	2	3	4 5
Not liking self	1	2	3	4 5
Not liking others	1	2	3	4 5
Guilt, critical of self	1	2	3	4 5
Loss of interest in usual activities	1	2	3	4 5
Sudden changes in mood	1	2	3	4 5
Elevated mood (euphoria)	1	2	3	4 5
Life Stressors				
Relating to parents	1	2	3	4 5
Relating to brother(s)/sister(s)	1	2	3	4 5
Relating to friends	1	2	3	4 5
Relating to children (if applicable)	1	2	3	4 5
Physical abuse	1	2	3	4 5
Sexual abuse	1	2	3	4 5
Legal Problems	1	2	3	4 5
Behavior				
Difficulty with daily routine	1	2	3	4 5
Let others take advantage of me	1	2	3	4 5
Hyperactivity (can't sit still)	1	2	3	4 5
Repeating certain acts over & over	1	2	3	4 5
Using alcohol/drugs to cope	1	2	3	4 5
Difficulty being honest	1	2	3	4 5
Difficulty saying "no"	1	2	3	4 5
Taking things	1	2	3	4 5
Aggressive towards others	1	2	3	4 5
Withdrawal from others	1	2	3	4 5
Rely on others to take care of me	1	2	3	4 5
More talkative than usual	1	2	3	4 5
Easily distracted	1	2	3	4 5
Increase in goal-directed activity	1	2	3	4 5
Inner Thoughts and Ideas				
Thinking life is not worth living	1	2	3	4 5
Thoughts of hurting myself	1	2	3	4 5
Fears of looking foolish	1	2	3	4 5
Worried about your health	1	2	3	4 5
Believe you are better than others	1	2	3	4 5
Believe you are inferior to others	1	2	3	4 5
Concentration	1	2	3	4 5
Memory	1	2	3	4 5
Experiencing confusion	1	2	3	4 5
Frightening thoughts or daydreams	1	2	3	4 5
Having repeated unwanted thoughts	1	2	3	4 5
Suspicious of other's motives	1	2	3	4 5
Racing thoughts	1	2	3	4 5