

CHL - Adult Symptom Check List

Patient Name:

Date:

Legend Please mark the appropriate degree of any symptoms you have experienced in the last month:

1=Never

2=Rarely

3=Occasionally

4=Frequently

5=Usually

Constant sadness/depressed mood	1	2	3	4	5	Fear of social situations, spaces	1	2	3	4	5
Difficulty falling asleep	1	2	3	4	5	Feelings of anxiety	1	2	3	4	5
Difficulty staying asleep	1	2	3	4	5	Feeling on edge	1	2	3	4	5
Increased sleep	1	2	3	4	5	Panick attacks	1	2	3	4	5
Anxiety when waking up	1	2	3	4	5	Trembling/shakiness	1	2	3	4	5
Less joy in formerly pleasant activities	1	2	3	4	5	Restlessness	1	2	3	4	5
Feelings of guilt	1	2	3	4	5	Irritability	1	2	3	4	5
Low self esteem	1	2	3	4	5	Shortness of breath	1	2	3	4	5
Feelings of helplessness	1	2	3	4	5	Heart palpitations/chest pain	1	2	3	4	5
Feelings of hopelessness	1	2	3	4	5	Sweats	1	2	3	4	5
Fatigued/low energy	1	2	3	4	5	Dizziness	1	2	3	4	5
Decreased concentration/attention span	1	2	3	4	5	Nausea/abdominal distress	1	2	3	4	5
Indeciseveness/slowed thinking	1	2	3	4	5	Headaches	1	2	3	4	5
Appetite increaae/decrease	1	2	3	4	5	Feeling dissociated	1	2	3	4	5
Weight up/down (____ lbs)	1	2	3	4	5						
Crying spells	1	2	3	4	5	Menstrual problems/changes	1	2	3	4	5
Suicidal thoughts	1	2	3	4	5	Urinary problems	1	2	3	4	5
Attempts to hurt/cut on self	1	2	3	4	5	Sexual problems	1	2	3	4	5
Diminished sex drive	1	2	3	4	5	Unexplained pain	1	2	3	4	5
Tendency to isolate	1	2	3	4	5	Other physical symptoms	1	2	3	4	5
Needing to be with others excessively	1	2	3	4	5						
Difficulty with relationships (home/work)	1	2	3	4	5	Decreased ability to keep focus	1	2	3	4	5
Decreased effectiveness (work/home)	1	2	3	4	5	Difficulty in organizing tasks	1	2	3	4	5
Overeating/Bing eating	1	2	3	4	5	Forgetfulness	1	2	3	4	5
Anorexia (food restriction)	1	2	3	4	5	Distractibility	1	2	3	4	5
Purging food (vomiting)	1	2	3	4	5	Feeling hyper, restless, manic	1	2	3	4	5
						Impulsive	1	2	3	4	5
Dramatic mood swings	1	2	3	4	5						
Increased energy	1	2	3	4	5	Amnesia	1	2	3	4	5
Feeling elated	1	2	3	4	5	Feelings of numbness	1	2	3	4	5
Racing thoughts	1	2	3	4	5	Nightmares	1	2	3	4	5
Overspending	1	2	3	4	5						
Increased sexual acitivities	1	2	3	4	5	Bizarre/unusual experiences	1	2	3	4	5
Decreased need for sleep	1	2	3	4	5	Hear/see things others don't	1	2	3	4	5
Naps during the day	1	2	3	4	5	Repetitive bothersome thoughts	1	2	3	4	5
Increased sleep on weekends	1	2	3	4	5	Compulsive behaviors	1	2	3	4	5
Alcohol use/abuse or dependency	1	2	3	4	5	Difficulty controlling anger	1	2	3	4	5
Other drug use/abuse or dependency	1	2	3	4	5	Homicidal thoughts	1	2	3	4	5
Family/legal probs due to alcohol/drugs	1	2	3	4	5	Attempts to hurt another	1	2	3	4	5