

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

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

**PLEASE CHECK ANY OF THE FOLLOWING THAT APPLY TO YOU AT PRESENT:**

- |   |  |
|---|--|
| <input type="checkbox"/> Suicidal thoughts                          | <input type="checkbox"/> Feeling easily hurt           |
| <input type="checkbox"/> Always tired                               | <input type="checkbox"/> Lacking confidence            |
| <input type="checkbox"/> Poor appetite                              | <input type="checkbox"/> Feeling grouchy               |
| <input type="checkbox"/> Trouble sleeping                           | <input type="checkbox"/> Depressed                     |
| <input type="checkbox"/> Loss of weight                             | <input type="checkbox"/> Feeling lonely                |
| <input type="checkbox"/> Weight gain                                | <input type="checkbox"/> Not enjoying usual activities |
| <input type="checkbox"/> Fast heartbeat                             | <input type="checkbox"/> Feeling inferior              |
| <input type="checkbox"/> Frequent sweating                          | <input type="checkbox"/> No one understands me         |
| <input type="checkbox"/> Dizziness                                  | <input type="checkbox"/> Worried about health          |
| <input type="checkbox"/> Shaky hands                                | <input type="checkbox"/> Can't concentrate             |
| <input type="checkbox"/> Stomach trouble                            | <input type="checkbox"/> Can't get going               |
| <input type="checkbox"/> Feeling tense                              | <input type="checkbox"/> Feeling angry                 |
| <input type="checkbox"/> Cold feet and/or hands                     | <input type="checkbox"/> Don't like being alone        |
| <input type="checkbox"/> Diarrhea                                   | <input type="checkbox"/> Always worried                |
| <input type="checkbox"/> Constipation                               | <input type="checkbox"/> Nightmares                    |
| <input type="checkbox"/> Muscles twitching or jumping               | <input type="checkbox"/> Feeling panicky               |
| <input type="checkbox"/> Nausea or Vomiting                         | <input type="checkbox"/> Can't make decisions          |
| <input type="checkbox"/> Headaches                                  | <input type="checkbox"/> Can't make friends            |
| <input type="checkbox"/> Fainting spells                            | <input type="checkbox"/> Unable to relax               |
| <input type="checkbox"/> Chronic illness                            | <input type="checkbox"/> Feeling fearful               |
| <input type="checkbox"/> Full of energy                             | <input type="checkbox"/> Overly sensitive              |
| <input type="checkbox"/> Financial problems                         | <input type="checkbox"/> Anxious inside                |
| <input type="checkbox"/> Marital problems                           | <input type="checkbox"/> Panic/Anxiety attacks         |
| <input type="checkbox"/> Difficulties at work                       | <input type="checkbox"/> Sexual problems               |
| <input type="checkbox"/> Excessive drinking                         | <input type="checkbox"/> Easily excited                |
| <input type="checkbox"/> Excessive use of drugs                     | <input type="checkbox"/> Quick tempered / lose temper  |
| <input type="checkbox"/> Excessive spending of money                | <input type="checkbox"/> Impatient with people         |
| <input type="checkbox"/> Pornography use                            | <input type="checkbox"/> Very restless                 |
| <input type="checkbox"/> Problems with children                     | <input type="checkbox"/> Feel like hurting someone     |
| <input type="checkbox"/> Problems with parents                      | <input type="checkbox"/> Feel like smashing things     |
| <input type="checkbox"/> Fighting and quarreling often              | <input type="checkbox"/> Shy with people               |
| <input type="checkbox"/> Overly ambitious                           | <input type="checkbox"/> Loss of meaning of life       |
| <input type="checkbox"/> Difficulties at school                     | <input type="checkbox"/> Feelings of guilt             |
| <input type="checkbox"/> Confused about personal religious practice | <input type="checkbox"/> Unable to pray                |
| <input type="checkbox"/> Recent loss of someone close to me         | <input type="checkbox"/> Unable to forgive             |
| <input type="checkbox"/> Crying spells                              | <input type="checkbox"/> Unable to feel forgiven       |
| <input type="checkbox"/> Unable to have fun                         | <input type="checkbox"/> Loss / disappointment         |