

## *Symptom Checklist*

Name \_\_\_\_\_ Date \_\_\_\_\_

One of the things all insurance companies require prior to reimbursement for services is a medical diagnosis according to some very specific guidelines. If you are planning on using your insurance for services, it is in your best interest that a correct medical diagnosis be established. The following are some of the most commonly experienced symptoms, and they are the kinds of guidelines recognized by insurance companies. Please check any that describe you or your current circumstances.

- \_\_\_\_\_ Excessive anxiety and worry occurring more days than not for at least 6 months about a number of events or activities
- \_\_\_\_\_ Often find it difficult to control the worry or anxiety
- \_\_\_\_\_ Often feel restless, keyed up or on edge
- \_\_\_\_\_ Easily fatigued
- \_\_\_\_\_ Difficulty concentrating or mind going blank
- \_\_\_\_\_ Irritability
- \_\_\_\_\_ Muscle tension
- \_\_\_\_\_ Difficulty falling or staying asleep, or unsatisfying sleep
- \_\_\_\_\_ Heart palpitations, pounding heart, or accelerated heart rate
- \_\_\_\_\_ Sweating
- \_\_\_\_\_ Trembling or shaking
- \_\_\_\_\_ Shortness of breath or smothering sensations
- \_\_\_\_\_ Feelings of choking
- \_\_\_\_\_ Chest pain or discomfort
- \_\_\_\_\_ Nausea or abdominal distress
- \_\_\_\_\_ Feeling dizzy, unsteady, light headed, or faint
- \_\_\_\_\_ Chills or heat sensations

- \_\_\_\_\_ Numbness or tingling sensations
- \_\_\_\_\_ Derealization (feelings of unreality) or depersonalization (feeling detached from oneself)
- \_\_\_\_\_ Fear of losing control or “going crazy”
- \_\_\_\_\_ Fear of dying
- \_\_\_\_\_ Marked fear of being in one or more social situations in which you fear being exposed to possible scrutiny by others, such as having social interactions, meeting unfamiliar people, being observed eating or drinking or in other situations, or when performing in some way, such as giving a speech
- \_\_\_\_\_ Marked fear about a specific object or situation (such as flying, injections, seeing blood, certain animals, crossing bridges); the object or situation almost always provokes immediate fear
- \_\_\_\_\_ Fear or anxiety about any of the following situations: using public transportation, being in open spaces, being in enclosed places, standing in a line or being in a crowd, being in a store, driving being outside of the home alone; you avoid these situations
- \_\_\_\_\_ Persistent worry about having another panic attack
- \_\_\_\_\_ Recurrent and persistent thoughts, urges, or images that are experienced as intrusive and unwanted, and that in most individuals would cause marked anxiety or distress
- \_\_\_\_\_ Repetitive behaviors (such as hand washing, checking, ordering, counting, repeating words silently) that you feel compelled to perform in response to obsessive thoughts or according to rules that must be applied rigidly
- \_\_\_\_\_ Persistent difficulty discarding or parting with possessions, regardless of their actual value
- \_\_\_\_\_ Repeated pulling out of one’s hair
- \_\_\_\_\_ Recurrent skin picking resulting in skin lesions
- \_\_\_\_\_ Exposure to actual or threatened death, serious injury, or sexual violence; or witnessing it happening to someone else; or learning that the traumatic event occurred to a close family member or friend
- \_\_\_\_\_ Recurrent or involuntary and intrusive distressing memories of the traumatic event

- \_\_\_\_\_ Recurrent or distressing dreams in which the content of the dream is related to a traumatic event
- \_\_\_\_\_ Flashbacks in which it feels like the event is happening again
- \_\_\_\_\_ Intense distress at exposure to anything that symbolizes or resembles an aspect of a traumatic event
- \_\_\_\_\_ Avoidance of or efforts to avoid distressing memories, thoughts, feelings about or closely associated to a traumatic event
- \_\_\_\_\_ Inability to remember an important aspect of a traumatic event (not due to head injury, alcohol or drugs)
- \_\_\_\_\_ Irritable behavior and angry outbursts
- \_\_\_\_\_ Persistent inability to experience positive emotions (happiness, love, satisfaction)
- \_\_\_\_\_ Reckless or self destructive behavior
- \_\_\_\_\_ Hypervigilance
- \_\_\_\_\_ Exaggerated startle response
- \_\_\_\_\_ Problems with concentration
- \_\_\_\_\_ Development of emotional or behavioral symptoms in response to an identifiable stressor occurring within 3 months of the onset of the stressor
- \_\_\_\_\_ Significant impairment in social, occupational or other important areas of function in response to an identifiable stressor
- \_\_\_\_\_ Depressed mood most of the day, nearly every day
- \_\_\_\_\_ Markedly diminished interest or pleasure in all, or almost all, activities
- \_\_\_\_\_ Significant weight loss when not dieting, or weight gain; decrease or increase in appetite nearly every day
- \_\_\_\_\_ Insomnia or hypersomnia nearly every day
- \_\_\_\_\_ Psychomotor agitation or retardation nearly every day (observable by others and not merely feelings of restlessness or being slowed down)
- \_\_\_\_\_ Fatigue or loss of energy nearly every day

- \_\_\_\_\_ Feelings of worthlessness or excessive/inappropriate guilt nearly every day
- \_\_\_\_\_ Loss of self-esteem
- \_\_\_\_\_ Feelings of hopelessness
- \_\_\_\_\_ Indecisiveness or diminished ability to think or concentrate, nearly every day
- \_\_\_\_\_ Recurrent thoughts of death (not just fear of dying)
- \_\_\_\_\_ Recurrent suicidal thoughts without a specific plan
- \_\_\_\_\_ Thoughts of suicide with a plan
- \_\_\_\_\_ A previous suicide attempt
- \_\_\_\_\_ Decreased need for sleep
- \_\_\_\_\_ More talkative than usual or an internal pressure to keep talking
- \_\_\_\_\_ Subjective experience that thoughts are racing
- \_\_\_\_\_ Distractability, or attention drawn to unimportant/irrelevant external stimuli
- \_\_\_\_\_ Increase in goal directed activity, either socially, at work, at school or sexually
- \_\_\_\_\_ Excessive involvement in activities that have a high potential for painful consequences
- \_\_\_\_\_ Inflated self-esteem or grandiosity
- \_\_\_\_\_ Intense fear of gaining weight or becoming fat, even if normal or underweight
- \_\_\_\_\_ Regular behaviors that interfere with weight gain, even if at a significantly low weight
- \_\_\_\_\_ Persistent concern with body shape and weight
- \_\_\_\_\_ Undue influence of body weight or shape on self-evaluation
- \_\_\_\_\_ Recurrent episodes of binge eating, at least one time a week for 3 months
- \_\_\_\_\_ Eating within a 2 hour period an amount of food that is larger than most people would eat during a similar period of time and under similar circumstances
- \_\_\_\_\_ A sense of lack of control during a time of eating
- \_\_\_\_\_ Recurrent behaviors to keep from gaining weight, such as self-induced vomiting or use of laxatives or diuretics, or excessive exercise

\_\_\_\_\_ Regular use of one or more of the following: alcohol, prescription/nonprescription drugs, caffeine, cigarettes

\_\_\_\_\_ Increased medical complaints or increased sensitivity to pain

\_\_\_\_\_ Physical pain in one or more places in your body

\_\_\_\_\_ Any diagnosed physical illnesses or disorders (Please list them)

---

---

\_\_\_\_\_ A pattern of unstable and intense interpersonal relationships

\_\_\_\_\_ Chronic feelings of emptiness

\_\_\_\_\_ Strong uncertainty about two of the following: self-image, sexual orientation, long-term goals or career choice, types of friends desired, or preferred values

\_\_\_\_\_ Frequent displays of anger

\_\_\_\_\_ Quickly move from one feeling to another

\_\_\_\_\_ Impulsive in at least two areas that are potentially self-damaging, as spending money, sex, substance use, shoplifting, reckless driving, or binge eating