

Self-Report Symptom Check In

In each section, rate each item's severity of symptoms 0-5, 0 means no symptoms – 5 means these symptoms are severely impacting your daily life. Then add them up for a total score at the bottom of each section. Take this daily or weekly to see the increase or decrease of symptoms as you learn and try coping skills.

<u>Topic</u>	<u>Symptoms</u>	<u>Rating 0-5</u>
Attention & Memory	<ol style="list-style-type: none"> 1. Easily distracted 2. Disorganized or Loses things necessary for tasks or activities 3. Difficulty engaging in leisure/work activities 4. Difficulty completing tasks 5. Dislikes/avoids tasks requiring sustained attention 6. Hyper and/or Fidgety 7. Forgetful in daily activities 8. Difficulty waiting or impatient 	
Total		
Sleep & Nutrition	<ol style="list-style-type: none"> 1. Difficulty sleeping through the night 2. Difficulty falling asleep 3. Sleeping during the day 4. Difficulty waking up 5. Nightmares 6. Excessive eating 7. Not eating sufficiently or Poor nutrition 8. Overeating 	
Total		
Mood	<ol style="list-style-type: none"> 1. Hopeless or Helpless feelings 2. Irritability 3. Depressed mood 4. Social withdrawal 5. Fatigue 6. Decreased interest in activities you normally enjoy 7. Excessive/Inappropriate Guilt (being too hard on yourself) 8. Crying spells 	
Total		
Anxiety	<ol style="list-style-type: none"> 1. Panic Attacks 2. Excessive worry 3. Avoidance 4. Phobias or Fears: _____ 5. Heart pounds for no apparent reason 6. Trembling/shaking 7. Shortness of breath 8. Nightmares, intrusive thoughts, or flashbacks 	
Total		
Other	List any symptoms you are having that are not listed: _____	

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Understanding your Scores

0 – 14 In any Topic Area would indicate mild symptoms

15 – 29 In any Topic Area would indicate moderate symptoms

30 – 40 In any Topic Area would indicate Severe symptoms

List of Coping skills tried after taking the Symptom Check In

1. _____
2. _____
3. _____
4. _____
5. _____