

Southern Oregon Counseling
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Symptoms Checklist

It can be difficult to determine when to go to therapy. The Symptoms Checklist is intended as a guideline for you to clarify what you are currently experiencing and may wish to work on. Please check the items that indicate areas that are currently problems for you.

Place TWO check marks to indicate the most important reason(s).

- | | |
|---|--|
| <input type="checkbox"/> Feeling nervous or anxious | <input type="checkbox"/> Use/abuse of alcohol and/or drugs |
| <input type="checkbox"/> Feelings of panic | <input type="checkbox"/> Difficulty with school or work |
| <input type="checkbox"/> Under pressure and feeling stressed | <input type="checkbox"/> Concerns about finances |
| <input type="checkbox"/> Needing to learn to relax | <input type="checkbox"/> Having difficulty being honest/open |
| <input type="checkbox"/> Afraid of being on your own | <input type="checkbox"/> Having difficulty communicating |
| <input type="checkbox"/> Feeling angry much of the time | <input type="checkbox"/> Having a hard time making friends |
| <input type="checkbox"/> Concerns about your violence | <input type="checkbox"/> Having a hard time keeping friends |
| <input type="checkbox"/> Difficulty expressing emotions | <input type="checkbox"/> Wishing you were more social |
| <input type="checkbox"/> Feeling inferior to others | <input type="checkbox"/> Feeling pressured by others |
| <input type="checkbox"/> Lacking in self-confidence | <input type="checkbox"/> Feeling controlled/manipulated |
| <input type="checkbox"/> Feeling down or unhappy | <input type="checkbox"/> Marital or couple problems |
| <input type="checkbox"/> Feeling lonely and/or isolated | <input type="checkbox"/> Family difficulties |
| <input type="checkbox"/> Guilty feelings | <input type="checkbox"/> Difficulties with children |
| <input type="checkbox"/> Feeling down on yourself | <input type="checkbox"/> Break-up of a relationship |
| <input type="checkbox"/> Thoughts of taking your own life | <input type="checkbox"/> Difficulties in sexual relationships |
| <input type="checkbox"/> Recent trauma or loss in your life | <input type="checkbox"/> Feeling guilty about sexual activities |
| <input type="checkbox"/> Concerns about emotional stability | <input type="checkbox"/> Feelings related to molestation or rape |
| <input type="checkbox"/> Feeling cut off from your emotions | <input type="checkbox"/> Concerns about childhood abuse |
| <input type="checkbox"/> Wondering "Who I am" | <input type="checkbox"/> Concerns about your weight |
| <input type="checkbox"/> Difficulty making decisions | <input type="checkbox"/> Difficulties with weight control |
| <input type="checkbox"/> Feeling confused much of the time | <input type="checkbox"/> Concerns about your physical health |
| <input type="checkbox"/> Difficulty controlling your thoughts | <input type="checkbox"/> Concerns about your appearance |
| <input type="checkbox"/> Difficulty controlling your actions | <input type="checkbox"/> Performing ritualistic behaviors |
| <input type="checkbox"/> Being suspicious of others | <input type="checkbox"/> Fear of losing control |