JENNIFER BALLERINI, PSY.D

SYMPTOM CHECKLIST

- ☐ Feeling anxious or worried
- ☐ Feeling restless or on edge
- ☐ Having muscle tension or headaches
- ☐ Having panic attacks
- ☐ Feeling unable to relax
- ☐ Having flashbacks, nightmares, or intrusive thoughts of traumatic experiences
- ☐ Feeling numb or detached
- ☐ Withdrawing from others
- ☐ Being tired/lacking energy
- ☐ Having trouble concentrating
- ☐ Having trouble making decisions
- ☐ Feeling depressed or unhappy
- ☐ Crying often
- ☐ Feeling hopeless or worthless
- ☐ Loss of pleasure or interest in life
- ☐ Feeling guilty or ashamed
- ☐ Being self-critical/hard on yourself
- ☐ Harming yourself
- ☐ Thinking about hurting or killing yourself
- ☐ Thinking about hurting or killing others
- ☐ Feeling irritable/frustrated
- ☐ Being verbally/physically aggressive with others
- ☐ Experiences of harassment, abuse, or assault
- ☐ Experiences of discrimination
- ☐ Traumatic experiences: ________________________
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- ☐ Not having an appetite
- ☐ Eating in binges
- ☐ Vomiting/using laxatives to manage your weight
- ☐ Losing or gaining weight - How much? ______________
- ☐ Trouble falling or staying asleep
- ☐ Number of hours/night you typically sleep ___________
- ☐ Lack of exercise
- ☐ Smoking cigarettes/vaping
- ☐ Using marijuana - How much/often? ________________
- ☐ Using alcohol - How much/often? __________________
- ☐ Using other drugs recreationally - Which? ___________
- ☐ Driving under the influence
- ☐ Blackouts
- ☐ Feeling out of control of your alcohol/drug use
- ☐ Having others express concern about your alcohol/ drug use
- ☐ Feeling out of control of your porn use/sexual behaviors
- ☐ Working too much
- ☐ Spending too much
- ☐ Partner being demanding or controlling
- ☐ Partner criticizing or putting you down
- ☐ Partner shutting down or withdrawing
- ☐ Partner being dishonest or hiding things
- ☐ Feeling lonely/not feeling close to partner

- ☐ Jealousy/lack of trust in relationship
- ☐ Self or partner having a physical or emotional affair
- ☐ Partner having addiction/substance abuse issues
- ☐ Physical abuse/violence in relationship
- ☐ Lack of physical affection/emotional warmth in relationship
- ☐ Problems with parenting
- ☐ Problems with in-laws/exes
- ☐ Feeling a lack of sexual desire
- ☐ Feeling sexually neglected
- ☐ Feeling sexually used
- ☐ Problems with arousal/erection/orgasm
- ☐ Fertility issues
- ☐ Miscarriage or abortion

In the past few years, I've...

- ☐ Had a close friend or family member die
- ☐ Given birth to or adopted a child
- ☐ Had a serious/chronic medical issue
- ☐ Moved
- ☐ Separated/divorced
- ☐ Lost/changed jobs
- ☐ Had financial or legal problems
- ☐ Had other stressors: ______________________________

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Growing up, I...

- ☐ Was hit, beaten, or threatened with harm - By whom? ______________________________
- ☐ Witnessed someone in my home hit, beaten, or threatened with harm
- ☐ Was sworn at, insulted, or put down - By whom? ______________________________
- ☐ Experienced unwanted sexual contact/touching/ assault - By whom? ______________________________
- ☐ Didn't have enough to eat, didn't have clean clothes, or had no one to protect me
- ☐ Felt that no one loved me or thought I was special
- ☐ Had a parent who abused drugs or alcohol
- ☐ Had a depressed/mentally ill parent
- ☐ Had a parent or caregiver who was incarcerated
- ☐ Had a parent attempt suicide
- ☐ Had parents who separated/divorced
- ☐ Had a parent die or leave me
- ☐ Moved frequently
- ☐ Had problems in school
- ☐ Had learning disabilities

My Goals for Therapy:

- ☐ ______________________________ ______________________________
- ☐ ______________________________ ______________________________
- ☐ ______________________________ ______________________________

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