

Enlighten Therapeutic & Consulting Services, LLC

"Transforming Minds One Person at a Time"

Behavior & Symptoms Checklist (Adult Only)

Date:		
Client Name:	Date of Birth:	
For Adults Only to Complete: you would like them to take pl		ptoms that occur to you more often than
Aggression	Elevated mood	Phobias/fears
Alcohol dependence	Fatigue	Recurring thoughts
Anger	Gambling	Sexual addiction
Antisocial behavior	Hallucinations	Sexual difficulties
Anxiety	Heart palpitations	Sick often
Avoiding people	High blood pressure	Sleeping problems
Chest pain	Hopelessness	Speech problems
Cyber addiction	Impulsivity	Suicidal thoughts
Depression	Irritability	Thoughts disorganized
Disorientation	Judgment errors	Trembling
Distractibility	Loneliness	Withdrawing
Dizziness	Memory impairment	Worrying
Drug dependence	Mood shifts	Other (specify):
Eating disorder	Panic attacks	