

**Sarah Kelley, M.S., LMFT**

Individual, Family, and Child Therapy  
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**Symptom Checklist (Adult)**

**Client Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please check off the following symptoms/concerns you have experienced in the past 30 days. **Circle the top 3:**

<input type="checkbox"/> Aging issues	<input type="checkbox"/> Aggression	<input type="checkbox"/> Anger
<input type="checkbox"/> Anxiety/fear	<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Appetite changes (eating more/less)
<input type="checkbox"/> Codependence	<input type="checkbox"/> Confusion	<input type="checkbox"/> Decreased interest in activities
<input type="checkbox"/> Dependence	<input type="checkbox"/> Depressed mood (sadness, crying)	<input type="checkbox"/> Delusions (false thoughts)
<input type="checkbox"/> Disability	<input type="checkbox"/> Divorce/separation	<input type="checkbox"/> Dizziness/fainting
<input type="checkbox"/> Drug abuse	<input type="checkbox"/> Elevated mood/increased energy	<input type="checkbox"/> Family conflict
<input type="checkbox"/> Fatigue/low energy	<input type="checkbox"/> Financial issues	<input type="checkbox"/> Grief
<input type="checkbox"/> Hallucinations	<input type="checkbox"/> Headaches	<input type="checkbox"/> Hyperactivity
<input type="checkbox"/> Impulsivity	<input type="checkbox"/> Irritability	<input type="checkbox"/> Marital issues
<input type="checkbox"/> Mood swings	<input type="checkbox"/> Obsessions/compulsions	<input type="checkbox"/> Panic attacks
<input type="checkbox"/> Parenting issues	<input type="checkbox"/> Phobias	<input type="checkbox"/> Physical pain
<input type="checkbox"/> Poor concentration	<input type="checkbox"/> Relationship issues	<input type="checkbox"/> Sadness
<input type="checkbox"/> School issues	<input type="checkbox"/> Self-harm	<input type="checkbox"/> Sexual problems
<input type="checkbox"/> Social (difficulty making friends)	<input type="checkbox"/> Social (isolation/withdrawal)	<input type="checkbox"/> Spiritual issues
<input type="checkbox"/> Stress	<input type="checkbox"/> Stomach issues (nauseous, pain)	<input type="checkbox"/> Suicidal thoughts
<input type="checkbox"/> Weight loss/gain	<input type="checkbox"/> Work/career issues	<input type="checkbox"/> Worthlessness
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other: