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**Symptom Checklist<sup>1</sup>**

Name of person completing form: \_\_\_\_\_

Today's date: \_\_\_\_\_

Below is a list of symptoms and complaints that people sometimes have. Read each question carefully, then, using the scale below, put a check mark in the column that best describes how often you have experienced the symptom over the past six (6) months. Do not skip any items. If you have any questions, please ask.

	1 = never or hardly ever	2 = sometimes	3 = often	4 = always or almost always
1. Headaches				
2. Nervousness or shakiness inside				
3. Being unable to get rid of bad thoughts or ideas				
4. Faintness or dizziness				
5. Loss of sexual interest or pleasure				
6. Feeling critical of others				
7. Bad dreams				
8. Difficulty in speaking when you are excited				
9. Trouble remembering things				
10. Worried about sloppiness or carelessness				
11. Feeling easily annoyed or irritated				
12. Pains in the heart or chest				
13. Itching				
14. Feeling low in energy or slowed down				
15. Thoughts of ending your life				
16. Sweating				
17. Trembling				
18. Feeling confused				
19. Poor appetite				
20. Crying easily				
21. Feeling shy or uneasy with the opposite sex				
22. A feeling of being trapped or caught				
23. Suddenly scared for no reason				
24. Temper outbursts that you could not control				
25. Constipation				

Please complete reverse side.

<sup>1</sup> Adapted from the Hopkins Symptom Checklist-25 (HSCL-25)

	1 = never or hardly ever	2 = sometimes	3 = often	4 = always or almost always
26. Blaming yourself for things				
27. Pains in your lower back				
28. Feeling blocked in getting things done				
29. Feeling lonely				
30. Feeling blue				
31. Thinking about death or dying.				
31. Worrying or stewing about things				
32. Feeling no interest in things				
33. Feeling fearful				
34. Your feelings being easily hurt				
35. Having to ask others what you should do				
36. Feeling others do not understand you or are unsympathetic				
37. Feeling that people are unfriendly or dislike you				
38. Having to do things very slowly in order to insure you were doing them right				
39. Heart pounding or racing				
40. Nausea or upset stomach				
41. Feeling inferior to others				
42. Soreness of your muscles				
43. Loose bowel movements				
44. Difficulty in falling asleep or staying asleep				
45. Having to check and doublecheck what you do				
46. Difficulty making decisions				
47. Wanting to be alone				
48. Trouble getting your breath				
49. Hot or cold spells				
50. Having to avoid certain things, places, or activities because they frighten you				
51. Your mind going blank				
52. Numbness or tingling in parts of your body				
53. A lump in your throat				
54. Feeling hopeless about the future				
55. Trouble concentrating				
56. Weakness in parts of your body				
57. Feeling tense or keyed up				
58. Heavy feelings in your arms or legs				