

Serenity Counseling Services

"Finding a Balance Along Your Journey in Life"

CURRENT SYSTEM CHECKLIST

Client Name: _____

Date: _____

(Rate intensity of symptoms currently present)

Mild = Impacts quality of life, but no significant impairment of day-to-day functioning

Moderate = Significant impact on quality of life and/or day-to-day functioning

Severe = Profound impact on quality of life and/or day-to-day functioning

Symptom	Impact				Symptom	Impact			
	None	Mild	Mod	Severe		None	Mild	Mod	Severe
Aggressive Behaviors					Irritability				
Agitation					Laxative/Diuretic Abuse				
Anorexia					Little to no interest in sex				
Appetite Disturbance					Loose Associations				
Attempts to harm/kill self					Marital Problems				
Bingeing/Purging					Mood Swings				
Breaking items					Obsessions/Compulsions				
Can't stop thinking of past					Oppositional Behavior				
Circumstantial Symptoms					Panic Attacks				
Co-Occurring Medical Condition					Paranoid Ideation				
Conduct Problems					Periods of Sadness >2 weeks				
Delusions					Phobias				
Depressed Mood					Physical Trauma Perpetrator				
Dissociative States					Physical Trauma Victim				
Easily Angered					Playing with Fire				
Elevated Mood					Poor Concentration				
Elimination Disturbance					Poor Grooming				
Emotional Trauma Perpetrator					Problems remembering things				
Emotional Trauma Victim					Psychomotor Retardation				
Emotionality					Self-Mutilation				
Fatigue/Low Energy					Sexual Dysfunction				
Feel Bullied					Sexual Trauma Perpetrator				
Feel Like an Outsider					Sexual Trauma Victim				
Feel Tired Almost Every Day					Significant Weight Loss/Gain				
Generalized Anxiety					Sleep Disturbance				
Grief					Social Isolation				
Guilt					Somatic Complaints				
Hallucinations					Substance Abuse				
Hear Voices in your Head					Other:				
Hopelessness									
Hyperactivity									
Increase worry/worry a lot									

NOTES: