

Primary Care Problem Checklist

Name (print): _____ Date: _____

Reviewing the past 6 months, check only items that you have experienced regularly to any degree or intensity

- Feeling depressed/sad/unhappy
- Faintness or dizziness
- Having no interest in activities you used to enjoy
- Unable to get out of bed and get active
- Wanting to be left alone or not bothered by others
- Fear of embarrassment causing you to avoid some activities
- Weight loss or gain circle one
- Spells of panic or terror
- Trouble falling or staying asleep or sleeping too much circle one
- Feeling afraid to be the center of attention
- Feeling inferior to others
- Nervousness or shakiness inside
- Thoughts of death or dying
- Having to avoid something because it frightens you
- Feeling hopeless about the future
- Nausea /upset stomach/bowel distress
- Getting into frequent arguments
- Sweating not brought on by heat or activities
- Feeling easily annoyed or irritated
- Worry that shifts from one concern to another
- Feelings being easily hurt by others
- Fear of having a heart attack or other physical illness
- Periods of tremendous energy making it hard to focus
- Feeling that your thoughts are out of control
- Trouble controlling your spending or buying sprees
- Paying too much attention to unimportant things
- Feeling others should give you more recognition
- Angry outbursts you could not control.
- Trouble getting your breath or fainting circle one
- Inability to complete daily activities
- Feeling that people are unfriendly or dislike you
- Numbness or tingling in parts of your body
- Chronic pain in joints or back
- Social awkwardness or distress
- Feeling emotionally numb
- Urges that are difficult or impossible to resist
- Feeling a lump in the throat
- Intrusive, disturbing memories or nightmares
- Feeling that something terrible will happen
- Binging or Purging when eating circle one
- Experienced traumatic or stressful event What? _____
- Thoughts of ending your life/better off dead
- Feeling so restless you could not sit still.
- Feeling worthless and a failure
- Feeling nervous when left alone
- Increased/decreased appetite circle one
- Feeling fearful or general apprehension
- Constant fatigue or loss of energy
- Feeling that you are choking
- Crying or tearfulness
- Feeling afraid to go out of the house
- Difficulty making decisions
- Feeling suddenly scared for no reason
- Decreased interest in sex
- Trembling or shakiness
- Feeling uninteresting or incompetent
- Headaches or head injury circle one
- Trouble concentrating or memory problems
- Feeling unreal or detached from oneself
- Feelings of guilt
- Feeling tense or keyed up
- Trouble remembering things.
- Pain, pressure or tightness in the chest
- Decreased need for sleep
- Distrusting the motives of loved ones
- Urges to hit or hurt someone
- Excessive interest in sex.
- Urges to break or smash things
- Feeling blocked getting things done.
- Fear of fainting or passing out
- Pain, pressure or tightness in the chest
- Your mind going blank
- Feeling weak in parts of your body
- Hot or cold spells
- Feeling detached from situations
- Feeling on edge or easily startled
- Repetitive disturbing thoughts
- Pains in heart or chest
- Eating until uncomfortably full
- Fears of going crazy or losing control
- Laxative/Diuretic use for weight loss
- Death of significant other Who? _____