Client Name: Age: DOB:

Current Symptom or Problem	Intensity			Duration				
	mild	moderate	severe	acute	chronic	2 wks	3 months	6 months	1 year
Depressed mood									
Grief / bereavement									
Hopeless / helpless /overwhelmed									
Decreased energy / Fatigue									
Emotionality									
Guilt									
Loneliness									
Stress									
Anxiety / excessive worrying									
Family / Marital Conflict									
Sexual Issues									
Appetite or weight changes									
Bingeing or Purging									
Trouble making decisions									
Irritability									
Sleep disturbance									
Nightmares									
Flashbacks									
Paranoia / Strange Thoughts									
Poor impulse control									
Anxiety / panic attacks									
Problems Communicating									
Phobias									
Impaired concentration									
Aggressive Bullying behavior									
Loss of interest/ avoiding activities									
Anger Issues									
Mood Swings									
Hyperactivity									
Current Verbal emotional abuse									
Current Physical / sexual abuse									
Obsessive thoughts or behavior									
Hallucinations									
LGBTQ Issues									
Impaired Memory									
Alcohol Use									
Drug use Prescription abuse									
Self-harm									
Gambling Problem									
Internet/porn addiction /gambling									
Oppositional Behavior									
Control or Boundary Issues									

Impact on the Following	Intensity			Duration				
	mild	moderate	severe	acute	chronic	2 wks	3 months	6 months	1 year
Primary Relationship									
Family / Friends									
Physical / Medical									
Cognitive / Thinking									
Job / School									
Daily living activities									
Legal Involvement									