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Symptom Checklist

Rate each symptom on a scale of 1 to 10 (10 being most severe). Describe when possible (write on back of page if necessary)

Rate 1 to 10 (10 being most severe)	Symptoms (Describe)
	ADD
	Addictions
	ADHD
	Alcohol or drug abuse
	Allergies
	Anorexia
	Anxiety
	Asperger's syndrome
	Auditory processing problems
	Autism
	Balance problem
	Cerebral Palsy
	Chronic fatigue
	Closed head injury

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Rate 1 to 10 (10 being most severe)	Symptoms (Describe)
	Clumsiness (Right, Left, Upper, Lower)
	Compulsive problems
	Death wish
	Depression (Cognitive, Endogenous, Agitated, Bipolar)
	Difficulty expressing emotions
	Difficulty reading others' emotions
	Eating disorder
	Emotional control problems
	Episodic dyscontrol
	Excessive daytime sleepiness
	Fear
	Fibromyalgia
	Fine motor control
	Flashbacks
	Gross motor coordination problems
	Handwriting problem
	Happiness level
	Hearing problems
	Impotence
	Impulsivity
	Incontinence (Urinary, Fecal)
	Insomnia
	Lack of confidence
	Low sex drive
	Math difficulty

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Rate 1 to 10 (10 being most severe)	Symptoms (Describe)
	Memory problems
	Motility difficulty (walking, running kicking)
	Multiple Sclerosis
	Muscle cramps
	Nightmares
	Numbness (which parts of body?)
	Obsessive problems
	Oppositional/Defiant
	Overeating
	Pain
	Parkinsonism
	Pervasive developmental disorder
	Poor Judgment
	Post-traumatic stress disorder
	Reactive attachment disorder
	Reading problems
	Recurrent thoughts
	Reward deficiency syndrome
	Seizure disorder
	Sensory integration problem
	Sex offender
	Sexual addiction
	Snoring
	Spasticity (which parts of body?)
	Spatial relations problem

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Rate 1 to 10 (10 being most severe)	Symptoms (Describe)
	Spelling difficulty
	Stiffness
	Stroke
	Tic disorder
	Tinnitus (ringing in ears)
	Tourette syndrome
	Toxic exposures
	Tremor
	Verbal fluency problem
	Visual problems
	Visual processing problems
	Weakness (which parts of body?)
	Other addictions
	Other disorders (describe)