

Student ID : _____

Counselor: Sr. Aprilia Untarto, SSpS

First Name : _____

MI : _____

Last: _____

SYMPTOM ASSESSMENT – Please tick your concerns

I AM EXPERIENCING...	Never	Seldom	Often	Always	For how long?
Frequent worry or tension					
Fear of many things					
Discomfort in social situations					
Feelings of guilt					
Phobias: unusual fears about specific things					
Panic Attacks: sweating, trembling, shortness of breath, heart palpitations					
Recurring, distressing thoughts about a trauma					
“Flashback” as if reliving the traumatic event					
Avoiding people/places associated with trauma					
I AM FEELING...	Never	Seldom	Often	Always	For how long?
Decreased interest in pleasurable activities					
Social isolation. Loneliness					
Suicidal thoughts					
Bereavement of feelings of loss					
Changes in sleep (too much or not enough)					
Normal, daily tasks require more effort					
Sad, hopeless about future					
Excessive feelings of guilt					
Low self esteem					
I NOTICE...	Never	Seldom	Often	Always	For how long?
I am angry, irritable, hostile					
I feel euphoric, energized and highly optimistic					
I have racing thoughts					
I need less sleep than usual					
I am more talkative					
My moods fluctuate: go up and down					
I HAVE...	Never	Seldom	Often	Always	For how long?
Memory problems or trouble concentrating					
Trouble explaining myself to others					

Problems understanding what others tell me					
Intrusive or strange thoughts					
Obsessive thoughts					
Been hearing voice when alone					
Problems with my speech					
Risk taking behaviors					
Compulsive or repetitive behaviors					
Been physically harming myself					
Been violent toward other(s)					
I USE THE FOLLOWING...	Never	Seldom	Often	Always	For how long?
Alcohol					
Nicotine (Cigarettes)					
Marijuana					
Cocaine					
Other kind of drugs					
MY EATING INVOLVES...	Never	Seldom	Often	Always	For how long?
Restriction of food consumption					
Bingeing and Purging					
Bingeing Eating					
A lot of weight loss or gain					
I HAVE...	Never	Seldom	Often	Always	For how long?
Concern about my sexual function					
Concern about my sexual activity					
Questions about my sexual orientation					

PERSONAL AND FAMILY HISTORY OF MENTAL ILLNESS

Have you or a close relative ever been hospitalized for a psychiatric/mental illness? Yes No

Does anyone in your family have a mental illness? Yes No

Has anyone in your family ever attempted or committed suicide? Yes No

Does anyone in your family have a substance abuse problem? Yes No

Have you ever been arrested? Yes No

If “YES” to any of the above, please briefly explain :