



Frontier Health and Wellness



Presenting Problems and Symptoms Checklist - Adult

Recent = within the past 30 days In the past = greater than 30 days	None	Recently	In the Past	Supported By: Please provide further explanation
Sad most of the day				
Not interested in activities that used to be fun				
Cannot fall asleep most of the time				
Sleeping more than usual				
Loss of energy				
Do not spend as much time with friends as usual				
Do not bathe or clean self regularly				
Eating more than usual				
Blaming self				
Acting angry much of the time				
Acting unusually happy much of the time				
At times needing little or no sleep				
An Increase in Intrusive and Unwanted Sexual Behavior				
Talking so fast it is hard to understand				
Tense, nervous, worrying much of the time				
Panic Attacks: heart pounding, can't breathe, sweating				

.....
Client Name (Print)

.....
Date

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Saw or had something bad or scary happen				
Often remembering something bad or scary happening				
Having bad dreams over and over				
Easily upset when reminded of something bad or scary				
Staying away from or will not talk about things that remind you of something bad or scary that happened				
Jumpy or scared easily				
Doing things over and over without a clear reason i.e. washing hands, touching things, checking locked doors				
Having problems paying attention				
Easily distracted				
Often forgetful				
Often fidgeting with hands or feet				
Lots of physical movement				
Talking a lot				
Problems at work				
Often acting without thinking				
Often loses temper				

Client Name (Print) _____

Date _____

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Recent = within the past 30 days In the past = greater than 30 days	None	Recently	In the Past	Supported By: Please provide further explanation
Often found arguing				
Difficulties following rules or directions				
Bullying, threatening or intimidating others				
Starting physical fights				
Destroying property				
Stealing				
Lying				
Abandoning responsibilities				
Cruelty to others				
Fire setting				
Disciplinary actions at work				
Change in work performance				
Uncomfortable making eye contact with others				
Having problems communicating				
Repeating same movements over and over (i.e. wringing hands, rocking back and forth, snapping fingers)				
Difficulty noticing when others are trying to speak or interact with you				
No interest in making friends or interacting with others				

Client Name _____

Date _____

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Difficulties calming down when upset				
Unchangeable beliefs or ideas that others don't get/tolerate				
Hearing voices when no one is there				
Seeing things when nothing is there				
Voices tell you to harm self				
Voices tell you to harm others				
Talking with words that do not make sense to others				
People say you show little emotion on your face				
Refusal to maintain adequate body weight within normal range				
Very scared of gaining weight				
Others tell me I'm skinny but I still feel fat				
At times I eat way too much food				
People tell me I exercise way too much				
I take laxatives to lose weight				
I force myself to vomit				

Client Name

Date