

PSYCHOLOGICAL HISTORY

Client: _____ Date: _____

Please indicate with a check mark whether you have experienced any of the following:

- | | | |
|--|---|--|
| <input type="checkbox"/> Difficulty falling asleep | <input type="checkbox"/> Loss of interest in pleasurable activities | <input type="checkbox"/> Difficulty trusting others |
| <input type="checkbox"/> Frequent waking up | <input type="checkbox"/> Low energy | <input type="checkbox"/> Feeling others are out to harm you |
| <input type="checkbox"/> Waking up early | <input type="checkbox"/> Too much energy | <input type="checkbox"/> Feeling others know what you are thinking |
| <input type="checkbox"/> Sleeping too much | <input type="checkbox"/> Low self esteem | <input type="checkbox"/> Difficulty remembering the year |
| <input type="checkbox"/> Increased appetite with weight gain | <input type="checkbox"/> Feelings of hopelessness | <input type="checkbox"/> Difficulty remembering the day |
| <input type="checkbox"/> Loss of appetite with weight loss | <input type="checkbox"/> Feelings of helplessness | <input type="checkbox"/> Difficulty making decisions |
| <input type="checkbox"/> Binging | <input type="checkbox"/> Crying spells | <input type="checkbox"/> Recurring thoughts |
| <input type="checkbox"/> Purging | <input type="checkbox"/> Rituals | <input type="checkbox"/> Sexual dysfunction |
| <input type="checkbox"/> Difficulty concentrating | <input type="checkbox"/> Nightmares | <input type="checkbox"/> Cross dressing |
| <input type="checkbox"/> Suicidal thoughts | <input type="checkbox"/> Low frustration tolerance | <input type="checkbox"/> Exhibitionism |
| <input type="checkbox"/> Suicide attempt | <input type="checkbox"/> Frequent daydreaming | <input type="checkbox"/> Sexual sadism |
| <input type="checkbox"/> Homicidal thoughts | <input type="checkbox"/> Excessive fear | <input type="checkbox"/> Sexual masochism |
| <input type="checkbox"/> Attempted homicide | <input type="checkbox"/> Fear of leaving home | <input type="checkbox"/> Bondage |
| <input type="checkbox"/> Periods where you lose time | <input type="checkbox"/> Fear of crowded places | <input type="checkbox"/> Multiple sex partners at same time |
| <input type="checkbox"/> Periods where you forget where you are | <input type="checkbox"/> Easily embarrassed | <input type="checkbox"/> Unusual sex interests |
| <input type="checkbox"/> Hear people talking to you when no one is there | <input type="checkbox"/> Trouble sitting still | <input type="checkbox"/> Frequently spending more than you have |
| <input type="checkbox"/> Trouble with "common sense" | <input type="checkbox"/> See things which aren't there | <input type="checkbox"/> Periods of euphoria |
| <input type="checkbox"/> Sadness depression | <input type="checkbox"/> Poor Organization | |
| <input type="checkbox"/> Anger control | <input type="checkbox"/> Tics | |
| <input type="checkbox"/> Mood swings | <input type="checkbox"/> Difficulty finishing things | |
| <input type="checkbox"/> Gone days without sleeping | <input type="checkbox"/> Sweating | |
| <input type="checkbox"/> Excessive worry | <input type="checkbox"/> Clammy skin | |
| <input type="checkbox"/> Excessive guilt | <input type="checkbox"/> Heart pounding | |