Colony Care
BEHAVIORAL HEALTH

Client Self-Assessment Checklist

CLIENT NAME: _____ TODAY'S DATE: _____

Please answer the following questions by filling in the bubbles completely, one bubble per question: ●

	Not at All	Just a Little	Pretty Much	Very Much
I feel down/depressed	○	○	○	○
I experience feelings of hopeless	○	○	○	○
I feel tired or have little energy	○	○	○	○
I am experiencing a loss of interest/ pleasure in doing things	○	○	○	○
I feel irritable	○	○	○	○
I have suicidal thoughts	○	○	○	○
I experience crying spells or tearfulness	○	○	○	○
I have experienced changes in my eating habits/appetite changes	○	○	○	○
I have engaged in self injurious behavior in the last 6 months	○	○	○	○
I experience mood swings/highs and lows	○	○	○	○
I experience racing thoughts/flights of ideas	○	○	○	○
I find myself acting impulsively	○	○	○	○
I have difficulty making decisions	○	○	○	○
I have difficulty concentrating	○	○	○	○
I experience sleep difficulties	○	○	○	○
I experience frequent worries/fears	○	○	○	○
Worrying prevents me from doing things	○	○	○	○
I have difficulty controlling fears and worries	○	○	○	○
I am experiencing physical symptoms of anxiety	○	○	○	○
I have difficulty relaxing	○	○	○	○
I am experiencing difficulty at work/school	○	○	○	○
I am experiencing difficulty with my relationships	○	○	○	○
My distress is impacting my life	○	○	○	○

CLIENT NAME: _____ TODAY'S DATE: _____

	Not at All	Just a Little	Pretty Much	Very Much
I often lose/misplace things	○	○	○	○
I experience mental restlessness	○	○	○	○
I experience physical restlessness	○	○	○	○
I find myself shifting from one task to the next	○	○	○	○
I am easily distracted	○	○	○	○
I have a hard time reading social cues which affects my social interactions	○	○	○	○
I have difficulty making or keeping friendships with people outside my family	○	○	○	○
I worry or others complain that I spend too much time with on-line entertainment	○	○	○	○
I feel that I need to cut down on my alcohol/substance use	○	○	○	○
I feel annoyed when people criticize my alcohol/substance use	○	○	○	○
I feel embarrassed or guilty about my alcohol/substance use	○	○	○	○

Please answer the following questions by filling in the bubbles completely, one bubble per question: ●

I am currently distressed by a major life event:	N/A	Not at All	Just a Little	Pretty Much	Very Much
Loss/death/grief	○	○	○	○	○
Trauma	○	○	○	○	○
Divorce/major relationship change	○	○	○	○	○
Change of school/job/move	○	○	○	○	○
Birth of child/sibling	○	○	○	○	○
Medical issue	○	○	○	○	○
Involvement in a controlling/volatile relationship	○	○	○	○	○