Jay County Hospital
JAY COUNTY BEHAVIORAL HEALTH OUTPATIENT SERVICES
Self-Assessment

Please Circle any of these symptoms that you feel are true of you in the past 30 days. Please write a 1 next to a symptom that occurs sometimes, 2 for frequently, and 3 for most of the time.

Can't fall asleep	Can't stay asleep	Sleeping too much	Less need for sleep
Less activities than usual	Concentration problems	A change in self-esteem	Decreased energy
Racing thoughts	Low energy	High energy	Crying Spells
Depressed mood	Problem setting still	Suicidal thoughts	Suicidal plan
More talkative than usual	Overly busy or overactive	Overspending	Making risky decisions
Makes careless mistakes	Others complain I don't listen	Problems finishing a task	Relationship problems
Problems getting started on a task	Often loses things	Easily distracted	Often forgetful
Starts fights	Threatens others	Cruel to people	Cruel to animals
Problems stealing	Destroys property	Committed a crime	Lies
Refuses to follow rules	Uses illegal drugs	Drinks alcohol	Alcohol/drug use increased
Uses more alcohol or drugs than intended	Problems stopping use of alcohol or drugs	Activities given up because of alcohol or drugs	Continued alcohol or drug use despite consequences
Legal problems	Arguments as a result of alcohol/drug use	Hands shake	Nausea or vomiting
Seeing things others say they don't see	Hearing things that others say they don't hear	People are trying to control me	Overly jealous
Being mistreated by others	Heart beating fast	Sweating not due to heat	Shortness of breath
Feelings of choking	Chest pain/discomfort	Feeling dizzy or light-headed	Fear of dying
Fear of losing control	Numbness or tingling	Chills or hot flashes	Worry about having panic attacks
Avoid going to places due to anxiety	Afraid of things that others are not afraid of	Very fearful	Dislike being in front of others
Can't get thoughts out of my mind	Have impulses to do things to make anxiety go down	Troubles ignoring thoughts or impulses	Feeling like I have to do things over and over
Nightmares	Witnessed something terrible happening	Reliving terrible events happening	Feel numb, unreal, or in a daze
Restless	Easily tired	Irritable	Muscle tension
Sexual problems	Fear of gaining weight or getting fat	Lack of control over eating	Use laxatives or cause self-vomiting
Gambling problems	Feeling empty	Been sexually abused	Been physically abused
Been neglected	Sexually abusive	Physically abusive	Neglectful

(Patient Label)