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Clinical Psychologist

Psychotherapy Narrative Questionnaire and Progress Checklist

Name: _____ Date: _____

SYMPTOMS (Please check all that you have been experiencing and are concerned about):

- | | | |
|---------------------------------------|---------------------------|----------------------|
| sleep changes (too much, too little) | menstrual changes | tired easily |
| appetite changes (increase, decrease) | numbness | abdominal discomfort |
| fear of dying | poor attention span | feeling hopeless |
| gender dysphoria | sexual problems | forgetfulness |
| lack of interest in everything | fatigue | dizziness |
| anxiety | hyperventilation | personality changes |
| guilt | heart palpitations | crying easily |
| a lot of sadness/depression | diarrhea | indecisiveness |
| constipation | nausea | weight loss |
| nightmares | work problems | anger |
| suicidal thoughts or attempts | shaky hands | fearfulness |
| blurred vision | phobias | shaky inside |
| physical complaints | low self-esteem | avoiding people |
| inferiority | withdrawal from activity | can't have fun |
| hearing voices | paranoia | short temper |
| seeing things | dry mouth | worry a lot |
| relationship/family problems | ringing ears | can't relax |
| racing heart | irritability | low motivation |
| frequent boredom | feeling empty inside | weight gain |
| fear of going crazy | shyness/timidity | easily embarrassed |
| restlessness | excessive daydreaming | careless mistakes |
| homicidal thoughts or gestures | negativity | trouble breathing |
| thoughts you can't stop | behaviors you can't stop | moodiness |
| procrastination | excessive motivation | difficulty learning |
| comprehension problems | drinking alcohol too much | using drugs |
| shoplifting | spending too much money | loneliness |

Please feel free to write about your concerns in more detail below: