

DSM-5 Symptom Checklist for Adults

Name: _____

Date Completed: _____

For each item, select the option that best describes how frequently you experience the symptom:

1. Mood & Emotional Regulation

Symptom	Never	Sometimes	Often
Persistent sadness or low mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of interest or pleasure in activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling hopeless or discouraged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive guilt or worthlessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritability or anger outbursts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapid mood changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Anxiety & Stress

Symptom	Never	Sometimes	Often
Excessive worry about multiple areas of life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling restless or “on edge”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty controlling worry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic attacks (sudden fear, heart racing, shortness of breath)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoiding situations due to fear or anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical tension (muscle tightness, headaches)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Attention, Focus & Executive Functioning

Symptom	Never	Sometimes	Often
Difficulty sustaining attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble organizing tasks or activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forgetfulness in daily activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling easily distracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty completing tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restlessness or difficulty sitting still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Behavior & Impulse Control

Symptom	Never	Sometimes	Often
Acting without thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty waiting your turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interrupting others frequently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engaging in risky behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble controlling urges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Sleep & Energy

Symptom	Never	Sometimes	Often
Trouble falling or staying asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping too much or too little	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low energy or fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling unrefreshed after sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Thought Patterns

Symptom	Never	Sometimes	Often
Racing thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty concentrating due to intrusive thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persistent negative thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling detached from reality or yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suspiciousness or feeling others may harm you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Social & Interpersonal Functioning

Symptom	Never	Sometimes	Often
Avoiding social interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty maintaining relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling misunderstood by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble interpreting social cues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Daily Functioning

Symptom	Never	Sometimes	Often
Difficulty managing responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems with work performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble with time management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling overwhelmed by routine tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Substance Use

Symptom	Never	Sometimes	Often
Problems caused by use of alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems caused by use of other drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty cutting down on use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mood or behavior changes related to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Concerns _____
