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Check any of the following symptoms or problems that you are currently experiencing or have recently experienced.

- |   |   |
|---|---|
| <input type="checkbox"/> Stress             | <input type="checkbox"/> Hearing voices       |
| <input type="checkbox"/> Grief              | <input type="checkbox"/> Loss of appetite     |
| <input type="checkbox"/> Verbal Abuse       | <input type="checkbox"/> Aggression           |
| <input type="checkbox"/> Impulsive Behavior | <input type="checkbox"/> Apathy               |
| <input type="checkbox"/> Anxiety            | <input type="checkbox"/> Relationship issues  |
| <input type="checkbox"/> Chronic Pain       | <input type="checkbox"/> Racing thoughts      |
| <input type="checkbox"/> Fear               | <input type="checkbox"/> Sleep issues         |
| <input type="checkbox"/> Sexual Abuse       | <input type="checkbox"/> Eating problems      |
| <input type="checkbox"/> Sexual Problems    | <input type="checkbox"/> Alcohol use          |
| <input type="checkbox"/> Loneliness         | <input type="checkbox"/> Physical abuse       |
| <input type="checkbox"/> Depression         | <input type="checkbox"/> Unwanted memories    |
| <input type="checkbox"/> Sexual Addiction   | <input type="checkbox"/> Feeling worthless    |
| <input type="checkbox"/> Obsessive thoughts | <input type="checkbox"/> Financial issues     |
| <input type="checkbox"/> Shyness            | <input type="checkbox"/> Drug use             |
| <input type="checkbox"/> Panic              | <input type="checkbox"/> Emotional abuse      |
| <input type="checkbox"/> Indecisiveness     | <input type="checkbox"/> Loss of control      |
| <input type="checkbox"/> Poor concentration | <input type="checkbox"/> Pregnancy/abortion   |
| <input type="checkbox"/> Gender identity    | <input type="checkbox"/> Work issues          |
| <input type="checkbox"/> Bad dreams         | <input type="checkbox"/> Loss                 |
| <input type="checkbox"/> Fatigue            | <input type="checkbox"/> Recent death         |
| <input type="checkbox"/> Anger              | <input type="checkbox"/> Career choices       |
| <input type="checkbox"/> Low self esteem    | <input type="checkbox"/> Controlled by others |

Place a X on the scale to indicate how distressing your problems are to you

