

Strong IBH Symptom Sheet Name \_\_\_\_\_

Date \_\_\_\_\_

**Please check the appropriate boxes below, using the following levels:**

- Mild:* Occurs occasionally and doesn't bother me much
- Moderate:* Occurs most weeks, and is bothersome or unpleasant
- Severe:* Daily or almost daily, or experienced often at intolerable levels
- Past:* Has been moderate or severe in past, but hasn't occurred in over a year

	None	Mild	Moderate	Severe	Past		None	Mild	Moderate	Severe	Past
Acts of violent behavior by me						Indecisiveness					
Agitation						Injury to my head and unconscious					
Agreeing to unwanted sex						Insomnia					
Anger outbursts						Irritability					
Anxiety or nervousness						Lack of motivation					
Binge eating food						Lesbian/gay/bisexual/trans concerns					
Black outs						Loneliness					
Change in appetite						Loss of energy					
Change in sleep pattern						Loss of interest in people or activities					
Chronic pain						Loss of interest in sex					
Concerns about alcohol or drug use						Memory problems					
Concerns about my health						Nightmares					
Crying						No need for sleep for two days or more					
Destroying property						Not recognizing people who know me					
Difficulty asserting myself						Numbness or tingling					
Difficulty breathing						Panic attacks					
Difficulty expressing my emotions						Paranoid thinking					
Difficulty getting along with others						Pessimism					
Disappointed in self						Poor appetite					
Disinterest in other people						Poor concentration					
Disorganization						Poor impulse control					
Driving drunk or high						Poor judgment					
Extra high energy with up mood						Problems in romantic relationships					
Facial flushing						Repeated bouts of nausea or indigestion					
Falling asleep from alcohol or drugs						Repeating a behavior over and over					
Fatigue, tiredness						Sadness					
Fear of assault by strangers						Scared					
Fear of dying						Seeing things that are not there					
Fear of losing control						Seizures					
Fear of the worst happening						Self blame or criticism					
Feeling dissatisfied and/or bored						Self harm					
Feeling dizzy or lightheaded						Sexual concerns					
Feeling hot						Shaky					
Feeling faint						Sleeping too much					
Feeling like a failure						Someone acting violent towards me					
Feeling like I'm being punished						Sometimes I don't know where I am					
Feeling guilty						Spiritual concerns					
Feeling worthless						Sweating (not due to heat)					
Feelings of choking						Terrified					
Flashbacks						Thoughts of harming someone else					
Hands trembling						Thoughts of suicide					
Harassment related to my gender identity or sexual harassment						Unable to enjoy things I usually would					
Harassment related to my race/ethnicity						Unable to relax					
Headaches						Unsteady					
Hearing voices that others around me do not hear						Using vomiting, laxatives, starvation, or over-exercising to control weight					
Heart racing or pounding						Weight change of 5 pound in one month					
History of sexual assault or sexual abuse						When eating, I feel out of control					
Hopelessness						Withdrawal from other people					
						Wobbliness in legs					