

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  |      |      |          |        |      |