

Weekly Progress Report Form

Name:

Date:

Directions: Please check off any behaviors or symptoms that have increased, or have appeared in the last week and are not normally observed or experienced.

	Difficulty staying asleep		Difficulty falling asleep
	Problems awakening		Unusual exhaustion
	Snoring		Increased impulsivity
	Unusual fatigue		Unusual fidgetiness
	Emotional oversensitivity		More tension in neck, shoulders
	Agitation		Bothersome thoughts that won't quit
	Not hearing what people say (unusual inattentiveness)		Compulsions
	Depression		Unusual anger or temper outbursts
	Night terrors		More nightmares or vivid dreams
	Sleep walking		Unusual acting out behavior
	Bedwetting		Nausea with agitation
	Nausea/carsickness		Tics or nervous habits not normally seen
	Dizziness		Stuttering
	Feeling or acting "goofy"		Dry eyes
	Increased empathy		Unusual lack of sensitivity to other's feelings

How have things gone since the last training session? What's better? What's changed? What are your current challenges?

Better:

Different:

Current challenges:

Your name:

Relationship to Client: