

Your Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Symptom Checklist

Rate your symptoms at their worst for current episode if this is a first evaluation, or for past two weeks if this is a followup evaluation.

Not at all	Very little	A little	A moderate amount	A lot	Severe
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- |  | little                | amount                | very much             |
|--|-----------------------|-----------------------|-----------------------|
| 1. Drinking of alcoholic beverages?<br>(Frequent hangovers, DWI, missed work, blackouts)<br>Explain: _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Using drugs or misusing prescription drugs?<br>Explain: _____   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Anxious -----   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Nightmares -----  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Lonely -----  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Angry -----   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Out of control-----   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Afraid -----  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Trouble Remernbering -----  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. Insomnia -----   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. Sleeping too much -----  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. Not feeling like getting out of bed -----  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. Feeling guilty -----   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. Feeling sad -----  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. Feeling like hurting yourself -----  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. Feeling like hurting someone else -----  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. Trouble organizing your day -----  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. Your mind is racing -----  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. Trouble concentrating -----  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. Aches and pains -----  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. Feeling that others are talking about you -----  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. Feeling that you are a bad person -----  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23. Needing to be always perfect -----   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24. Very self-conscious -----  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25. Not wanting to be with people -----  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 30. Irritable -----  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 31. Doing things that you soon regret<br>Describe: _____   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 32. Critical of yourself -----   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 33. Bothered by unwanted thoughts -----  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 33. Hearing or seeing things that may not be real -----  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

### These symptoms happen:

**Not at all**

**Very  
little**

## A little

**A moderate amount**

**A lot**

**Severe**

- |     |  |  |  |  |  |  |  |
|-----|--|--|--|--|--|--|--|
| 34. | Wanting to die                                 |  |  |  |  |  |  |
| 35. | Upset stomach or bowels, headaches             |  |  |  |  |  |  |
| 36. | Trouble making decisions                       |  |  |  |  |  |  |
| 37. | Sexual difficulty<br>Describe:                 |  |  |  |  |  |  |
| 38. | Lack of empathy                                |  |  |  |  |  |  |
| 39. | Deceitfulness/lawbreaking                      |  |  |  |  |  |  |
| 40. | Unstable interpersonal relationships           |  |  |  |  |  |  |
| 41. | Phobias and fears                              |  |  |  |  |  |  |
| 42. | Obsessions                                     |  |  |  |  |  |  |
| 43. | Compulsions                                    |  |  |  |  |  |  |
| 44. | Distressing recollections/dreams of trauma     |  |  |  |  |  |  |
| 45. | Flashbacks                                     |  |  |  |  |  |  |
| 46. | Emotional numbing                              |  |  |  |  |  |  |
| 47. | Doing things without thinking                  |  |  |  |  |  |  |
| 48. | Hurting others with words or actions           |  |  |  |  |  |  |
| 49. | Unable to do things because of fear            |  |  |  |  |  |  |
| 50. | Feeling detached from yourself                 |  |  |  |  |  |  |
| 51. | Excessive worrying about the future            |  |  |  |  |  |  |
| 52. | Spells of terror or panic                      |  |  |  |  |  |  |
| 53. | Frequently checking things                     |  |  |  |  |  |  |
| 54. | Anxious in crowded places                      |  |  |  |  |  |  |
| 55. | Feeling inadequate or inferior                 |  |  |  |  |  |  |
| 56. | Distrustful of others                          |  |  |  |  |  |  |
| 57. | Unusual physical sensations                    |  |  |  |  |  |  |
| 58. | Loss of interest in usual activities           |  |  |  |  |  |  |
| 59. | Too little energy                              |  |  |  |  |  |  |
| 60. | Too much energy                                |  |  |  |  |  |  |
| 61. | Impulses to do wild things                     |  |  |  |  |  |  |
| 62. | Feeling like you are watching yourself         |  |  |  |  |  |  |
| 63. | Worrying about your mental health              |  |  |  |  |  |  |
| 64. | Too sensitive                                  |  |  |  |  |  |  |
| 65. | Poor appetite                                  |  |  |  |  |  |  |
| 66. | Eating too much                                |  |  |  |  |  |  |
| 67. | Purging  |  |  |  |  |  |  |
| 68. | Trembling and shaking                          |  |  |  |  |  |  |
| 69. | Losing control of your emotions                |  |  |  |  |  |  |
| 70. | Trouble organizing your thoughts               |  |  |  |  |  |  |
| 71. | Wrapped up in your own thoughts                |  |  |  |  |  |  |
| 72. | Afraid to be alone                             |  |  |  |  |  |  |
| 73. | Wanting to be alone                            |  |  |  |  |  |  |
| 74. | Trouble having fun                             |  |  |  |  |  |  |
| 75. | Feeling empty inside                           |  |  |  |  |  |  |
| 76. | Problems in involvement with friends/coworkers |  |  |  |  |  |  |
| 79. | Problems with involvement with family members  |  |  |  |  |  |  |
| 80. | Work/School attendance                         |  |  |  |  |  |  |
| 81. | Work/School performance problems               |  |  |  |  |  |  |
| 82. | Financial stability problems                   |  |  |  |  |  |  |