

NAME \_\_\_\_\_ DATE \_\_\_\_\_

**INSTRUCTIONS:** During the last 2 weeks, how much has each of the problems listed below bothered or distressed you?

**Key:** 0 = not at all    1 = a little bit    2 = moderately    3 = quite a bit    4 = extremely

	0	1	2	3	4
1. Soreness of your muscles	0	1	2	3	4
2. Numbness or tingling in parts of your body	0	1	2	3	4
3. Heavy feelings in your arms or legs	0	1	2	3	4
4. Weakness in parts of your body	0	1	2	3	4
5. Pains in heart or chest	0	1	2	3	4
6. Hot or cold spells	0	1	2	3	4
7. Pains in lower back	0	1	2	3	4
8. Trouble getting your breath	0	1	2	3	4
9. Faintness or dizziness	0	1	2	3	4
10. A lump in your throat	0	1	2	3	4
11. Headaches	0	1	2	3	4
12. Nausea or upset stomach	0	1	2	3	4

1. Having to check and double-check	0	1	2	3	4
2. Having to do things very slowly to insure correctness	0	1	2	3	4
3. Your mind going blank	0	1	2	3	4
4. Trouble remembering things	0	1	2	3	4
5. Difficulty making decisions	0	1	2	3	4
6. Trouble concentrating	0	1	2	3	4
7. Worried about sloppiness or carelessness	0	1	2	3	4
8. Feeling blocked in getting things done	0	1	2	3	4
9. Having to repeat the same actions, i.e., counting, washing	0	1	2	3	4
10. Unwanted thoughts, etc., that won't leave your mind	0	1	2	3	4

1. Feeling afraid in open spaces or on the streets	0	1	2	3	4
2. Feeling afraid to go out of your house alone	0	1	2	3	4
3. Feeling afraid to travel on buses, subways, or trains	0	1	2	3	4
4. Feeling uneasy in crowds, such as shopping or at the movies	0	1	2	3	4
5. Feeling nervous when you are left alone	0	1	2	3	4
6. Feeling afraid you will faint in public	0	1	2	3	4
7. Having to avoid certain things, etc., because they frighten you	0	1	2	3	4

1. Feeling others are to blame for most of your troubles	0	1	2	3	4
2. Feeling that most people can not be trusted	0	1	2	3	4
3. Feeling that you are watched or talked about by others	0	1	2	3	4
4. Having ideas or beliefs that others do not share	0	1	2	3	4
5. Others not giving you proper credit for your achievements	0	1	2	3	4
6. Feeling that people will take advantage of you if you let them	0	1	2	3	4

1. The idea that someone else can control thoughts	0	1	2	3	4
2. Hearing voices that other people do not hear	0	1	2	3	4
3. Other people being aware of your private thoughts	0	1	2	3	4
4. Having thoughts that are not your own	0	1	2	3	4
5. Feeling lonely even when you are with people	0	1	2	3	4
6. Having thoughts about sex that bother you a lot	0	1	2	3	4
7. The idea that you should be punished for your sins	0	1	2	3	4

0=not at all	1=a little bit	2=moderately	3=quite a bit	4=extremely	
8. The idea that something serious is wrong with your body	0	1	2	3	4
9. Never feeling close to another person	0	1	2	3	4
10. The idea that something is wrong with your mind	0	1	2	3	4
1. Poor appetite	0	1	2	3	4
2. Overeating	0	1	2	3	4
3. Trouble falling asleep	0	1	2	3	4
4. Awakening in the early morning	0	1	2	3	4
5. Sleep that is restless and disturbed	0	1	2	3	4
6. Thoughts of dying and death	0	1	2	3	4
7. Feelings of guilt	0	1	2	3	4
1. Feeling critical of others	0	1	2	3	4
2. Feeling shy or uneasy with the opposite sex	0	1	2	3	4
3. Your feelings are easily hurt	0	1	2	3	4
4. Feeling others do not understand you or are unsympathetic	0	1	2	3	4
5. Feeling that people are unfriendly or dislike you	0	1	2	3	4
6. Feeling inferior to others	0	1	2	3	4
7. Feeling uneasy when people are watching or talking about you	0	1	2	3	4
8. Feeling uncomfortable about eating or drinking in public	0	1	2	3	4
9. Feeling very self-conscious with others	0	1	2	3	4
1. Loss of sexual interest or pleasure	0	1	2	3	4
2. Feeling low in energy or slowed down	0	1	2	3	4
3. Thoughts of ending your life	0	1	2	3	4
4. Crying easily	0	1	2	3	4
5. Feeling of being trapped or caught	0	1	2	3	4
6. Feeling inferior to others	0	1	2	3	4
7. Feeling lonely	0	1	2	3	4
8. Feeling blue	0	1	2	3	4
9. Worrying too much about things	0	1	2	3	4
10. Feeling no interest in things	0	1	2	3	4
11. Feeling hopeless about the future	0	1	2	3	4
12. Feeling everything is an effort	0	1	2	3	4
13. Feelings of worthlessness	0	1	2	3	4
1. Nervousness or shakiness inside	0	1	2	3	4
2. Trembling	0	1	2	3	4
3. Suddenly scared for no reason	0	1	2	3	4
4. Feeling fearful	0	1	2	3	4
5. Heart pounding or racing	0	1	2	3	4
6. Feeling tense or keyed up	0	1	2	3	4
7. Spells of terror and panic	0	1	2	3	4
8. Feeling so restless you can't sit still	0	1	2	3	4
9. Feeling that familiar things are strange or unreal	0	1	2	3	4
1. Feeling pushed to get things done	0	1	2	3	4
2. Feeling easily annoyed or irritated	0	1	2	3	4
3. Tempter outbursts you can not control	0	1	2	3	4
4. Having urges to beat, injure, or harm someone	0	1	2	3	4
5. Having urges to break or smash things	0	1	2	3	4
6. Getting into frequent arguments	0	1	2	3	4
7. Shouting or throwing things	0	1	2	3	4



List all past or present mental health treatment:

Dates	Type of Treatment	Therapist's Name	Where
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List all current medications:

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List all psychiatric medications taken in past and dates taken:

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Please mark an (x) for any of the following that have ever applied to you:

**Medical**

**Psychological**

- liver disease
- kidney disease
- pancreatitis
- mononucleosis
- epilepsy
- thyroid disease
- cancer
- heart trouble
- diabetes
- venereal disease
- AIDS or HIV+

- juvenile delinquency
- school phobia
- hyperactivity
- running away
- truancy
- physical abuse
- sexual abuse
- bed wetting
- childhood fears
- behavior problems
- teenage pregnancy

- work problems
- family problems
- legal problems
- binge eating
- anorexia
- incest
- rape
- sexual problems
- sexual identity
- confusion