

Symptom Checklist

Name: _____ Date: _____
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Below is a list of problems and experiences that people sometimes have. Read each one carefully and select one of the numbered descriptors that best describes how much that problem has bothered you during the past 2 weeks, including today. Write that number on the line next to the problem. Please do not skip any items, and print your number clearly. Read the example before beginning and if you have any questions, please ask.

EXAMPLE:

How much have you experienced:

 2 Body aches

Descriptors:

- 0 Not at All
- 1 A Little Bit
- 2 Moderately
- 3 Quite a Bit
- 4 Extremely

- _____ Trouble remembering things.
- _____ Difficulty getting to sleep.
- _____ Difficulty staying asleep.
- _____ Sleeping too much.
- _____ Feeling very jumpy or easily startled.
- _____ Feeling emotionally dead, numb, or detached.
- _____ Less interested in activities you usually enjoy.
- _____ Headaches.
- _____ Nervousness or shakiness inside.
- _____ Irritability or outbursts of anger.
- _____ Feeling on guard, or watching and listening often for danger.
- _____ Repeated unpleasant thoughts that won't leave your mind.
- _____ Feeling dizzy, unsteady, lightheaded or faint.
- _____ Loss of sexual interest or pleasure.
- _____ Feeling critical of others.
- _____ The idea that someone can control your thoughts.
- _____ Feeling others are to blame for most of your troubles.
- _____ Worried about sloppiness or carelessness.
- _____ Pains in heart or chest.
- _____ Feeling afraid in open spaces or on the street.
- _____ Feeling low in energy or slowed down.
- _____ Thoughts of ending your life.

Descriptors:

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- _____ Hearing voices that other people do not hear.
- _____ Trembling or shaking.
- _____ Feeling that most people cannot be trusted.
- _____ Poor appetite.
- _____ Crying easily.
- _____ Feelings of being trapped or caught.
- _____ Feelings of guilt or feeling bad about yourself.
- _____ Suddenly scared for no reason.
- _____ Temper outbursts that you could not control.
- _____ Feeling afraid to go out of your house alone.
- _____ Blaming yourself for things.
- _____ Feeling blocked in getting things done.
- _____ Feeling lonely.
- _____ Feeling blue, sad, down.
- _____ Worrying too much about things.
- _____ Feeling little interest or pleasure in things.
- _____ Feeling fearful.
- _____ Your feelings being easily hurt.
- _____ Other people being aware of your private thoughts.
- _____ Feeling others do not understand you or are unsympathetic.
- _____ Repeated bad dreams about something scary or traumatic.
- _____ Feeling guilty or ashamed about something scary or traumatic.
- _____ Feeling that people are unfriendly or dislike you.
- _____ Having to do things very slowly to insure correctness.
- _____ Unable to have orgasms at all or as often as you want.
- _____ Heart pounding or racing.
- _____ Nausea or upset stomach.
- _____ Thoughts of wanting your body to be thinner or heavier.
- _____ Feeling like things seem unreal.
- _____ Acting or feeling like you are re-experiencing a scary or traumatic situation .
- _____ Upsetting thoughts that keep coming up about something scary or traumatic.
- _____ Feeling detached from yourself, like an observer.
- _____ Fear of losing control or going crazy.
- _____ Feeling inferior to others.
- _____ Physical reactions during events that remind you of an aspect of something scary or traumatic,

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or that represent an aspect of something scary or traumatic. (Physical reactions such as sweating, heart pounding, feeling nauseous, feeling turned on, or other body sensations.)

- _____ Soreness of your muscles or muscle tension.
- _____ Feeling that you are being watched or talked about by others.
- _____ Feelings of emptiness.
- _____ Not being able to control what or how much you are eating.
- _____ Having to check and double-check what you do.
- _____ Difficulty seeing your body the way others seem to (body image).
- _____ Trouble getting your breath or smothering sensations.
- _____ Having extra energy than you usually do and needing little sleep.
- _____ Periods of high energy, feeling like everything is great.
- _____ Fears of being criticized or rejected.
- _____ Difficulty making decisions.
- _____ Chills or hot flushes.
- _____ (For women) Missed menstrual periods.
- _____ Feeling of choking.
- _____ Having to avoid certain things, places, or activities because they frighten you.
- _____ Your mind going blank.
- _____ Numbness or tingling in parts of your body.
- _____ Fear of gaining weight.
- _____ A lump in your throat.
- _____ Feeling hopeless about the future.
- _____ Trouble concentrating
- _____ Difficulty expressing disagreement or saying "no" to others.
- _____ Lack of interest in sexual activity
- _____ Avoiding or feeling scared of sexual activity.
- _____ Emotional or physical pain or discomfort when being sexual.
- _____ Trying to stay or get thin by vomiting, using pills, exercise, fasting, etc.
- _____ Worry about the people or things that are sexually arousing for you.
- _____ Feeling like you are not the gender (female or male) you want to be.
- _____ Feeling weak in parts of your body.
- _____ Feeling tense or keyed up.
- _____ Heavy feeling in your arms or legs.
- _____ Trying to avoid thoughts or feelings or conversation associated with something scary or traumatic.

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- _____ Thoughts of death or dying.
- _____ Overeating.
- _____ Feeling uneasy when people are watching or talking about you.
- _____ Having thoughts that are not your own.
- _____ Having urges to beat, injure, or harm someone.
- _____ Awakening in the early morning.
- _____ Having to repeat the same actions such as touching, counting, washing.
- _____ Sleep that is restless or disturbed.
- _____ Having urges to break or smash things.
- _____ Having ideas or beliefs that others do not share.
- _____ Feeling very self-conscious with others
- _____ Feeling uneasy in crowds, such as shopping or at a movie.
- _____ Feeling everything is an effort.
- _____ Spells of terror or panic.
- _____ Feeling uncomfortable about eating or drinking in public.
- _____ Getting into frequent arguments.
- _____ Feeling nervous when you are alone.
- _____ Others not giving you proper credit for your achievements.
- _____ Feeling lonely even when you are with people.
- _____ Feeling so restless you couldn't sit still.
- _____ Feelings of worthlessness.
- _____ The feeling that something bad is going to happen to you.
- _____ Trying to avoid certain activities, places, or people that might remind you of something scary or traumatic that happened.
- _____ Unable to recall an important aspect(s) of something scary or traumatic
- _____ Sense of your future not being long, such as not expecting to have a career, primary relationship, children, or a long life.
- _____ Unable to feel certain emotions (such as anger, happiness, fear, sadness, loving feelings)
- _____ Feeling less close to your friends or family than usual.