

Westside Center for Counseling
205 S. Minnesota Street
Carson City, NV 89703
(775) 882-0687 Fax: (775) 882-9043

THERAPIST: _____
DATE: _____

Adult Symptom Checklist

Please rate yourself on each symptom listed below on a scale from 0-4.
In rating yourself, please use the following scale:

0-----1-----2-----3-----4
Never Rarely Occasionally Frequently Very Frequently

1)	Depressed or sad mood.
2)	Decreased interest in things that are usually fun, including sex.
3)	Significant weight gain or weight loss, or marked appetite changes, either increased or decreased.
4)	Recurrent thoughts of death or suicide
5)	Sleep changes, lack of sleep or marked increase in sleep
6)	Physically agitated or "slowed down".
7)	Low energy or feelings of tiredness
8)	Feelings of worthlessness, helplessness, hopelessness or guilt
9)	Decreased concentration or memory
10)	Periods of an elevated, high or irritable mood
11)	Periods of a very high self esteem or grandiose thinking
12)	Periods of decreased need for sleep without feeling tired
13)	More talkative than usual or pressure to keep talking
14)	Racing thoughts or frequent jumping from one subject to another
15)	Easily distracted by irrelevant things
16)	Marked increase in activity level
17)	Excessive involvement in pleasurable activities which have the potential for painful consequences (spending money, sexual indiscretions, gambling, foolish business ventures)
18)	Panic attacks, which are periods of intense, unexpected fear or emotional discomfort (list number per month _____)
19)	Periods of trouble breathing or feeling smothered
20)	Periods of feeling dizzy, faint or unsteady on your feet
21)	Periods of heart pounding or rapid heart rate
22)	Periods of trembling or shaking
23)	Periods of sweating
24)	Periods of choking

0-----1-----2-----3-----4
Never Rarely Occasionally Frequently Very Frequently

25)	Periods of nausea or abdominal upset
26)	Feelings of a situation "not being real"
27)	Numbness or tingling sensations
28)	Hot or cold flashes
29)	Periods of chest pain or discomfort
30)	Fear of dying
31)	Fear of going crazy or doing something uncontrolled
32)	Avoiding everyday places for fear of having a panic attack or having to go with others in order to feel comfortable
33)	Excessive fear of being judged or scrutinized by other people which causes you to avoid or panic in everyday situations
34)	Persistent, excessive phobia (heights, closed spaces, specific animals, etc.) Please list:
35)	Recurrent bothersome thoughts, ideas or images which you try to ignore
36)	Trouble getting "stuck" on certain thoughts, or having the same thought over and over
37)	Excessive or senseless worrying
38)	Others complain that you worry too much or get "stuck" on the same thoughts
39)	Compulsive behaviors that you must do or you feel very anxious, such as excessive hair washing, checking locks, or counting or spelling
40)	Needing to have things done a certain way or you become very upset
41)	Others complain that you do the same thing over and over to an excessive degree (such as cleaning or checking)
42)	Recurrent and upsetting thoughts of a past traumatic event (molestation, accident, fire, etc.) Please list:
43)	Recurrent distressing dreams of a post upsetting event
44)	A sense of reliving a past upsetting event
45)	A sense of panic or fear to events that resemble an upsetting past event
46)	You spend effort avoiding thoughts or feelings associated with a past trauma
47)	Persistent avoidance of activities or situations that cause you to remember a past upsetting event
48)	Inability to recall an important aspect of a past upsetting event
49)	Marked decreased interest in important activities
50)	Feeling detached or distant from others
51)	Feeling numb or restricted in your feelings
52)	Feeling that your future is shortened
53)	Quick startle
54)	Feel like you're always watching for bad things to happen
55)	Marked physical response to events that remind you of a past upsetting event, i.e., sweating when getting into a car if you had been in a car accident

0-----1-----2-----3-----4
Never Rarely Occasionally Frequently Very Frequently

56)	Marked irritability or anger outbursts
57)	Unrealistic or excessive worry in at least a couple areas of your life
58)	Trembling, twitching or feeling shaky
59)	Muscle tension, aches or soreness
60)	Feelings of restlessness
61)	Easily fatigued
62)	Shortness of breath or feeling smothered
63)	Heart pounding or racing
64)	Sweating or cold clammy hands
65)	Dry mouth
66)	Dizziness or lightheadedness
67)	Nausea, diarrhea or other abdominal distress
68)	Hot or cold flashes
69)	Frequent urination
70)	Trouble swallowing
71)	Feeling keyed up or on edge
72)	Quick startle response or feeling jumpy
73)	Difficult concentrating or "mind going blank"
74)	Trouble falling or staying asleep
75)	Irritability
76)	Trouble sustaining attention or being easily distracted
77)	Difficulty completing projects
78)	Feeling overwhelmed of the tasks of everyday living
79)	Trouble maintaining an organized work or living area
80)	Inconsistent work performance
81)	Lacks attention to detail
82)	Makes decisions impulsively
83)	Difficulty delaying what you want, having to have your needs met immediately
84)	Restless, fidgety
85)	Make comment to others without considering their impact
86)	Impatient, easily frustrated
87)	Frequent traffic violations or near accidents
88)	Refusal to maintain body weight above a level most people consider healthy
89)	Intense fear of gaining weight or becoming fat even though underweight
90)	Feelings of being fat, even though you're underweight
91)	Recurrent episodes of binge eating large amounts of food

0-----1-----2-----3-----4
Never Rarely Occasionally Frequently Very Frequently

92)	A feeling of lack of control over eating behavior
93)	Engage of regular activities
94)	Persistent over-concern with body shape and weight
95)	Involuntary physical movement or vocal tics
96)	Delusional or bizarre thoughts (thoughts you know others would think are false)
97)	Seeing objects, shadows or movements that are not real
98)	Hearing voices or sounds that are not real
99)	Periods of time where your thoughts or speech are not connected or do not make sense to you or others
100)	Social isolation or withdrawal
101)	Severely impaired ability to function at home or at work
102)	Peculiar behaviors
103)	Lack of personal hygiene or grooming
104)	Inappropriate mood for the situation (i.e., laughing at sad events)
105)	Marked lack of initiative
106)	Frequent feelings that someone or something is out to hurt you or discredit you
107)	Periods of extreme irritability, physical or verbal aggression or rage with little provocation
108)	Periods of confusion
109)	Periods of spaciness or missing brief periods of time
110)	Periods of fearfulness for no apparent reason
111)	Periods of 'de ja vu' (the feeling that you've been or experienced something before even though you never have)
112)	Periods of unusual visual (seeing) or auditory (hearing) sensations or illusions
113)	Periods of forgetfulness or memory problems