

Client Name _____

COUPLE & FAMILY INSTITUTE OF TRI-CITIES

AMEN ADULT GENERAL SYMPTOM CHECKLIST

Please rate yourself on each symptom listed below. 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 loss, or marked appetite changes, increased/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 that have the potential for painful consequences (spending money, sexual indiscretions, gambling, foolish business)
- 18. panic attacks, which are periods of intense, unexpected fear or emotional discomfort (list number per month _____)
- 19. periods of feeling dizzy, faint, or unsteady on your feet

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- 21. periods of heart pounding or rapid heart rate
 - 22. periods of trembling or shaking
 - 23. periods of sweating
 - 24. periods of choking
 - 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, having 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 hand 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 things over and over to an excessive degree (such as cleaning or checking)
 - 42. recurrent and upsetting thoughts of a past traumatic event (molest, accident, fire, etc.), please list
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- 43. recurrent distressing dreams of a past 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 situation 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 a car if you had been in a car accident.
- 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 or "lump in throat"
- 71. feeling keyed up or on edge
- 72. quick startle response or feeling jumpy
- 73. difficulty concentrating or "mind going blank"
- 74. trouble falling or staying asleep
- 75. irritability

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- 76. trouble sustaining attention or being easily distracted
- 77. difficulty completing projects
- 78. feeling overwhelmed by 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 comments 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 are underweight
- 91. recurrent episodes of binge eating large amounts of food
- 92. a feeling of lack of control over eating behavior
- 93. engage in regular activities to purge binges, such as self-induced vomiting, laxative use, diuretics, strict dieting or strenuous exercise
- 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

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- 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 somewhere 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
- 114. do you snore loudly (or do others complain about your snoring)
- 115. have others said you stop breathing when you sleep
- 116. do you feel fatigued or tired during the day
- 117. do you often feel cold when others feel warm
- 118. do you often feel warm when others feel fine or they are cold
- 119. do you have problems with brittle or dry hair
- 120. do you have problems with dry skin
- 121. do you have problems with sweating
- 122. do you have problems with chronic anxiety or tension

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