

Name: _____ Date: _____

ADULT GENERAL SYMPTOM CHECKLIST

Please rate yourself on each of the symptoms listed below using the following scale. If possible, to give us the most complete picture, have another person who knows you well (such as a spouse, partner or parent) rate you as well.

List other person _____

0	1	2	3	4	N/A
Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable/Not Known

Other Self

- ___ ___ 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 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
- ___ ___ 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 needing to go with other people in order to feel comfortable
- ___ ___ 33. Excessive fear of being judged by others which causes you to avoid or get anxious in 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 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 thing over and over to an excessive degree (such as cleaning or checking)
- ___ 42. Recurrent and upsetting thoughts of a past traumatic events (molest, accident, fire, etc.) please list _____
- ___ 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/situations, which cause remembrance of 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. Feels 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 in 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
- ___ 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 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're underweight
- ___ ___ 91. Recurrent episodes of binge eating large amounts of food
- ___ ___ 92. Feeling a lack of control over eating behavior
- ___ ___ 93. Engage in regular activities to purge binges, such as self-induced vomiting, laxative, diuretics, strict dieting or strenuous exercise
- ___ ___ 94. Persistent over concern with body shape and weight
- ___ ___ 95a. Involuntary physical movements or motor tics (such as eye blinking, shoulder shrugging, head jerking or picking). How long have motor tics been present? _____ How often? _____ Describe: _____
- ___ ___ 95b. Involuntary vocal sounds or verbal tics (such as coughing, puffing, blowing, whistling, swearing). How long have verbal tics been present? _____ How often? _____ Describe: _____
- ___ ___ 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 were disjointed or didn't 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. Do you snore loudly (or do others complain about your snoring)
- ___ ___ 108. Have others said you stop breathing when you sleep
- ___ ___ 109. Do you feel fatigued or tired during the day
- ___ ___ 110. Do you often feel cold when others feel fine or they are warm
- ___ ___ 111. Do you often feel warm when others feel fine or they are cold
- ___ ___ 112. Do you have problems with brittle or dry hair
- ___ ___ 113. Do you have problems with dry skin
- ___ ___ 114. Do you have problems with sweating
- ___ ___ 115. Do you have problems with chronic anxiety or tension
- ___ ___ 116. Impairment in communication as manifested by at least one of the following:
- Delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
 - In individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
 - Repetitive use of language or odd language
 - Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level
- ___ ___ 117. Impairment in social interaction with at least two of the following:
- Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
 - Failure to develop peer relationships appropriate to developmental level
 - Lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest)
 - Lack of social or emotional reciprocity
- ___ ___ 118. Repetitive patterns of behavior, interests, and activities, as manifested by at least one of the following:
- Preoccupation with an area of that is abnormal either in intensity or focus
 - Rigid adherence to specific, nonfunctional routines or rituals
 - Repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)
 - Persistent preoccupation with parts of objects