

Name \_\_\_\_\_

Date \_\_\_\_\_



**Adult General Symptom Checklist**

**Instructions: Please rate each symptom below using the following scale for yourself.**

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

<ul style="list-style-type: none"> <li>1. Depressed or sad mood</li> <li>2. Decreased interest in things that are usually fun</li> <li>3. Significant recent weight or appetite changes</li> <li>4. Recurrent thoughts of death or suicide</li> <li>5. Sleep changes, lack of, or marked increase in sleep</li> </ul>	<ul style="list-style-type: none"> <li>6. Low energy or feelings of tiredness</li> <li>7. Physically agitated or "slowed down"</li> <li>8. Decreased concentration or memory</li> <li>9. Feeling worthless, helpless, hopeless, or guilty</li> </ul>
<ul style="list-style-type: none"> <li>10. Periods of decreased need for sleep without feeling tired</li> <li>11. Periods of a very high self esteem or big thinking</li> <li>12. Periods of an elevated, high, or irritable mood</li> <li>13. Excessive involvement in pleasurable activities with potential for painful consequences (spending money, sexual indiscretions, foolish business ventures)</li> </ul>	<ul style="list-style-type: none"> <li>14. Racing thoughts or frequent jumping from one subject to another</li> <li>15. Easily distracted by irrelevant things</li> <li>16. Marked increase in activity level</li> <li>17. More talkative than usual or feel pressure to keep talking.</li> </ul>
<ul style="list-style-type: none"> <li>18. Panic attacks (periods of intense, unexpected fear or emotional discomfort) # per month _____</li> <li>19. Periods of trouble breathing or feeling Smothered</li> <li>20. Periods of trembling or shaking</li> <li>21. Periods of sweating</li> <li>22. Excessive fear of being judged by others which Causes you to avoid or feel anxious in situations.</li> <li>23. Periods of nausea or abdominal upset</li> <li>24. Periods of choking</li> <li>25. Feelings of a situation "not being real"</li> <li>26. Hot or cold flashes</li> </ul>	<ul style="list-style-type: none"> <li>27. Periods of heart pounding, rapid heart rate</li> <li>28. Periods of feeling dizzy, faint, or unsteady on your feet</li> <li>29. Fear of dying</li> <li>30. Avoiding everyday places for fear of having a panic attack or needing to go with other people to feel comfortable.</li> <li>31. Fear of doing something uncontrolled or going crazy</li> <li>32. Numbness or tingling sensations</li> <li>33. Periods of chest pain or discomfort</li> </ul>
<ul style="list-style-type: none"> <li>34. Recurrent bothersome thoughts, ideas or images which you try to ignore</li> <li>35. Trouble getting "stuck" on certain thoughts or having the same thought over and over</li> <li>36. Compulsive behaviors that you must do or you feel very anxious, (such as excessive hand washing, cleaning, checking locks, counting or spelling)</li> <li>37. Others complain that you do the same thing over and over to an excessive degree (such as cleaning or checking)</li> </ul>	<ul style="list-style-type: none"> <li>38. Excessive or senseless worrying</li> <li>39. Needing to have things done a certain way or you get very upset</li> <li>40. Others complain that you worry too much or get "stuck" on the same thoughts</li> <li>41. Persistent, excessive phobia (heights, closed spaces, specific animals, etc. Please list: _____)</li> </ul>
<ul style="list-style-type: none"> <li>42. Recurrent and upsetting thoughts of a past traumatic event (molestation, accident, fire, etc.) Please list: _____</li> <li>43. A sense of panic or fear to events that resemble an upsetting past event</li> </ul>	<ul style="list-style-type: none"> <li>44. Recurrent distressing dreams of a past upsetting event</li> <li>45. A sense of reliving a past upsetting event</li> </ul>

<p>46. Marked irritability or anger outbursts</p> <p>47. Feel like you're always waiting for bad things to happen</p> <p>48. Unrealistic or excessive worry in at least a couple areas of your life.</p>	<p>49. Quick startle</p> <p>50. Marked physical response to events that remind you of a past upsetting event, i.e. sweating when getting into a car after you've had a car accident</p>
<p>47. Feeling detached or distant from others</p> <p>48. Marked decreased interest in important activities.</p> <p>49. You spend effort avoiding thoughts or feelings associated with a past trauma.</p> <p>50. Persistent avoidance of activities/situations which cause remembrance of a past upsetting event.</p>	<p>51. Feeling that your future is shortened</p> <p>52. Feeling numb or restricted in your feelings</p> <p>53. Inability to recall an important aspect of a past upsetting event.</p>
<p>54. Unrealistic or excessive worry in at least a couple areas of your life.</p> <p>55. Trembling, twitching, feeling shaky</p> <p>56. Feelings of restlessness</p> <p>57. Shortness of breath or feeling smothered</p> <p>58. Sweating or cold, clammy hands</p> <p>59. Dizziness or lightheadedness</p> <p>60. Hot or cold flashes</p> <p>61. Trouble swallowing or "lump in throat"</p> <p>62. Nausea, diarrhea or other abdominal distress</p> <p>63. Difficulty concentrating or mind going blank</p>	<p>64. Quick startle response or feeling jumpy</p> <p>65. Muscle tension, aches, or soreness</p> <p>66. Easily fatigued</p> <p>67. Heart pounding or racing</p> <p>68. Dry mouth</p> <p>69. Irritability</p> <p>70. Frequent urination</p> <p>71. Feeling keyed up or on edge</p> <p>72. Trouble falling or staying asleep</p>
<p>73. Delusional or bizarre thoughts (ones you know others would think are false)</p> <p>74. Seeing objects, shadows or movements that are not real</p> <p>75. Hearing voices that are not real</p> <p>76. Social isolation or withdrawal</p> <p>77. Lack of personal hygiene or grooming</p> <p>78. Periods of time where your thoughts or speech were disjointed or didn't make sense to you or others.</p>	<p>79. Inappropriate mood for the situation (i.e., laughing at sad events)</p> <p>80. Severely impaired ability to function at home or at work.</p> <p>81. Odd or peculiar behaviors</p> <p>82. Marked lack of initiative.</p> <p>83. Frequent feelings that someone is out to hurt or discredit you</p>
<p>84. Frequent traffic violations or near accidents</p> <p>85. Make decisions impulsively</p> <p>86. Inconsistent work performance</p> <p>87. Trouble maintaining organized work/living area</p> <p>88. Trouble sustaining attention or being easily distracted.</p> <p>89. Difficulty delaying what you want. Having to have your needs met immediately.</p>	<p>90. Impatient, easily frustrated</p> <p>91. Restless, fidgety</p> <p>92. Lacks attention to detail</p> <p>93. Difficulty completing projects</p> <p>94. Feeling overwhelmed at the tasks of everyday living.</p> <p>95. Make comments to others without considering their impact.</p>
<p>96. Intense fear of gaining weight or becoming fat even though underweight</p> <p>97. Feelings of being fat despite being underweight</p>	<p>98. Refusal to maintain body weight above a level most people consider healthy</p>
<p>99. Engage in activities to eliminate excess food, such as vomiting, laxatives, diuretic, strict dieting or strenuous exercise</p> <p>100. Persistent over concern with body shape and weight</p>	<p>101. Recurrent episodes of eating large amounts of food</p> <p>102. A feeling of lack of control over eating behavior</p>
<p>103. Do you snore loudly (or do others complain that you do?)</p> <p>104. Do you feel fatigued or tired during the day?</p>	<p>105. Have others said that you stop breathing when you sleep?</p>



<p>106. Do you have problems with dry skin?</p> <p>107. Do you have problems with chronic anxiety or tension?</p> <p>108. Do you often feel cold when others feel fine or they are warm?</p>	<p>109. Do you have problems with sweating?</p> <p>110. Do you have problems with brittle or dry hair?</p> <p>111. Do you often feel warm when others feel fine or they are cold?</p>
<p>112. Involuntary motor tics (such as eye blinking, shoulder shrugging, head jerking or picking)</p> <p>Please describe motor tics: _____</p> <p>_____</p> <p>How often do they occur? _____</p> <p>When did they begin? _____</p>	<p>114. Involuntary vocal sounds or verbal tics (such as coughing, puffing, blowing, whistling, swearing)</p> <p>Please describe verbal tics: _____</p> <p>_____</p> <p>How often do they occur? _____</p> <p>When did they begin? _____</p>
<p>116. 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)</p> <p>117. Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level</p>	<p>118. In individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation</p> <p>119. Repetitive use of language or odd language</p>
<p>120. 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)</p> <p>121. Failure to develop peer relationships appropriate to developmental level</p>	<p>122. 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</p> <p>123. Lack of social or emotional reciprocity</p>
<p>124. Repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole body movements)</p> <p>125. Rigid adherence to specific, nonfunctional routines or rituals</p>	<p>126. Preoccupation with an area that is abnormal either in intensity or focus</p> <p>127. Persistent preoccupation with parts of objects</p>