

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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Client Name \_\_\_\_\_

- \_\_\_\_\_ 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  
\_\_\_\_\_

FOR CLINICAL USE ONLY

Client Name \_\_\_\_\_

- \_\_\_\_\_ 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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Client Name \_\_\_\_\_

- \_\_\_\_ 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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