

SYMPTOMS CHECKLIST

Please rate the following symptoms you have experienced in the **past month** by circling the appropriate number.

0= not at all **1**= less than 3 days **2**= 4 to 7 days **3**= 8 to 14 days **4**= 15 or more days

Paying attention	0	1	2	3	4	Feeling out of control	0	1	2	3	4
Impulsive	0	1	2	3	4	Feeling tense	0	1	2	3	4
Hyperactive	0	1	2	3	4	Restless or on edge	0	1	2	3	4
Disorganized	0	1	2	3	4	Difficulty concentrating	0	1	2	3	4
Lose things	0	1	2	3	4	because of worrying					
Forgetful	0	1	2	3	4	Fear something awful is	0	1	2	3	4
Fidgety	0	1	2	3	4	going to happen					
Talk excessively	0	1	2	3	4	Fear losing control of self	0	1	2	3	4
Waiting your turn	0	1	2	3	4	Fear of separation	0	1	2	3	4
Angry	0	1	2	3	4	Phobias	0	1	2	3	4
Suicidal thoughts	0	1	2	3	4	Avoid social situations	0	1	2	3	4
Homicidal thoughts	0	1	2	3	4	Panic attacks	0	1	2	3	4
Increased need for sleep	0	1	2	3	4	Fear of being alone outside	0	1	2	3	4
Decreased need for sleep	0	1	2	3	4	of home					
Difficulty getting to sleep	0	1	2	3	4	Fear of being in enclosed	0	1	2	3	4
Difficulty staying asleep	0	1	2	3	4	or open spaces					
Racing thoughts	0	1	2	3	4	Excessive anxiety or worry	0	1	2	3	4
Distractible	0	1	2	3	4	Easily fatigued	0	1	2	3	4
Inflated self-esteem	0	1	2	3	4	Muscle tension	0	1	2	3	4
Low self-esteem	0	1	2	3	4	Obsessive thoughts, urges	0	1	2	3	4
Excessive spending	0	1	2	3	4	or images					
Excess energy	0	1	2	3	4	Compulsive and/or	0	1	2	3	4
Depressed mood	0	1	2	3	4	repetitive behavior					
Risk taking	0	1	2	3	4	Preoccupation w/	0	1	2	3	4
Fatigue or loss of energy	0	1	2	3	4	appearance					
Feelings of worthlessness	0	1	2	3	4	Hoarding	0	1	2	3	4
Feelings of guilt	0	1	2	3	4	Intrusive memories of	0	1	2	3	4
Indecisive	0	1	2	3	4	traumatic event(s)					
Irritable mood	0	1	2	3	4	Nightmares	0	1	2	3	4
Destructive behavior	0	1	2	3	4	Hyper vigilance	0	1	2	3	4
Loss of interest or pleasure	0	1	2	3	4	Feelings of detachment	0	1	2	3	4
Loss of energy	0	1	2	3	4	from others					
Poor appetite	0	1	2	3	4	Self-destructive behavior	0	1	2	3	4
Overeating	0	1	2	3	4	Easily startled	0	1	2	3	4
Feelings of hopelessness	0	1	2	3	4	Gaps in memory of events	0	1	2	3	4
Feeling suddenly sad or	0	1	2	3	4	Paranoia	0	1	2	3	4
tearful						Experience or witness	0	1	2	3	4
Sensitivity to rejection	0	1	2	3	4	traumatic event(s)					
Social withdrawal	0	1	2	3	4	Binge eating/purging	0	1	2	3	4
Pain	0	1	2	3	4	5 lb. or more change in	0	1	2	3	4
Skin picking	0	1	2	3	4	weight					
Feeling overwhelmed	0	1	2	3	4						