

Name: _____

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	NA
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 event (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. difficult 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. a feeling of lack of control over eating behavior
- ___ ___ 93. engage in regular activities to purge binges, such as self induced vomiting, laxatives, diuretics, strict dieting or strenuous exercise
- ___ ___ 94. persistent overconcern 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 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