



**Please Mark All Symptoms That Apply**

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|---|--|
| 1. Depressed Mood <input type="checkbox"/>  | 30. Nausea or abdominal stress <input type="checkbox"/>        |
| 2. Lost interest in most activities <input type="checkbox"/>                              | 31. Fear of losing control <input type="checkbox"/>            |
| 3. Increased appetite <input type="checkbox"/>  | 32. Fear of dying <input type="checkbox"/>                     |
| 4. Decreased appetite <input type="checkbox"/>  | 33. Recurrent intrusive memories <input type="checkbox"/>      |
| 5. Weight Gain <input type="checkbox"/>   | 34. Flashbacks <input type="checkbox"/>                        |
| 6. Weight Loss <input type="checkbox"/>   | 35. Efforts to avoid memories <input type="checkbox"/>         |
| 7. Difficulty going to sleep <input type="checkbox"/>                                     | 36. Fear of social situations <input type="checkbox"/>         |
| 8. Difficult staying asleep <input type="checkbox"/>                                      | 37. Alcohol problems <input type="checkbox"/>                  |
| 9. Fatigue, loss of energy <input type="checkbox"/>                                       | 38. Drug use problems <input type="checkbox"/>                 |
| 10. Feelings of worthlessness <input type="checkbox"/>                                    | 39. Compulsive dieting <input type="checkbox"/>                |
| 11. Inappropriate guilt <input type="checkbox"/>  | 40. Vomiting, use of laxatives <input type="checkbox"/>        |
| 12. Difficulty concentrating <input type="checkbox"/>                                     | 41. Marital Problems <input type="checkbox"/>                  |
| 13. Preoccupation with death <input type="checkbox"/>                                     | 42. Sexual problems <input type="checkbox"/>                   |
| 14. Suicidal thoughts <input type="checkbox"/>  | 43. Impulsive <input type="checkbox"/>                         |
| 15. Excessive or uncontrollable worry <input type="checkbox"/>                            | 44. Overwhelmed <input type="checkbox"/>                       |
| 16. Restlessness <input type="checkbox"/>   | 45. Angry <input type="checkbox"/>                             |
| 17. Irritable <input type="checkbox"/>  | 46. Easily upset, on edge <input type="checkbox"/>             |
| 18. Decreased need for sleep <input type="checkbox"/>                                     | 47. Careless, forgetful, loses things <input type="checkbox"/> |
| 19. Increased talking <input type="checkbox"/>  |  |
| 20. Racing thoughts <input type="checkbox"/>  |  |
| 21. Distractible <input type="checkbox"/>   |  |
| 22. Elevated mood <input type="checkbox"/>  |  |
| 23. Engaging in risky, pleasurable activities <input type="checkbox"/>                    |  |
| 24. Mood swings <input type="checkbox"/>  |  |
| 25. Feelings of panic <input type="checkbox"/>  |  |
| 26. Pounding heart, chest pains, shaking <input type="checkbox"/>                         |  |
| 27. Shortness of breath, dizziness, sweating <input type="checkbox"/>                     |  |
| 28. Recurrent undesirable thoughts <input type="checkbox"/>                               |  |
| 29. Repetitive behaviors (hand washing, checking) or mental acts <input type="checkbox"/> |  |

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Client Name

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Name of Person Completing  
(if different)

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Date Completed