

Name \_\_\_\_\_ Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**0** Never or normal    **1** Sometimes or mild    **2** Often or moderate    **3** Usually or severe

**P** in the past, not now    **N/A** Not Applicable    Some questions require a **YES** or **NO** response or **Frequency numbers**

Please ask for clarification if you are unclear about what the question is asking. Some questions are repeated.

**To what extent do you consider each of the following a problem for yourself?**

|   |  |  |  |
|---|--|--|--|
| Decreased or irritable mood                           |  | History of Trauma  |  |
| Weight loss or gain                                   |  | Nightmares (about: _____)  |  |
| Appetite disturbance                                  |  | Intrusive memories   |  |
| Fatigue, low energy level                             |  | Flashbacks   |  |
| Low self esteem                                       |  | Body memories  |  |
| Feeling of hopelessness                               |  | Intense distress when reminded of trauma   |  |
| Feelings of worthlessness                             |  | Avoidance of reminders of trauma   |  |
| Poor concentration                                    |  | Partial amnesia about trauma   |  |
| Indecisiveness  |  | Developmental regressions  |  |
| Loss of interest/pleasure                             |  | Loss of sense of future  |  |
| Observable agitation                                  |  | Feeling estranged from others  |  |
| Slowing down of physical and/or emotional response    |  | Difficulty falling asleep  |  |
| Excessive guilt                                       |  | Anger outbursts  |  |
| Suicide threats, wishes, plans                        |  | Hypervigilance   |  |
| Self-harming urges, behaviors:                        |  | Exaggerated startle response   |  |
|   |  |  |  |
|   |  | Unexpected panic attack, not triggered by social focus                           |  |
| Excessive worrying about 2 or more life circumstances |  | Frequency  |  |
| Examples: school, job, finances, marriage, kids etc.  |  | Persistent fear of having another attack   |  |
| Content of worries: _____                             |  | Shortness of breath or smothering sensations                                     |  |
| Trembling, twitching, or feeling shaky                |  | Dizziness, unsteady feelings, or faintness                                       |  |
| Muscle tension, aches, or soreness                    |  | Trembling or shaking   |  |
| Restlessness  |  | Sweating   |  |
| Easy fatigability                                     |  | Choking  |  |
| Shortness of breath or smothering sensations          |  | Nausea or abdominal distress   |  |
| Palpitations or accelerated heart rate                |  | Depersonalization or derealization (feeling of being outside your body, surreal) |  |
| Sweating, or cold clammy hands                        |  | Numbness or tingling sensations  |  |
| Dry mouth   |  | Flushes (hot flashes) or chills  |  |
| Dizziness or lightheadedness                          |  | Chest pain or discomfort   |  |
| Nausea, diarrhea, or other abdominal distress         |  | Fear of dying  |  |
| Flushes (hot flashes) or chills                       |  | Fear of going crazy or doing something uncontrolled                              |  |
| Frequent urination                                    |  | Fear of or severe difficulty leaving your house                                  |  |
| Trouble swallowing or "lump in throat"                |  |  |  |
| Feeling keyed up or on edge                           |  | Unusually high mood, expansive   |  |
| Exaggerated startle response                          |  | Unusually irritable mood   |  |
| Difficulty concentrating or "mind going blank"        |  | Feeling unusually good about self  |  |
| Trouble falling or staying asleep                     |  | Decreased need for sleep   |  |
| Irritability  |  | Hypertalkative, feel pressured to keep talking                                   |  |
|   |  | Feel like thoughts are racing  |  |
| Any unusual stressors within the past 3 months        |  | Easily distracted  |  |
| List: _____   |  | Observable agitation   |  |
| Impairment in school, work, or social performance     |  | Unusually high activity level  |  |
| Symptoms in excess of expected reaction to stressor   |  | Out-of-character behavior  |  |
|   |  | Examples: buying sprees, sexual indiscretion, etc.                               |  |
|   |  | Occupational functioning impaired by high mood                                   |  |

