Name	Date:		Date of Birth:		
<b>0</b> Never or normal	1 Sometimes or mild	2 Often or moderate	3 Usually or severe		
<b>P</b> in the past, not now	N/A Not Applicable	Some questions requi	re 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
Sen-narrining diges, 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
7	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	
Symptoms in excess of expected reaction to stressor	Unusually high activity level Out-of-character behavior
Symptoms in excess of expected reaction to stressor	
	Examples: buying sprees, sexual indiscretion, etc.
	Occupational functioning impaired by high mood

Name:	Date:
Any concerns about your use of prescription drugs	Persistent fear of scrutiny by others
Any concerns about your use of street drugs	Fear of doing publically doing something humiliating/embarrassing
Any concerns about your use of alcohol	Feared situation is avoided, or endured with intense anxiety
Have you tried to quit/cut down	Avoidant behavior interferes with normal functioning
Frequency of intoxication	Persistent fears of other specific objects or situations
Any withdrawal symptoms	List:
Any losses due to use (license, jobs, money, etc.)	Listed fear is avoided, or endured with intense anxiety
Developed any tolerance symptoms	Avoidant behavior interferes with normal functioning
Repetitive intrusive thoughts or impulses	Difficulty adhering to medication regiment
Efforts to suppress them	Side effects from medication
Content:	
Feel driven to repeat behavior to avoid something bad	Low sexual desire
Behavior feels excessive, unreasonable	Impairment in sexual functioning
	Orgasm difficulty
Delusions- firmly holding beliefs that others typically do not and in spite of contradictory information	Preoccupation with sex
Hallucinations- sensory experiences that others in the	Sexual compulsivity
same environment are not experiencing	
Difficulty communicating in a way that makes sense to	Hormonal fluctuations
other people	
Difficulty making sense of your own thoughts	Premenstrual symptoms:
	Post-partum symptoms:
Spirituality concerns:	
Concerns about connecting with faith community	Financial concerns
Concerns centered around the meaning of life	Legal concerns
Difficulty with sense of purpose, passion	
Major life transition: (birth, death, job change, retirement, graduation, medical diagnosis, move)	Other concerns not covered:
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