

Date: _____

Name: _____

Age: _____

Sex: _____

Use the following guidelines to answer each question about how bothered you have felt for each of these symptoms during the past week:

0 – Not Bothered

1 – Occasionally bothered

2 – Slightly bothered

3 – Moderately bothered

4 – Frequently bothered

5 – Constantly bothered

6 – Severely bothered

1. Pain in my shoulders..... 0 1 2 3 4 5 6
2. Headaches..... 0 1 2 3 4 5 6
3. Neck or chest pains..... 0 1 2 3 4 5 6
4. Not knowing where I am 0 1 2 3 4 5 6
5. Troubling thoughts that repeat themselves..... 0 1 2 3 4 5 6
6. Feeling dizzy..... 0 1 2 3 4 5 6
7. Dry mouth..... 0 1 2 3 4 5 6
8. Feeling restless 0 1 2 3 4 5 6
9. Less interest in things that I used to enjoy..... 0 1 2 3 4 5 6
10. Feeling nervous..... 0 1 2 3 4 5 6
11. Problems from alcohol or taking drugs 0 1 2 3 4 5 6

12. A need to count unimportant items..... 0 1 2 3 4 5 6
13. Feeling sick to my stomach..... 0 1 2 3 4 5 6
14. My mind going blank 0 1 2 3 4 5 6
15. Feeling guilty about alcohol or drug use 0 1 2 3 4 5 6
16. Increase in sleepwalking..... 0 1 2 3 4 5 6
17. Trying too hard to help others..... 0 1 2 3 4 5 6
18. Back pain..... 0 1 2 3 4 5 6
19. Needing to block out impulsive thoughts..... 0 1 2 3 4 5 6
20. Sudden fears of dying 0 1 2 3 4 5 6
21. Drinking or using drugs too often..... 0 1 2 3 4 5 6
22. Problems reading my own handwriting 0 1 2 3 4 5 6

23. Feeling helpless..... 0 1 2 3 4 5 6
24. Nightmare about something bad that happened to me 0 1 2 3 4 5 6
25. Talking in my sleep more than usual 0 1 2 3 4 5 6
26. Fears of going outside alone..... 0 1 2 3 4 5 6
27. Feeling like I am having a heart attack 0 1 2 3 4 5 6
28. Having to repeat certain things I do to avoid getting nervous..... 0 1 2 3 4 5 6
29. Feeling sensitive about my faults 0 1 2 3 4 5 6
30. Crying a lot..... 0 1 2 3 4 5 6
31. Trouble thinking of the names of family members or close friends 0 1 2 3 4 5 6
32. Shortness of breath 0 1 2 3 4 5 6
33. Feeling anxious 0 1 2 3 4 5 6

34. Flashbacks of something bad that happened to me 0 1 2 3 4 5 6
35. Needing to use alcohol or drugs to get high 0 1 2 3 4 5 6
36. Being too unselfish for my own good..... 0 1 2 3 4 5 6
37. Feeling hopeless 0 1 2 3 4 5 6
38. Feelings of terror 0 1 2 3 4 5 6

Use the following guidelines to answer each question about how bothered you have felt for each of these symptoms during the past week:

- | | |
|---------------------------|-------------------------|
| 0 – Not Bothered | 4 – Frequently bothered |
| 1 – Occasionally bothered | 5 – Constantly bothered |
| 2 – Slightly bothered | 6 – Severely bothered |
| 3 – Moderately bothered | |

39. Fears of going crazy	0	1	2	3	4	5	6
40. Feeling detached from others	0	1	2	3	4	5	6
41. Problems falling asleep or staying asleep.....	0	1	2	3	4	5	6
42. Stomach problems.....	0	1	2	3	4	5	6
43. A pounding or racing heart.....	0	1	2	3	4	5	6
44. Thoughts of hurting or killing myself.....	0	1	2	3	4	5	6
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45. Thoughts of something bad that happened to me	0	1	2	3	4	5	6
46. The need to keep things extra tidy.....	0	1	2	3	4	5	6
47. Not remembering when or where I was born.....	0	1	2	3	4	5	6
48. Problems remembering bad things in my life	0	1	2	3	4	5	6
49. Feelings that things aren't real.....	0	1	2	3	4	5	6
50. Needing to repeatedly wash hands.....	0	1	2	3	4	5	6
51. Stress at work (or school) or at home	0	1	2	3	4	5	6
52. Arguments with family or friends about my alcohol or drug use	0	1	2	3	4	5	6
53. Feeling keyed up or 'edgy'	0	1	2	3	4	5	6
54. Trying too hard	0	1	2	3	4	5	6
55. Feeling worthless.....	0	1	2	3	4	5	6
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56. Sudden fear for no good reason.....	0	1	2	3	4	5	6
57. Fear of being in crowded places.....	0	1	2	3	4	5	6
58. Sadness	0	1	2	3	4	5	6
59. Muscle or body soreness	0	1	2	3	4	5	6
60. Needing to retrace my steps	0	1	2	3	4	5	6
61. Being too honest for my own good	0	1	2	3	4	5	6
62. Using too much alcohol or drugs.....	0	1	2	3	4	5	6
63. Feeling self-conscious	0	1	2	3	4	5	6
64. Feeling down or 'blue'	0	1	2	3	4	5	6
65. Seeing things I know aren't real	0	1	2	3	4	5	6
66. Problems concentrating	0	1	2	3	4	5	6
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67. Worry about the future	0	1	2	3	4	5	6
68. Hot or cold feelings in my body.....	0	1	2	3	4	5	6
69. Needing to drink or use drugs to feel better.....	0	1	2	3	4	5	6
70. Being too polite to other people	0	1	2	3	4	5	6
71. Feeling ashamed from using drugs or alcohol.....	0	1	2	3	4	5	6
72. More problems than usual seeing things in color	0	1	2	3	4	5	6
73. Repeated checking of doors or window locks.....	0	1	2	3	4	5	6
74. Startling easy or feeling jumpy	0	1	2	3	4	5	6
75. Being reminded of something bad that happened to me.....	0	1	2	3	4	5	6
76. Having to do something many times to keep from getting nervous	0	1	2	3	4	5	6
77. Spending too much time reading or studying	0	1	2	3	4	5	6