

QUICK SCREEN**Please Rate ALL Symptoms - Rating Scale 0 = None 1 = Mild 2 = Moderate 3 = Severe**

NAME		DATE	
Sad mood		Loss of interest	Feeling bored E
Crying		Hearing voices	Feeling restless
Irritability		Appetite decreased	Decreased energy
Anger		Appetite increased	Feeling worthless D
Blow-ups		Difficulty going to sleep	Feeling guilty
Problems paying attention		Difficulty staying asleep	Feeling hopeless
Hard time making decisions		Waking early	Thoughts of suicide
Mood swings		Excessive sleep	Suicide plans M

Making careless mistakes		Hard time with details	Hard time keeping focus D
Answering questions before question completed		Hard time with boring work or schoolwork	Forgetting things, i.e. keys appointments, homework
Easily distracted		Problems organizing	Losing things
Fidgety		Have to be on the go	Hard time sitting still H
Talking too much		Interrupting others	Not completing projects D
Hard time waiting (traffic, lines)		Talking too loudly	Restless inside
Difficulty listening		Hard time with instructions	Doing things impulsively A

Big plans <input type="checkbox"/> Unrealistic plans <input type="checkbox"/>		Big mood changes	Very distracted D
Feeling extra good		Hearing voices	Thoughts racing
Spending sprees <input type="checkbox"/> Partying <input type="checkbox"/>		Getting by on little sleep	Talking fast
Silly <input type="checkbox"/> Overly happy <input type="checkbox"/>		Very irritable <input type="checkbox"/> Frustrated <input type="checkbox"/>	Sexual interest High <input type="checkbox"/> Inappropriate <input type="checkbox"/>
Driving fast		Many projects at once	Temper outbursts
Feeling extra energetic		Interrupting others	Rage attacks
Extremely active ("hyper")		Have to talk a lot	Doing risky things B

Bad dreams		Flashbacks	Thoughts about trauma D
Reliving trauma (abuse, etc.)		Upsetting memories	Avoid thinking about trauma S
Feeling bad if reminded of trauma (abuse, accident, etc.)		Pushing down thoughts of trauma (abuse, accident)	Hard time talking about trauma (abuse, accident, etc.) T
Feeling like trauma happening again (abuse, accident, etc.)		Problems remembering parts of trauma (abuse, accident, etc.)	Avoiding activities associated with trauma (abuse, accident, etc.) P
Negative feelings about self		Startles easily	Fear of being hurt
Feels different from others		Being bullied	Withdrawal from others
Hard time being positive		Blames self for trauma	Negative feelings toward life
Bad dreams		Flashbacks	Thoughts about trauma D
Reliving trauma		Upsetting memories	Avoiding thinking about trauma S
Feeling bad if reminded of trauma		Pushing down thoughts of trauma	Hard time talking about trauma T
Feeling like trauma happening again		Problems remembering parts of trauma	Avoiding activities associated with trauma P

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NAME		DATE	
Panic attacks		Rapid heart beat	Shortness of breath D
Unexplained chills		Hot flashes	Fearing loss of control
Super anxious		Feeling faint	Numb or tingly P
Rapid onset of anxiety		Fear of social situations	Worried a lot
Can't control worries		Problems with attention	Mouth dry D
Hands cold and clammy		Muscle tension	Easily startled A
Feeling on edge		Chest pains	Light headed G

Disturbing thoughts		Senseless thoughts	Can't ignore thoughts D
Doing things to prevent thoughts		Excessive washing	Excessive counting C
Needing things in order		Excessive checking	Excessive praying O
Can't stop doing things (Compulsions)		Can't stop thinking about things (Obsessions)	Having to do things because of thoughts

Hurting self		Acting without thinking	Basically unhappy
Cutting on self		Feeling abandoned	Feeling empty P
Get too close too quickly		Emotions change quickly	Feeling evil or bad
Concerns about weight		Rarely feeling good	Feel people don't give back B
Eating too much		Disappointed by relationships	Difficulty being alone

Feel people out to get me		Feel people watching me	Feel people trying to control me Z
Thoughts disorganized		People stealing thoughts	Getting off tract easily I
Hear voices in head		See things not there	Problems relating to others H
Hard time functioning		Unusual or odd beliefs	Lack of emotions C
Poor self care		Severe disorganization	Do not not look people in the eye S
TV or radio talks about me		Unusual speech	Thoughts about hurting others

Using drugs – What?	How much?	Using alcohol – How much?
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LIST THREE THINGS THAT CAUSE YOU THE MOST PROBLEMS SINCE THE LAST VISIT.

1. _____
2. _____
3. _____

GENERAL ABILITY TO FUNCTION AND PERFORM

RATE ON SCALE OF 1 TO 10

VERY POOR 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10 VERY GOOD

<input type="checkbox"/> School or work	<input type="checkbox"/> Thinking clearly	<input type="checkbox"/> Feelings about self	<input type="checkbox"/> Exercise
<input type="checkbox"/> Getting along with others	<input type="checkbox"/> Having fun	<input type="checkbox"/> Handling emotions	<input type="checkbox"/> Diet
<input type="checkbox"/> Response to treatment	<input type="checkbox"/> Structure in life	<input type="checkbox"/> Feeling successful	<input type="checkbox"/> OVERALL FUNCTIONING