

Amen Adult General Symptom Checklist

Name: _____

Please rate yourself on each of the symptoms listed below using the following scale. If possible, to give us the most complete picture, have another person who knows you well (such as a spouse, partner or parent) rate you as well. List other person _____

0	1	2	3	4	N/A
Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable/Not Known

Other Self

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Depressed or sad mood |
| _____ | _____ | 2. Decreased interest in things that are usually fun, including sex |
| _____ | _____ | 3. Significant weight gain or loss, or marked appetite changes, increased or decreased |
| _____ | _____ | 4. Recurrent thoughts of death or suicide |
| _____ | _____ | 5. Sleep changes, lack of sleep or marked increase in sleep |
| _____ | _____ | 6. Physically agitated or "slowed down" |
| _____ | _____ | 7. Low energy or feeling of tiredness |
| _____ | _____ | 8. Feelings of worthlessness, helplessness, hopelessness or guilt |
| _____ | _____ | 9. Decreased concentration or memory |
| _____ | _____ | 10. Periods of an elevated, high or irritable mood |
| _____ | _____ | 11. Periods of a very high self-esteem or grandiose thinking |
| _____ | _____ | 12. Periods of decreased need for sleep without feeling tired |
| _____ | _____ | 13. More talkative than usual or pressure to keep talking |
| _____ | _____ | 14. Racing thoughts or frequent jumping from one subject to another |
| _____ | _____ | 15. Easily distracted by irrelevant things |
| _____ | _____ | 16. Marked increase in activity level |
| _____ | _____ | 17. Excessive involvement in pleasurable activities which have the potential for painful consequences
(spending money, sexual indiscretions, gambling, foolish business ventures) |
| _____ | _____ | 18. Panic attacks, which are periods of intense, unexpected fear or emotional discomfort
(list number per month _____) |
| _____ | _____ | 19. Periods of trouble breathing or feeling smothered |
| _____ | _____ | 20. Periods of feeling dizzy, faint or unsteady on your feet |
| _____ | _____ | 21. Periods of heart pounding or rapid heart rate |
| _____ | _____ | 22. Periods of trembling or shaking |
| _____ | _____ | 23. Periods of sweating |
| _____ | _____ | 24. Periods of choking |
| _____ | _____ | 25. Periods of nausea or abdominal upset |
| _____ | _____ | 26. Feelings of a situation "not being real" |
| _____ | _____ | 27. Numbness or tingling sensations |
| _____ | _____ | 28. Hot or cold flashes |
| _____ | _____ | 29. Periods of chest pain or discomfort |
| _____ | _____ | 30. Fear of dying |
| _____ | _____ | 31. Fear of going crazy or doing something uncontrolled |
| _____ | _____ | 32. Avoiding everyday places for fear of having a panic attack or needing to go with other people in order to feel comfortable. |
| _____ | _____ | 33. Excessive fear of being judged by others which causes you to avoid or get anxious in situations |
| _____ | _____ | 34. Persistent, excessive phobia (heights, closed spaces, specific animals, etc.) Please list _____ |

- _____ 35. Recurrent bothersome thoughts, ideas or images which you try to ignore
- _____ 36. Trouble getting “stuck” on certain thoughts, or having the same thought over and over
- _____ 37. Excessive or senseless worrying
- _____ 38. Others complain that you worry too much or get “stuck” on the same thoughts
- _____ 39. Compulsive behaviors that you must do or you feel very anxious, such as excessive hand washing, checking locks, or counting or spelling
- _____ 40. Needing to have things done a certain way or you become very upset
- _____ 41. Others complain that you do the same thing over and over to an excessive degree (such as cleaning or checking)
- _____ 42. Recurrent and upsetting thoughts of a past traumatic event (molest, accident, fire, etc.) please list _____
- _____ 43. Recurrent distressing dreams of a past upsetting event
- _____ 44. A sense of reliving a past upsetting event
- _____ 45. A sense of panic or fear to events that resemble an upsetting past event
- _____ 46. You spend effort avoiding thoughts or feelings associated with a past trauma
- _____ 47. Persistent avoidance of activities/situations which cause remembrance of upsetting event
- _____ 48. Inability to recall an important aspect of a past upsetting event
- _____ 49. Marked decreased interest in important activities
- _____ 50. Feeling detached or distant from others
- _____ 51. Feeling numb or restricted in your feelings
- _____ 52. Feeling that your future is shortened
- _____ 53. Quick startle
- _____ 54. Feels like you’re always watching for bad things to happen
- _____ 55. Marked physical response to events that remind you of a past upsetting even, i.e., sweating when
Getting in a car if you had been in a car accident
- _____ 56. Marked irritability or anger outbursts
- _____ 57. Unrealistic or excessive worry in at least a couple areas of your life
- _____ 58. Trembling, twitching or feeling shaky
- _____ 59. Muscle tension, aches or soreness
- _____ 60. Feelings of restlessness
- _____ 61. Easily fatigued
- _____ 62. Shortness of breath or feeling smothered
- _____ 63. Heart pounding or racing
- _____ 64. Sweating or cold clammy hands
- _____ 65. Dry mouth
- _____ 66. Dizziness or lightheadedness
- _____ 67. Nausea, diarrhea or other abdominal distress
- _____ 68. Hot or cold flashes
- _____ 69. Frequent urination
- _____ 70. Trouble swallowing or “lump in throat”
- _____ 71. Feeling keyed up or on edge
- _____ 72. Quick startle response or feeling jumpy
- _____ 73. Difficult concentrating or “mind going blank”
- _____ 74. Trouble falling or staying asleep
- _____ 75. Irritability
- _____ 76. Trouble sustaining attention or being easily distracted
- _____ 77. Difficulty completing projects
- _____ 78. Feeling overwhelmed of the tasks of everyday living
- _____ 79. Trouble maintaining an organized work or living area
- _____ 80. Inconsistent work performance

- _____ 81. Lacks attention to detail
- _____ 82. Makes decisions impulsively
- _____ 83. Difficulty delaying what you want, having to have your needs met immediately
- _____ 84. Restless, fidgety
- _____ 85. Make comments to others without considering their impact
- _____ 86. Impatient, easily frustrated
- _____ 87. Frequent traffic violations or near accidents
- _____ 88. Refusal to maintain body weight above a level most people consider healthy
- _____ 89. Intense fear of gaining weight or becoming fat even though underweight
- _____ 90. Feeling of being fat, even though you're underweight
- _____ 91. Recurrent episodes of binge eating large amounts of food
- _____ 92. A feeling of lack of control over eating behavior
- _____ 93. Engage in regular activities to purge binges, such as self-induced vomiting, laxatives, diuretics, strict
Dieting or strenuous exercise
- _____ 94. Persistent over concern with body shape and weight
- _____ 95a. Involuntary physical movements or motor tics (such as eye blinking, shoulder shrugging, head jerking
Or picking). How long have motor tics been present? _____ How often? _____
Describe _____
- _____ 95b. Involuntary vocal sounds or verbal tics (such as coughing, puffing, blowing, whistling, swearing).
How long have verbal tics been present? _____ How often? _____
Describe _____
- _____ 96. Delusional or bizarre thoughts (thoughts you know others would think are false)
- _____ 97. Seeing objects, shadows or movements that are not real
- _____ 98. Hearing voices or sounds that are not real
- _____ 99. Periods of time where your thoughts or speech were disjointed or didn't make sense to you or others
- _____ 100. Social isolation or withdrawal
- _____ 101. Severely impaired ability to function at home or at work
- _____ 102. Peculiar behaviors
- _____ 103. Lack of personal hygiene or grooming
- _____ 104. Inappropriate mood for the situation (i.e., laughing at sad events)
- _____ 105. Marked lack of initiative
- _____ 106. Frequent feelings that someone or something is out to hurt you or discredit you
- _____ 107. Do you snore loudly *or do others complain about your snoring)
- _____ 108. Have others said you stop breathing when you sleep
- _____ 109. Do you feel fatigued or tired during the day
- _____ 110. Do you often feel cold when others feel fine or they are warm
- _____ 111. Do you often feel warm when others feel fine or they are cold
- _____ 112. Do you have problems with brittle or fry hair
- _____ 113. Do you have problems with dry skin
- _____ 114. Do you have problems with sweating
- _____ 115. Do you have problems with chronic anxiety or tension
- _____ 116. Impairment in communication as manifested by at least one of the following:
- Delay in, or total lack of, the development of spoken language
(not accompanied by an attempt to compensate)
 - In individuals with adequate speech, marked impairment in the ability to initiate or sustain a
conversation with others
 - Repetitive use of language or odd language
 - Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental
level

- _____ 117. Impairment in social interaction, with at least two of the following:
- Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial Expression, body postures, and gestures to regulate social interaction
 - Failure to develop peer relationships appropriate to developmental level
 - Lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest)
 - lack of social or emotional reciprocity
- _____ 118. Repetitive patterns of behavior, interests, and activities, as manifested by at least one of the following:
- Preoccupation with an area of that is abnormal either in intensity or focus
 - Rigid adherence to specific, nonfunctional routines or rituals
 - Repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body Movements)
 - Persistent preoccupation with parts of objects