

QUICK SCREEN

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

| NAME | DATE |
|----------------------------|---------------------------|
| Sad mood | Loss of interest |
| Crying | Hearing voices |
| Irritability | Appetite decreased |
| Anger | Appetite increased |
| Blow-ups | Difficulty going to sleep |
| Problems paying attention | Difficulty staying asleep |
| Hard time making decisions | Waking early |
| Mood swings | Excessive sleep |

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|---|--|---|
| Making careless mistakes | Hard time with details | Hard time keeping focus |
| 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 |
| Talking too much | Interrupting others | Not completing projects |
| Hard time waiting (traffic, lines) | Talking too loudly | Restless inside |
| Difficulty listening | Hard time with instructions | Doing things impulsively |

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|---|--|---|
| Big plans <input type="checkbox"/> Unrealistic plans <input type="checkbox"/> | Big mood changes | Very distracted |
| 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 |

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|---|--|--|
| Bad dreams | Flashbacks | Thoughts about trauma |
| Reliving trauma (abuse, etc.) | Upsetting memories | Avoid thinking about trauma |
| Feeling bad if reminded of trauma (abuse, accident, etc.) | Pushing down thoughts of trauma (abuse, accident) | Hard time talking about trauma (abuse, accident, etc.) |
| Feeling like trauma happening again (abuse, accident, etc.) | Problems remembering parts of trauma (abuse, accident, etc.) | Avoiding activities associated with trauma (abuse, accident, etc.) |
| 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 |
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| Reliving trauma | Upsetting memories | Avoiding thinking about trauma |
| Feeling bad if reminded of trauma | Pushing down thoughts of trauma | Hard time talking about trauma |
| Feeling like trauma happening again | Problems remembering parts of trauma | Avoiding activities associated with trauma |

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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 |

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|---------------------------------------|--|---|--|
| 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 |

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|----------------------------|--|--------------------------|--|
| 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? |
|---------------------|-----------|---------------------------|

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 |