

Please check the column that best describes how frequently you have experienced each of the symptoms below.

1. Depressed mood

Never (1)      Seldom (2)    Sometimes (3)    Very Often (4)

2. Intense fears (planes, heights, elevators, etc)

Never (1)      Seldom (2)    Sometimes (3)    Very Often (4)

3. Unwanted thoughts

Never (1)      Seldom (2)    Sometimes (3)    Very Often (4)

4. Doing things over and over

Never (1)      Seldom (2)    Sometimes (3)    Very Often (4)

5. No memory for blocks of time

Never (1)      Seldom (2)    Sometimes (3)    Very Often (4)

6. Hearing things that are not there

Never (1)      Seldom (2)    Sometimes (3)    Very Often (4)

7. Seeing things that are not there

Never (1)      Seldom (2)    Sometimes (3)    Very Often (4)

8. Suspiciousness

Never (1)      Seldom (2)    Sometimes (3)    Very Often (4)

9. Difficulty sleeping

Never (1)      Seldom (2)    Sometimes (3)    Very Often (4)

10. Eating difficulty  
Never (1)      Seldom (2)    Sometimes (3)    Very Often (4)

11. Difficulty concentrating  
Never (1)      Seldom (2)    Sometimes (3)    Very Often (4)

12. Reduced/excessive sex drive  
Never (1)      Seldom (2)    Sometimes (3)    Very Often (4)

13. Anxiety  
Never (1)      Seldom (2)    Sometimes (3)    Very Often (4)

14. Feeling panicky  
Never (1)      Seldom (2)    Sometimes (3)    Very Often (4)

15. Frequent nightmares  
Never (1)      Seldom (2)    Sometimes (3)    Very Often (4)

16. Wanting to harm yourself  
Never (1)      Seldom (2)    Sometimes (3)    Very Often (4)

17. Difficulty with memory  
Never (1)      Seldom (2)    Sometimes (3)    Very Often (4)

18. Excessive picking/scratching  
Never (1)      Seldom (2)    Sometimes (3)    Very Often (4)

19. Unusually high energy  
Never (1)      Seldom (2)    Sometimes (3)    Very Often (4)

20. Sexual dysfunction  
Never (1)      Seldom (2)      Sometimes (3)      Very Often (4)

21. Excessive drug/alcohol use  
Never (1)      Seldom (2)      Sometimes (3)      Very Often (4)

22. tremors  
Never (1)      Seldom (2)      Sometimes (3)      Very Often (4)

23. Fear of social situations  
Never (1)      Seldom (2)      Sometimes (3)      Very Often (4)

24. Fear of being overweight  
Never (1)      Seldom (2)      Sometimes (3)      Very Often (4)

25. Vomiting/purging  
Never (1)      Seldom (2)      Sometimes (3)      Very Often (4)

26. Uncontrollable temper  
Never (1)      Seldom (2)      Sometimes (3)      Very Often (4)

27. Aggressive impulses  
Never (1)      Seldom (2)      Sometimes (3)      Very Often (4)

28. Flashbacks  
Never (1)      Seldom (2)      Sometimes (3)      Very Often (4)

29. Excessive risk taking  
Never (1)      Seldom (2)      Sometimes (3)      Very Often (4)

30. Self-injurious behavior  
Never (1)      Seldom (2)      Sometimes (3)      Very Often (4)

31. Disorientation  
Never (1)      Seldom (2)      Sometimes (3)      Very Often (4)

32. Impulsivity  
Never (1)      Seldom (2)      Sometimes (3)      Very Often (4)

33. Low energy  
Never (1)      Seldom (2)      Sometimes (3)      Very Often (4)

34. Low self-esteem  
Never (1)      Seldom (2)      Sometimes (3)      Very Often (4)

35. Mood swings  
Never (1)      Seldom (2)      Sometimes (3)      Very Often (4)

36. Premenstrual symptoms  
Never (1)      Seldom (2)      Sometimes (3)      Very Often (4)

37. Fear of leaving home  
Never (1)      Seldom (2)      Sometimes (3)      Very Often (4)

38. Problems with partner  
Never (1)      Seldom (2)      Sometimes (3)      Very Often (4)

39. Fear of dying  
Never (1)      Seldom (2)      Sometimes (3)      Very Often (4)

40. Physical pain

Never (1)      Seldom (2)    Sometimes (3)    Very Often (4)

41. Fear of being sick

Never (1)      Seldom (2)    Sometimes (3)    Very Often (4)

42. Feeling detached from others

Never (1)      Seldom (2)    Sometimes (3)    Very Often (4)

43. Addictive behavior

Never (1)      Seldom (2)    Sometimes (3)    Very Often (4)

44. Feeling uneasy in public

Never (1)      Seldom (2)    Sometimes (3)    Very Often (4)

Please list any other symptoms that are causing you difficulty:

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