



Please Mark Those That Apply to the Patient

1. Depressed Mood
2. Lost interest in most activities
3. Increased appetite
4. Decreased appetite
5. Weight Gain
6. Weight Loss
7. Difficulty going to sleep
8. Difficulty staying asleep
9. Fatigue, loss of energy
10. Feelings of worthlessness
11. Inappropriate guilt
12. Difficulty concentrating
13. Preoccupation with death
14. Suicidal thoughts
15. Excessive or uncontrollable worry
16. Restlessness
17. Irritable
18. Decreased need for sleep
19. Increased talking
20. Racing thoughts
21. Distractible
22. Elevated mood
23. Engaging in risky, pleasurable activities
24. Mood swings
25. Feelings of panic
26. Pounding heart, chest pains, shaking
27. Shortness of breath, dizziness, sweating
28. Recurrent undesirable thoughts
29. Repetitive behaviors (hand washing, checking) or mental acts (counting etc)
30. Nausea or abdominal stress
31. Fear of losing control
32. Fear of dying
33. Recurrent intrusive memories
34. Flashbacks
35. Efforts to avoid memories
36. Fear of social situations
37. Alcohol problems
38. Drug use problems
39. Compulsive dieting
40. Vomiting, use of laxatives
41. Marital problems
42. Sexual problems
43. Impulsive
44. Overwhelmed
45. Angry
46. Easily upset, on edge
47. Careless, forgetful, easily, distracted, difficulty organizing, loses thing