

## ***GraceLife Counseling Adult General Symptom Checklist***

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, friend or parent) rate you as well. List other person \_\_\_\_\_

|       |        |              |            |                 |                          |
|-------|--------|--------------|------------|-----------------|--------------------------|
| 0     | 1      | 2            | 3          | 4               | NA                       |
| Never | Rarely | Occasionally | Frequently | Very Frequently | Not Applicable/Not Known |

Other    Self

- |       |       |  |
|-------|-------|--|
| _____ | _____ | 1. Feeling depressed or being in a sad mood  |
| _____ | _____ | 2. Having a decreased interest in things that are usually fun, including sex   |
| _____ | _____ | 3. Experiencing a significant change in weight or appetite, increased or decreased   |
| _____ | _____ | 4. Having recurrent thoughts of death or suicide   |
| _____ | _____ | 5. Experiencing sleep changes, such as a lack of sleep or a marked increase in sleep   |
| _____ | _____ | 6. Feeling physically agitated or of being "slowed down"   |
| _____ | _____ | 7. Having feelings of low energy or tiredness  |
| _____ | _____ | 8. Having feelings of worthlessness, helplessness, hopelessness or guilt   |
| _____ | _____ | 9. Experiencing decreased concentration or memory  |
| _____ | _____ | 10. Having periods of an elevated, high or irritable mood  |
| _____ | _____ | 11. Having periods of a very high self-esteem or grandiose thinking  |
| _____ | _____ | 12. Having periods of decreased need for sleep without feeling tired   |
| _____ | _____ | 13. Being more talkative than usual or feeling pressure to keep talking  |
| _____ | _____ | 14. Having racing thoughts or frequently jumping from one subject to another   |
| _____ | _____ | 15. Being easily distracted by irrelevant things   |
| _____ | _____ | 16. Having a marked increase in activity level   |
| _____ | _____ | 17. Excessive involvement in pleasurable activities that have the potential for painful consequences (e.g., spending money, sexual indiscretions, gambling, foolish business ventures) |
| _____ | _____ | 18. Experiencing panic attacks, which are periods of intense, unexpected fear or emotional discomfort (list number per month _____)  |
| _____ | _____ | 19. Having periods of trouble breathing or feeling smothered   |
| _____ | _____ | 20. Having periods of feeling dizzy, faint or unsteady on your feet  |
| _____ | _____ | 21. Having periods of heart pounding or rapid heart rate   |
| _____ | _____ | 22. Having periods of trembling or shaking   |
| _____ | _____ | 23. Having periods of sweating   |
| _____ | _____ | 24. Having periods of choking  |
| _____ | _____ | 25. Having periods of nausea or abdominal discomfort/trouble   |
| _____ | _____ | 26. Having feelings of a situation "not being real"  |
| _____ | _____ | 27. Experiencing numbness or tingling sensations   |
| _____ | _____ | 28. Experiencing hot or cold flashes   |
| _____ | _____ | 29. Having periods of chest pain or discomfort   |
| _____ | _____ | 30. Fearing death  |
| _____ | _____ | 31. Fearing going crazy or doing something out-of-control  |
| _____ | _____ | 32. Avoiding everyday places for 1) fear of having a panic attack or 2) needing to go with other people in order to feel comfortable   |
| _____ | _____ | 33. Excessive fearing of being judged by others, which causes you to avoid or get anxious in situations  |
| _____ | _____ | 34. Experiencing persistent, excessive phobia (heights, closed spaces, specific animals, etc.) please list _____   |
| _____ | _____ | 35. Having recurrent bothersome thoughts, ideas, or images that you try to ignore  |
| _____ | _____ | 36. Having trouble getting "stuck" on certain thoughts, or having the same thought over and over   |

- \_\_\_ 37. Experiencing excessive or senseless worrying
- \_\_\_ 38. Others complaining that you worry too much or get "stuck" on the same thoughts
- \_\_\_ 39. Having compulsive behaviors that you must do or else 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 else you become very upset
- \_\_\_ 41. Others complaining that you do the same thing over and over to an excessive degree (such as cleaning or checking)
- \_\_\_ 42. Experiencing recurrent and upsetting thoughts of a past traumatic event (molestation, accident, fire, etc.), please list \_\_\_\_\_
- \_\_\_ 43. Experiencing recurrent distressing dreams of a past upsetting event
- \_\_\_ 44. Having a sense of reliving a past upsetting event
- \_\_\_ 45. Having a sense of panic or fear of events that resemble an upsetting past event
- \_\_\_ 46. Spending effort avoiding thoughts or feelings associated with a past trauma
- \_\_\_ 47. Regularly avoiding activities/situations which cause remembrance of an upsetting event
- \_\_\_ 48. Being unable to recall an important aspect of a past upsetting event
- \_\_\_ 49. Having a 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. Being quick to startle
- \_\_\_ 54. Feeling like you're always watching for bad things to happen
- \_\_\_ 55. Experiencing a marked physical response to events that remind you of a past upsetting event (e.g., sweating, increased pulse, etc.) when getting in a car if you had been in a car accident
- \_\_\_ 56. Being markedly more irritable or experiencing anger outbursts
- \_\_\_ 57. Having unrealistic or excessive worry in at least a couple areas of your life
- \_\_\_ 58. Trembling, twitching, or feeling shaky
- \_\_\_ 59. Experiencing muscle tension, aches, or soreness
- \_\_\_ 60. Having feelings of restlessness
- \_\_\_ 61. Becoming easily fatigued
- \_\_\_ 62. Experiencing shortness of breath or feeling smothered
- \_\_\_ 63. Experiencing a pounding or racing heartbeat
- \_\_\_ 64. Sweating or having cold, clammy hands
- \_\_\_ 65. Experiencing dry mouth
- \_\_\_ 66. Experiencing dizziness or lightheadedness
- \_\_\_ 67. Having nausea, diarrhea or other abdominal distress
- \_\_\_ 68. Having hot or cold flashes
- \_\_\_ 69. Having to urinate frequently
- \_\_\_ 70. Having trouble swallowing or feeling a "lump in your throat"
- \_\_\_ 71. Feeling keyed up or on edge
- \_\_\_ 72. Being quick to startle or feeling jumpy
- \_\_\_ 73. Finding it difficult to concentrate, or having your "mind go blank"
- \_\_\_ 74. Having trouble falling or staying asleep
- \_\_\_ 75. Experiencing irritability
- \_\_\_ 76. Having trouble sustaining attention or being easily distracted
- \_\_\_ 77. Experiencing difficulty completing projects
- \_\_\_ 78. Feeling overwhelmed by the tasks of everyday living
- \_\_\_ 79. Having trouble maintaining an organized work or living area
- \_\_\_ 80. Being inconsistent in work performance
- \_\_\_ 81. Lacking in attention to detail
- \_\_\_ 82. Making decisions impulsively

- \_\_\_ 83. Having difficulty delaying what you want, having to have your needs met immediately
- \_\_\_ 84. Feeling restless and/or fidgety
- \_\_\_ 85. Making comments to others without considering their impact
- \_\_\_ 86. Being impatient and/or easily frustrated
- \_\_\_ 87. Experiencing frequent traffic violations or near accidents
- \_\_\_ 88. Refusing to maintain body weight above a level that most people consider healthy
- \_\_\_ 89. Intensely fearing gaining weight or becoming fat even though underweight
- \_\_\_ 90. Having feelings of being fat, even though you're underweight
- \_\_\_ 91. Experiencing recurrent episodes of binge eating large amounts of food
- \_\_\_ 92. Feeling of lack of control over eating behavior
- \_\_\_ 93. Engaging in regular activities to purge binges, such as self-induced vomiting, laxatives, diuretics, strict dieting, or strenuous exercise
- \_\_\_ 94. Being over-concerned with body shape and/or weight
- \_\_\_ 95a. Experiencing involuntary physical movements and/or motor tics (such as eye blinking, shoulder shrugging, head jerking or picking). How long have tics been present? \_\_\_\_\_  
How often? \_\_\_\_\_  
Please describe \_\_\_\_\_
- \_\_\_ 95b. Experiencing involuntary vocal sounds or verbal tics (such as coughing, puffing, blowing, whistling, or swearing). How long have tics been present? \_\_\_\_\_ How often? \_\_\_\_\_  
Please describe: \_\_\_\_\_
- \_\_\_ 96. Having 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. Experiencing periods of time where your thoughts or speech were disjointed or didn't make sense to you or others
- \_\_\_ 100. Feeling socially isolated or withdrawn
- \_\_\_ 101. Having a severely impaired ability to function at home or at work
- \_\_\_ 102. Behaving peculiarly
- \_\_\_ 103. Lacking personal hygiene or grooming
- \_\_\_ 104. Being in an inappropriate mood for a given situation (e.g., laughing at sad events)
- \_\_\_ 105. Having a marked lack of initiative
- \_\_\_ 106. Having frequent feelings that someone or something is out to hurt you or discredit you
- \_\_\_ 107. Snoring loudly (or others complaining about your snoring)
- \_\_\_ 108. Others saying that you stop breathing when you sleep
- \_\_\_ 109. Feeling fatigued or tired during the day
- \_\_\_ 110. Often feeling cold when others feel fine or they are warm
- \_\_\_ 111. Often feeling warm when others feel fine or they are cold
- \_\_\_ 112. Having problems with brittle or dry hair
- \_\_\_ 113. Having problems with dry skin
- \_\_\_ 114. Having problems with sweating
- \_\_\_ 115. Having problems with chronic anxiety or tension

- \_\_\_\_\_ 116. Having impairment in communication as manifested by at least one of the following (please circle all that apply):
- A delay in or total lack of the development of spoken language (not accompanied by an attempt to compensate);
  - In individuals with adequate speech, having a marked impairment in the ability to initiate or sustain a conversation with others;
  - The repetitive use of language, or the use of odd language;
  - A lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level.
- \_\_\_\_\_ 117. Having an impairment in social interaction, with at least two of the following (please circle all that apply):
- A 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;
  - A failure to develop peer relationships appropriate to developmental level;
  - A lack of spontaneously seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest);
  - A lack of social or emotional reciprocity.
- \_\_\_\_\_ 118. Having repetitive patterns of behavior, interests, and activities, as manifested by at least one of the following (please circle all that apply):
- A preoccupation with an area that is abnormal either in intensity or focus;
  - A rigid adherence to specific, nonfunctional routines or rituals;
  - Repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements);
  - A persistent preoccupation with parts of objects.