Client Name: ____ Date: __________________

Thinking about the last 30 days, place an X in the box next to the symptoms that you have experienced.

Function and Stressors: Describe how you perform in social or family situations.

- ☐ Conflicts with family
- ☐ Family causing problems
- ☐ Don't associate with family
- ☐ Conflicts with boss
- ☐ Conflicts with co-worker
- ☐ Absent from work often
- ☐ Conflicts with friends
- ☐ Friends cause problems
- ☐ Don't associate with anyone

How is your overall functioning in the last 30 days compared to when it was best?

Much better Some better Same Some worse Much worse

Anxiety

- ☐ Nervous for no reason
- ☐ Suspicious a lot
- ☐ Counting
- ☐ Perfectionism
- ☐ Mental rituals
- ☐ Can't sit still or stop moving
- ☐ Hard to leave home
- ☐ Worried a lot
- ☐ Can't forget past hurts
- ☐ Jumpy
- ☐ Checking
- ☐ Panic attacks
- ☐ Collecting
- ☐ Unwanted thoughts
- ☐ None of these

Mood

- ☐ Good
- ☐ Extreme ups and downs
- ☐ Down most days
- ☐ To happy/ manic
- ☐ Happy most of the time
- ☐ Suicidal
- ☐ No energy/ tired
- ☐ Hopeless
- ☐ Angry
- ☐ Want to harm yourself
- ☐ Move in slow motion
- ☐ Tearful
- ☐ Low interest in activities
- ☐ Can't get started
- ☐ Want to harm someone else

Appetite and Eating

- ☐ Can't eat
- ☐ Weight loss
- ☐ Eating binges
- ☐ Waking up to eat
- ☐ Weight gain
- ☐ Obsessed with body image
- ☐ Obsessed with food
- ☐ Addicted to sugar
- ☐ None of these

Sleep – What is the average number of hours of sleep you get each night? ____________

- ☐ Can't fall asleep
- ☐ Wake up a lot
- ☐ Sleep too little
- ☐ Nightmares
- ☐ Sleep walk
- ☐ Sleep too much
- ☐ No problems

Memory

- ☐ Very good
- ☐ Average
- ☐ Poor for the past
- ☐ Can't concentrate
- ☐ Forgetful
- ☐ Sometimes get lost
- ☐ No memory problems

Thoughts

- ☐ Empty/blank mind
- ☐ Racing
- ☐ Out of control
- ☐ Confused
- ☐ Distracting
- ☐ Preoccupied
- ☐ No problems

Perceptions

- ☐ Smell what others can't
- ☐ See faces/objects other can't
- ☐ Hear voices others can't
- ☐ Feel like I am being watched
- ☐ Have a secret relationship
- ☐ Receive special messages
- ☐ None of these

Habits/ Behaviors

- ☐ Use drugs or alcohol
- ☐ Gambling/ internet gaming
- ☐ Shopping/ spending money
- ☐ Pornography/ affairs/ sex
- ☐ Lying to others for no reason
- ☐ Stealing
- ☐ Exercise excessively
- ☐ Binge and purge