



CENTER FOR
Modern
Family
Dynamics

classes counseling
creativity community

Please Mark Those That Apply to You the Past Week as well as Today

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

Initials _____ Today's Date _____