

Your Name: _____ Patient Name: _____
Completed by: _____ Self _____ Other (relationship) _____
Date _____

Amen Adult General Symptom Checklist

Please rate yourself on each symptom listed below on a scale from 0-4. In rating yourself, please use the following scale: 0= Never, 1=Rarely, 2=Occasionally, 3=Frequently, 4=Very Frequently. If an item includes optional responses, circle those parts that apply to you or the person you are describing.

- ___ 1. Depressed or sad mood
- ___ 2. Decreased interest in things that are usually fun, including sex
- ___ 3. Significant weight gain or loss, or marked appetite changes, increased/decreased
- ___ 4. Recurrent thoughts of death or suicide
- ___ 5. Sleep changes, lack of sleep or marked increase in sleep
- ___ 6. Physically agitated or "slowed down"
- ___ 7. Low energy or feelings of tiredness
- ___ 8. Feelings of worthlessness, helplessness, hopelessness or guilt
- ___ 9. Decreased concentration or memory
- ___ 10. Periods of an elevated, high or irritable mood
- ___ 11. Periods of an elevated, high self esteem or grandiose thinking
- ___ 12. Periods of decreased need for sleep without feeling tired
- ___ 13. More talkative than usual or pressure to keep talking
- ___ 14. Racing thoughts or frequent jumping from one subject to another
- ___ 15. Easily distracted by irrelevant things
- ___ 16. Marked increase in activity level
- ___ 17. Excessive involvement in pleasurable activities that have the potential for painful consequences (spending money, sexual indiscretions, gambling, foolish business)
- ___ 18. Panic attacks, which are periods of intense, unexpected fear or emotional discomfort (list number per month)
- ___ 19. Periods of trouble breathing or feeling smothered
- ___ 20. Periods of feeling dizzy, faint or unsteady on your feet
- ___ 21. Periods of heart pounding or rapid heart rate
- ___ 22. Periods of trembling or shaking
- ___ 23. Periods of sweating
- ___ 24. Periods of choking
- ___ 25. Periods of nausea or abdominal upset
- ___ 26. Feelings of a situation "not being real"
- ___ 27. Numbness or tingling sensations
- ___ 28. Hot or cold flashes
- ___ 29. Periods of chest pain or discomfort
- ___ 30. Fear of dying
- ___ 31. Fear of going crazy or doing something uncontrolled
- ___ 32. Avoiding everyday places for fear of having a panic attack or having to go with others in order to feel comfortable
- ___ 33. Excessive fear of being judged or scrutinized by other people which causes you to avoid or panic in everyday situations
- ___ 34. Persistent, excessive phobia (heights, closed spaces, specific animals, etc.)
Please list

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- ___ 35. Recurrent bothersome thoughts, ideas or images which you try to ignore
- ___ 36. Trouble getting “stuck” on certain thoughts, having same thought over and over
- ___ 37. Excessive or senseless worrying
- ___ 38. Others complain that you worry too much or get “stuck” on the same thoughts
- ___ 39. Compulsive behaviors that you must do or you feel very anxious, such as excessive hand washing, checking locks, counting or spelling
- ___ 40. Needing to have things done a certain way or you become very upset
- ___ 41. Others complain that you do the same thing over and over to an excessive degree (such as cleaning or checking)
- ___ 42. Recurrent and upsetting thoughts of a past traumatic event (molest, accident, fire, etc.). Please list: _____
- ___ 43. Recurrent distressing dreams of a past upsetting event
- ___ 44. A sense of reliving a past upsetting event
- ___ 45. A sense of panic or fear to events that resemble an upsetting past event
- ___ 46. You spend effort avoiding thoughts or feelings associated with a past trauma
- ___ 47. Persistent avoidance of activities or situations that cause you to remember a past upsetting event
- ___ 48. Inability to recall an important aspect of a past upsetting event
- ___ 49. 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. Quick startle
- ___ 54. Feel like you’re always watching for bad things to happen
- ___ 55. Marked physical response to events that remind you of a past upsetting event, i.e., sweating when getting in a car if you had been in a car accident
- ___ 56. Marked irritability or anger outbursts
- ___ 57. Unrealistic or excessive worry in at least a couple areas of your life
- ___ 58. Trembling, twitching or feeling shaky
- ___ 59. Muscle tension, aches or soreness
- ___ 60. Feelings of restlessness
- ___ 61. Easily fatigued
- ___ 62. Shortness of breath or feeling smothered
- ___ 63. Heart pounding or racing
- ___ 64. Sweating or cold clammy hands
- ___ 65. Dry mouth
- ___ 66. Dizziness or lightheadedness
- ___ 67. Nausea, diarrhea or other abdominal distress
- ___ 68. Hot or cold flashes
- ___ 69. Frequent urination
- ___ 70. Trouble swallowing or “lump in throat”
- ___ 71. Feeling keyed up or on edge
- ___ 72. Quick startle response or feeling jumpy
- ___ 73. Difficult concentrating or “mind going blank”
- ___ 74. Trouble falling or staying asleep
- ___ 75. Irritability

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- ___ 76. Trouble sustaining attention or being easily distracted
- ___ 77. Difficulty completing projects
- ___ 78. Feeling overwhelmed of the tasks of everyday living
- ___ 79. Trouble maintaining an organized work or living area
- ___ 80. Inconsistent work performance
- ___ 81. Lacks attention to detail
- ___ 82. Makes decisions impulsively
- ___ 83. Difficulty delaying what you want, having to have your needs met immediately
- ___ 84. Restless, fidgety
- ___ 85. Make comments to others without considering their impact
- ___ 86. Impatient, easily frustrated
- ___ 87. Frequent traffic violations or near accidents
- ___ 88. Refusal to maintain body weight above a level most people consider healthy
- ___ 89. Intense fear of gaining weight or becoming fat, even though underweight
- ___ 90. Feelings of being fat, even though you're underweight
- ___ 91. Recurrent episodes of binge eating large amounts of food
- ___ 92. A feeling of lack of control over eating behavior
- ___ 93. Engage in regular activities to purge binges, such as self induced vomiting, laxatives, diuretics, strict dieting or strenuous exercise
- ___ 94. Persistent over-concern with body shape and weight
- ___ 95. Involuntary physical movement or vocal tics
- ___ 96. 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. Periods of time where your thoughts or speech are not connected or do not make sense to you or others
- ___ 100. Social isolation or withdrawal
- ___ 101. Severely impaired ability to function at home or at work
- ___ 102. Peculiar behaviors
- ___ 103. Lack of personal hygiene or grooming
- ___ 104. Inappropriate mood for the situation (i.e., laughing at sad events)
- ___ 105. Marked lack of initiative
- ___ 106. Frequent feelings that someone or something is out to hurt you or discredit you
- ___ 107. Periods of extreme irritability, physical or verbal aggression or rage with little provocation
- ___ 108. Periods of confusion
- ___ 109. Periods of spaciness or missing brief periods of time
- ___ 110. Periods of fearfulness for no apparent reason
- ___ 111. Periods of de ja vu (the feeling that you've been or experienced something before, even though you never have)
- ___ 112. Periods of unusual visual (seeing) or auditory (hearing) sensations or illusions
- ___ 113. Periods of forgetfulness or memory problems
- ___ 114. Do you snore loudly? (Or do others complain about your snoring?)
- ___ 115. Have others said you stop breathing when you sleep?
- ___ 116. Do you feel fatigued or tired during the day?
- ___ 117. Do you often feel cold when others feel fine or they are warm?

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- ___ 118. Do you often feel warm when others feel fine or they are cold?
- ___ 119. Do you have problems with brittle or dry hair?
- ___ 120. Do you have problems with dry skin?
- ___ 121. Do you have problems with sweating?
- ___ 122. Do you have problems with chronic anxiety or tension?