

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?