

SYMPTOM CHECKLIST - ADULT VERSION

NAME _____

DATE _____

Please rate how you have felt during the past several weeks. Be sure to circle the appropriate number after each item using the rating scale below. This questionnaire is confidential and will be reviewed by you and your counselor.

ITEM	NEVER	SOMETIMES	OFTEN	ALMOST ALWAYS
1. I feel unhappy.	1	2	3	4
2. I feel stressed at work/school.	1	2	3	4
3. I don't get along with people.	1	2	3	4
4. I feel worthless.	1	2	3	4
5. I feel tired.	1	2	3	4
6. I feel unhappy in my marriage/significant relationship.	1	2	3	4
7. I drink too much.	1	2	3	4
8. I am afraid of being out in public.	1	2	3	4
9. My stomach is upset.	1	2	3	4
10. I feel no interest in things.	1	2	3	4
11. I think about hurting myself.	1	2	3	4
12. I have frequent arguments with others.	1	2	3	4
13. Disturbing thoughts come into my mind.	1	2	3	4
14. I am not doing well at school/work.	1	2	3	4
15. I feel something is wrong with my mind.	1	2	3	4
16. I have headaches.	1	2	3	4
17. I have trouble falling asleep or staying asleep.	1	2	3	4
18. I worry about a lot of things.	1	2	3	4
19. I lose my temper.	1	2	3	4
20. I use marijuana, cocaine, or other controlled drugs.	1	2	3	4
21. I feel hopeless about the future.	1	2	3	4
22. I feel guilty.	1	2	3	4
23. I have trouble getting along with others.	1	2	3	4
24. I feel blue.	1	2	3	4
25. I feel others do not understand me.	1	2	3	4
26. I don't like myself.	1	2	3	4
27. I am unhappy with my life.	1	2	3	4
28. I can never relax.	1	2	3	4
29. I find it hard to concentrate on anything.	1	2	3	4
30. I can't get anything accomplished.	1	2	3	4
31. I have aches and pains.	1	2	3	4
32. I have problems managing my time.	1	2	3	4
33. I have problems managing my money.	1	2	3	4
34. I cannot remember important things.	1	2	3	4
35. I have nervous habits.	1	2	3	4
36. I do things without thinking.	1	2	3	4
37. I have been in trouble with the law.	1	2	3	4
38. Other people think I have a temper/anger problem.	1	2	3	4
39. Others have complained about my drinking/drug use.	1	2	3	4
40. I am troubled by sexual thoughts.	1	2	3	4
41. I have bad dreams or nightmares.	1	2	3	4
42. I feel like hurting other people.	1	2	3	4
43. Sometimes I feel like I am not "in my body".	1	2	3	4
44. My mind goes empty or blank.	1	2	3	4
45. I have thoughts of ending my life.	1	2	3	4
46. I have an unfulfilling sex life.	1	2	3	4
47. I am troubled by a racing heartbeat.	1	2	3	4
48. I have problems with my physical health.	1	2	3	4
49. I have been in trouble legally because of my drinking.	1	2	3	4
50. I have family problems	1	2	3	4