

AMEN Adult General Symptom Checklist

Name: _____

Please rate yourself on each of the symptoms listed below using the following scale:

0-----1-----2-----3-----4-----N/A-----
 Never Rarely Occasionally Frequently Very Frequently Not Applicable

- _____ 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 or 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 feeling 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 a very 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 which have the potential for painful consequences (spending money, sexual indiscretions, gambling, foolish business ventures)
- _____ 18. Panic attacks (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 needing to go with other people in order to feel comfortable
- _____ 33. Excessive fear of being judged by others which causes you to avoid or get anxious in situations
- _____ 34. Persistent, excessive phobia (heights, closed spaces, specific animals, etc.) Please list _____
- _____ 35. Recurrent bothersome thoughts, ideas, or images which you try to ignore
- _____ 36. Trouble getting "stuck" on certain thoughts, or having the 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, or 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/situations which cause remembrance of 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. Feels 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 have 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 to sleep or staying asleep
- _____ 75. Irritability
- _____ 76. Trouble sustaining attention or being easily distracted
- _____ 77. Difficulty completing projects
- _____ 78. Feeling overwhelmed with the tasks of everyday living
- _____ 79. Trouble maintaining an organized work or living area
- _____ 80. Inconsistent work performance
- _____ 81. Lacking attention to detail
- _____ 82. Making decisions impulsively
- _____ 83. Difficulty delaying what you want, having to have your needs met immediately
- _____ 84. Restless, fidgety
- _____ 85. Making 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. Feeling 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. Engaging 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
- _____ 95a. Involuntary physical movements or motor tics (such as eye blinking, shoulder shrugging, head jerking or picking). How long have motor tics been present? _____ How often? _____
Describe _____
- _____ 95b. Involuntary vocal sounds or verbal tics (such as coughing, puffing, blowing, whistling, swearing). How long have verbal tics been present? _____ How often? _____
Describe _____
- _____ 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 of speech were disjointed or didn't 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. Do you snore loudly (or do others complain about your snoring)
- _____ 108. Have others said you stop breathing when you sleep
- _____ 109. Do you feel fatigued or tired during the day
- _____ 110. Do you often feel cold when others feel fine or they are warm
- _____ 111. Do you often feel warm when others feel fine or they are cold
- _____ 112. Do you have problems with brittle or dry hair
- _____ 113. Do you have problems with dry skin
- _____ 114. Do you have problems with sweating
- _____ 115. Do you have problems with chronic anxiety or tension
- _____ 116. Impairment in communication as manifested by at least one of the following:
- Delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate)
- In individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
- Repetitive use of language or odd language
- Lack of varied, spontaneous, make-believe play or social-imitative play appropriate to developmental level
- _____ 117. Impairment in social interaction, with at least two of the following:
- Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
- Failure to develop peer relationships appropriate to developmental level
- Lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest)
- lack of social or emotional reciprocity
- _____ 118. Repetitive patterns of behavior, interests, and activities, as manifested by at least one of the following:
- Preoccupation with an area that is abnormal either in intensity or focus
- Rigid adherence to specific, nonfunctional routines or rituals
- Repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)
- Persistent preoccupation with parts of objects