



Adult Assessment Questionnaire

Please use this list to *describe your experiences and how you have felt during the last month*. Circle the number that best applies for each item, and do not skip any items. The numbers on the scale indicate the following:

1 = not at all **2** = a little **3** = somewhat **4** = often **5** = almost always

Difficulty paying attention	1 2 3 4 5	Forgetting things	1 2 3 4 5
Difficulty listening	1 2 3 4 5	Restlessness	1 2 3 4 5
Losing your temper	1 2 3 4 5	Interrupting others	1 2 3 4 5
Getting into arguments	1 2 3 4 5	Heart palpitations	1 2 3 4 5
Feeling angry	1 2 3 4 5	Chills or hot flushes	1 2 3 4 5
Alcohol use	1 2 3 4 5	Trembling or shaking	1 2 3 4 5
Caffeine consumption	1 2 3 4 5	Shortness of breath	1 2 3 4 5
Drug use	1 2 3 4 5	Feelings of choking	1 2 3 4 5
Thoughts others do not share	1 2 3 4 5	Chest tightness	1 2 3 4 5
Beliefs others do not share	1 2 3 4 5	Nausea	1 2 3 4 5
Hearing voices	1 2 3 4 5	Feeling dizzy	1 2 3 4 5
Seeing thing others cannot	1 2 3 4 5	Feelings of unreality	1 2 3 4 5
Feeling down	1 2 3 4 5	Fear of losing control	1 2 3 4 5
Crying easily	1 2 3 4 5	Fear of dying	1 2 3 4 5
Feeling no interest in things	1 2 3 4 5	Tingling or numbness	1 2 3 4 5
Decreased appetite	1 2 3 4 5	Fear of leaving home	1 2 3 4 5
Overeating	1 2 3 4 5	Fear of social situations	1 2 3 4 5
Difficulty falling asleep	1 2 3 4 5	Nightmares	1 2 3 4 5
Sleeping too much	1 2 3 4 5	Feeling you have no future	1 2 3 4 5
Waking too early	1 2 3 4 5	Loss of sexual interest	1 2 3 4 5
Feeling slowed down	1 2 3 4 5	Feelings of hopelessness	1 2 3 4 5
Feeling fatigued	1 2 3 4 5	Feeling estranged from others	1 2 3 4 5
Feeling worthless	1 2 3 4 5	Self-injury	1 2 3 4 5
Feelings of guilt	1 2 3 4 5	Startling easily	1 2 3 4 5
Difficulty concentrating	1 2 3 4 5	Feeling "on guard"	1 2 3 4 5
Trouble making decisions	1 2 3 4 5	Vomiting	1 2 3 4 5
Thoughts of death	1 2 3 4 5	Checking or counting repeatedly	1 2 3 4 5
Feeling suicidal	1 2 3 4 5	Feeling compelled to sanitize things	1 2 3 4 5
Reduced need for sleep	1 2 3 4 5	Bothered by intrusive thoughts	1 2 3 4 5
Racing thoughts	1 2 3 4 5	Feeling physically unacceptable	1 2 3 4 5
Feeling pressure to talk	1 2 3 4 5	Feeling others wish to harm you	1 2 3 4 5
Acting impulsively	1 2 3 4 5	Feeling suspicious	1 2 3 4 5
Increased risk taking	1 2 3 4 5	Not wishing to be around others	1 2 3 4 5
Feelings of superiority	1 2 3 4 5	Feeling others do not like you	1 2 3 4 5
Problems finishing tasks	1 2 3 4 5	Feelings of emptiness	1 2 3 4 5
Organization difficulties	1 2 3 4 5	Fears of embarrassment	1 2 3 4 5
Problems staying focused	1 2 3 4 5	Do you have access to a firearm?	YES / NO
Losing things	1 2 3 4 5		
Distractibility	1 2 3 4 5		

Please clarify any answers you wish: