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Here are some simple Screenings/Checklists that are a helpful tool for me as we start working together. But *just a tool*, not a complete picture of you, who you are, or what you experience. Don't over-think them! It is not a test!

Read the instructions of each screening carefully. Some items ask, "how often," you have experienced a symptom. Other items ask "how much" the symptom "bothered you" when and if you do experience it.

So, it is not always something you have had to experience and struggle with every day to include it as a symptom. If it is something that has caused distress, it is probably a symptom!

Please select *the highest answer* that you relate to with each question. *Read all options for each item.*

*Last tip: They mostly ask about experiencing these things now, and for the last week or month. *However, if it's something you have experienced off and on in the past 6 months or so, please include it. (*If it is something that you used to struggle with, but have not experienced for a year or more, then it's not one you would consider a symptom.)*

Hope this makes sense... I'll answer any questions when we meet.

Thank You!

Trauma Symptom Checklist – 40

(Briere & Runtz, 1989)

How often have you experienced each of the following in the last month? Please circle one number, 0-3.

Symptom	Never ----- Often			
	0	1	2	3
1. Headaches				
2. Insomnia				
3. Weight loss (without dieting)				
4. Stomach problems				
5. Sexual problems				
6. Feeling isolated from others				
7. "Flashbacks" (sudden, vivid, distracting memories)				
8. Restless sleep				
9. Low sex drive				
10. Anxiety attacks				
11. Sexual overactivity				
12. Loneliness				
13. Nightmares				
14. "Spacing out" (going away in your mind)				
15. Sadness				
16. Dizziness				
17. Not feeling satisfied with your sex life				
18. Trouble controlling your temper				
19. Waking up early in the morning				
20. Uncontrollable crying				
21. Fear of men				
22. Not feeling rested in the morning				
23. Having sex that you didn't enjoy				
24. Trouble getting along with others				
25. Memory problems				
26. Desire to physically hurt yourself				
27. Fear of women				
28. Waking up in the middle of the night				
29. Bad thoughts or feelings during sex				
30. Passing out				
31. Feeling that things are "unreal"				
32. Unnecessary or over-frequent washing				
33. Feelings of inferiority				
34. Feeling tense all the time				
35. Being confused about your sexual feelings				
36. Desire to physically hurt others				
37. Feelings of guilt				
38. Feeling that you are not always in your body				
39. Having trouble breathing				
40. Sexual feelings when you shouldn't have them				

PTSD CheckList – Civilian Version (PCL-C)

Client's Name: _____

Instruction to patient: Below is a list of problems and complaints that veterans sometimes have in response to stressful life experiences. Please read each one carefully, put an "X" in the box to indicate how much you have been bothered by that problem *in the last month*.

No.	Response	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
1.	Repeated, disturbing <i>memories, thoughts, or images</i> of a stressful experience from the past?					
2.	Repeated, disturbing <i>dreams</i> of a stressful experience from the past?					
3.	Suddenly <i>acting or feeling</i> as if a stressful experience <i>were happening</i> again (as if you were reliving it)?					
4.	Feeling <i>very upset</i> when <i>something reminded</i> you of a stressful experience from the past?					
5.	Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, or sweating) when <i>something reminded</i> you of a stressful experience from the past?					
6.	Avoid <i>thinking about</i> or <i>talking about</i> a stressful experience from the past or avoid <i>having feelings</i> related to it?					
7.	Avoid <i>activities or situations</i> because they <i>remind you</i> of a stressful experience from the past?					
8.	Trouble <i>remembering important parts</i> of a stressful experience from the past?					
9.	Loss of <i>interest in things that you used to enjoy</i> ?					
10.	Feeling <i>distant</i> or <i>cut off</i> from other people?					
11.	Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?					
12.	Feeling as if your <i>future</i> will somehow be <i>cut short</i> ?					
13.	Trouble <i>falling or staying asleep</i> ?					
14.	Feeling <i>irritable</i> or having <i>angry outbursts</i> ?					
15.	Having <i>difficulty concentrating</i> ?					
16.	Being " <i>super alert</i> " or watchful on guard?					
17.	Feeling <i>jumpy</i> or easily startled?					

PCL-M for DSM-IV (11/1/94) Weathers, Litz, Huska, & Keane National Center for PTSD - Behavioral Science Division

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Beck Anxiety Inventory (BAI)

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by that symptom during the past month, including today, by circling the number in the corresponding space in the column next to each symptom.

	Not at all	Mildly, but it didn't bother me much	Moderately – it wasn't pleasant at times	Severely – it bothered me a lot
Numbness or tingling	0	1	2	3
Feeling hot	0	1	2	3
Wobbliness in legs	0	1	2	3
Unable to relax	0	1	2	3
Fear of worst happening	0	1	2	3
Dizzy or lightheaded	0	1	2	3
Heart pounding / racing	0	1	2	3
Unsteady	0	1	2	3
Terrified or afraid	0	1	2	3
Nervous	0	1	2	3
Feeling of choking	0	1	2	3
Hands trembling	0	1	2	3
Shaky / unsteady	0	1	2	3
Fear of losing control	0	1	2	3
Difficulty in breathing	0	1	2	3
Fear of dying	0	1	2	3
Scared	0	1	2	3
Indigestion	0	1	2	3
Faint / lightheaded	0	1	2	3
Face flushed	0	1	2	3
Hot / cold sweats	0	1	2	3

Client Name: _____

Date: _____

Beck's Depression Inventory

Choose one statement from among the group of 4 statements in each question that best describes how you feel much of the time. Choose the highest number that is true. Don't over-think!

Circle the number beside the statement that is most true.

1.
 - 0 I do not feel sad.
 - 1 I feel sad.
 - 2 I am sad all the time and I can't snap out of it.
 - 3 I am so sad and unhappy that I can't stand it.
2.
 - 0 I am not particularly discouraged about the future.
 - 1 I feel discouraged about the future.
 - 2 I feel I have nothing to look forward to.
 - 3 I feel the future is hopeless and things cannot improve.
3.
 - 0 I do not feel like a failure.
 - 1 I feel I have failed more than the average person.
 - 2 As I look back on my life, all I can see is a lot of failures.
 - 3 I feel I am a complete failure as a person.
4.
 - 0 I get as much satisfaction out of things as I used to.
 - 1 I don't enjoy things the way I used to.
 - 2 I don't get real satisfaction out of anything anymore.
 - 3 I am dissatisfied or bored with everything.
5.
 - 0 I don't feel particularly guilty.
 - 1 I feel guilty a good part of the time.
 - 2 I feel quite guilty most of the time.
 - 3 I feel guilty all of the time.
6.
 - 0 I don't feel I am being punished.
 - 1 I feel I may be punished.
 - 2 I expect to be punished.
 - 3 I feel I am being punished.

- 7.
- 0 I don't feel disappointed in myself
 - 1 I am disappointed in myself.
 - 2 I am disgusted with myself.
 - 3 I hate myself.
- 8.
- 0 I don't feel I am any worse than anybody else.
 - 1 I am critical of myself for my weaknesses or mistakes.
 - 2 I blame myself all the time for my faults.
 - 3 I blame myself or everything bad that happens.
- 9.
- 0 I don't have any thoughts of killing myself.
 - 1 I have thoughts of killing myself, but I would not carry them out.
 - 2 I would like to kill myself.
 - 3 I would kill myself if I had the chance.
- 10.
- 0 I don't cry any more than usual.
 - 1 I cry more now than I used to.
 - 2 I cry all the time now.
 - 3 I used to be able to cry, but now I can't cry even though I want to.
- 11.
- 0 I am no more irritated by things than I ever was.
 - 1 I am slightly more irritated how than usual.
 - 2 I am quite annoyed or irritated a good deal of the time.
 - 3 I feel irritated all the time.
- 12.
- 0 I have not lost interest in other people.
 - 1 I am less interested in other people than I used to be.
 - 2 I have lost most of my interest in other people.
 - 3 I have lost all of my interest in other people.
- 13.
- 0 I make decisions about as well as I ever could.
 - 1 I put off making decisions more than I used to.
 - 2 I have greater difficulty in making decisions than before.
 - 3 I can't make decisions at all anymore.
- 14.
- 0 I don't feel that I look any worse than I used to.
 - 1 I am worried that I am looking old or unattractive.
 - 2 I feel that there are permanent changes in my appearance that make me look unattractive.
 - 3 I believe that I look ugly.
- 15.
- 0 I can work about as well as before.
 - 1 It takes an extra effort to get started at doing something.
 - 2 I have to push myself very hard to do anything.
 - 3 I can't do any work at all.

- 16.
- 0 I can sleep as well as usual
 - 1 I don't sleep as well as I used to.
 - 2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
 - 3 I wake up several hours earlier than I used to and cannot get back to sleep.
- 17.
- 0 I don't get more tired than usual.
 - 1 I get tired more easily than I used to.
 - 2 I get tired from doing almost anything.
 - 3 I am too tired to do anything.
- 18.
- 0 My appetite is no worse than usual.
 - 1 My appetite is not as good as it used to be.
 - 2 My appetite is much worse now.
 - 3 I have no appetite at all anymore.
- 19.
- 0 I haven't lost much weight, if any, lately.
 - 1 I have lost more than 5 pounds.
 - 2 I have lost more than 10 pounds.
 - 3 I have lost more than 15 pounds.
- *(Score 0 if you have been purposely trying to lose weight.)*
- 20.
- 0 I am no more worried about my health than usual.
 - 1 I am worried about physical problems, such as aches and pains, or upset stomach, or constipation.
 - 2 I am very worried about physical problems, and it's hard to think of much else.
 - 3 I am so worried about my physical problems that I cannot think about anything else.
- 21.
- 0 I have not noticed any recent change in my interest in sex.
 - 1 I am less interested in sex than I used to be.
 - 2 I have almost no interest in sex.
 - 3 I have lost interest in sex completely.

21-Item Depression Inventory (Based on BDI)

Everyone gets the “the blues” from time to time, but when sadness just won’t go away, it could be depression. As you answer these confidential questions, think about how you’ve been feeling every day, most of the day, for at least the past 2 weeks. Using the 5-point scale below, write the number next to each question on the line provided.

5-Point Response Scale:

- 0 – Not at all.
- 1 – Very seldom.
- 2 – Sometimes.
- 3 – Most of the time.
- 4 – All of the time.

- _____ 1. I’ve noticed a change in my sleeping pattern such as difficulty falling asleep, waking up frequently throughout the night, or oversleeping in the morning.
- _____ 2. I feel like I’ve lost interest in activities that were once enjoyable for me.
- _____ 3. I’ve been feeling sad, blue, unhappy, or down in the dumps.
- _____ 4. When the phone rings, I tend to ignore it even when I know it may be a good friend calling.
- _____ 5. It feels like I’ve been drained of all energy and that to do just about anything will take more effort than I can summon.
- _____ 6. I’ve been feeling weepy and crying a lot
- _____ 7. It seems as though everything is going wrong no matter how hard I’m trying.
- _____ 8. I’ve been turning down invitations to get together with friends because trying to socialize feels like it will take more energy than I have or because I think my “down” mood will just depress everyone else.
- _____ 9. I find myself purposefully or absentmindedly engaging in risky behavior such as crossing the street when the signal is red, or not wearing my seat belt.
- _____ 10. I’ve been staying home from work or school because of my depressed mood.
- _____ 11. It’s been taking longer, and has seemed harder than usual, to make decisions.
- _____ 12. I feel inadequate, like a failure, and/or not very likable.

5-Point Response Scale:

- 0 – Not at all.
- 1 – Very seldom.
- 2 – Sometimes.
- 3 – Most of the time.
- 4 – All of the time.

_____ 13. I've been getting headaches, stomachaches, backaches, or pains in my joints or muscles that can't be traced to a physical illness or injury.

_____ 14. I've been thinking a lot about my own death.

_____ 15. I've gained weight or lost weight without really trying.

_____ 16. I find it hard to concentrate for any real length of time.

_____ 17. I've been thinking about suicide.

_____ 18. I've been drinking more alcohol than I usually do.

_____ 19. It seems like I've lost interest in sex- or I'm experiencing sexual difficulties.

_____ 20. I've been feeling restless and/or irritable.

_____ 21. Eating seems to be more trouble than it's worth.

**These Screenings can be self-administered and self-scored, however it's not accurate unless done with a Licensed Mental Health Practitioner. The results here should not be used to get a definitive diagnosis.*