

BSS

Directions:

Jordan

Please carefully read each group of statements below. Mark the one statement in each group that **best** describes how you have been feeling for the **past week, including today**. Be sure to read all of the statements in each group before making a choice.

1. ☒ 0 I have a moderate to strong wish to live.
 - 1 I have a weak wish to live.
 - 2 I have no wish to live.
2. ☐ 0 I have no wish to die.
 - ☒ 1 I have a weak wish to die.
 - 2 I have a moderate to strong wish to die.
3. ☒ 0 My reasons for living outweigh my reasons for dying.
 - 1 My reasons for living or dying are about equal.
 - 2 My reasons for dying outweigh my reasons for living.
4. ☒ 0 I have no desire to kill myself.
 - 1 I have a weak desire to kill myself.
 - 2 I have a moderate to strong desire to kill myself.
5. ☒ 0 I would try to save my life if I found myself in a life-threatening situation.
 - 1 I would take a chance on life or death if I found myself in a life-threatening situation.
 - 2 I would not take the steps necessary to avoid death if I found myself in a life-threatening situation.

If you have marked the 0 choice in both statement groups 4 and 5, then skip down to statement 20. If you have marked a 1 or a 2 in either statement group 4 or 5, then go on to statement 6.

6. ☐ 0 I have brief periods of thinking about killing myself which pass quickly.
 - 1 I have periods of thinking about killing myself which last for moderate amounts of time.
 - 2 I have long periods of thinking about killing myself.
7. ☐ 0 I rarely or only occasionally think about killing myself.
 - 1 I have frequent thoughts about killing myself.
 - 2 I continuously think about killing myself.
8. ☐ 0 I do not accept the idea of killing myself.
 - 1 I neither accept nor reject the idea of killing myself.
 - 2 I accept the idea of killing myself.
9. ☐ 0 I can keep myself from committing suicide.
 - 1 I am unsure that I can keep myself from committing suicide.
 - 2 I cannot keep myself from committing suicide.
10. ☐ 0 I would not kill myself because of my family, friends, religion, possible injury from an unsuccessful attempt, etc.
 - 1 I am somewhat concerned about killing myself because of my family, friends, religion, possible injury from an unsuccessful attempt, etc.
 - 2 I am not or only a little concerned about killing myself because of my family, friends, religion, possible injury from an unsuccessful attempt, etc.

Go on to the next page.

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11. 0 My reasons for wanting to commit suicide are primarily aimed at influencing other people, such as getting even with people, making people happier, making people pay attention to me, etc. 0
- 1 My reasons for wanting to commit suicide are not only aimed at influencing other people, but also represent a way of solving my problems. 1
- 2 My reasons for wanting to commit suicide are primarily based upon escaping from my problems. 2
12. 0 I have no specific plan about how to kill myself. 0
- 1 I have considered ways of killing myself, but have not worked out the details. 1
- 2 I have a specific plan for killing myself. 2
13. 0 I do not have access to a method or an opportunity to kill myself. 0
- 1 The method that I would use for committing suicide takes time, and I really do not have a good opportunity to use this method. 1
- 2 I have access or anticipate having access to the method that I would choose for killing myself and also have or shall have the opportunity to use it. 2
14. 0 I do not have the courage or the ability to commit suicide. 0
- 1 I am unsure that I have the courage or the ability to commit suicide. 1
- 2 I have the courage and the ability to commit suicide. 2
15. 0 I do not expect to make a suicide attempt. 0
- 1 I am unsure that I shall make a suicide attempt. 1
- 2 I am sure that I shall make a suicide attempt. 2
16. 0 I have made no preparations for committing suicide. 0
- 1 I have made some preparations for committing suicide. 1
- 2 I have almost finished or completed my preparations for committing suicide. 2
17. 0 I have not written a suicide note. 0
- 1 I have thought about writing a suicide note or have started to write one, but have not completed it. 1
- 2 I have completed a suicide note. 2
18. 0 I have made no arrangements for what will happen after I have committed suicide. 0
- 1 I have thought about making some arrangements for what will happen after I have committed suicide. 1
- 2 I have made definite arrangements for what will happen after I have committed suicide. 2
19. 0 I have not hidden my desire to kill myself from people. 0
- 1 I have held back telling people about wanting to kill myself. 1
- 2 I have attempted to hide, conceal, or lie about wanting to commit suicide. 2
20. 0 I have never attempted suicide. 0
- 1 I have attempted suicide once. 1
- 2 I have attempted suicide two or more times. 2

N/A

If you have previously attempted suicide, please continue with the next statement group.

21. 0 My wish to die during the last suicide attempt was low. 0
- 1 My wish to die during the last suicide attempt was moderate. 1
- 2 My wish to die during the last suicide attempt was high. 2



Date: _____

Name: Jordan Marital Status: _____ Age: 32 Sex: _____

Occupation: _____ Education: _____

This questionnaire consists of 20 statements. Please read the statements carefully one by one. If the statement describes your attitude for the past week including today, darken the circle with a 'T' indicating TRUE in the column next to the statement. If the statement does not describe your attitude, darken the circle with an 'F' indicating FALSE in the column next to this statement. Please be sure to read each statement carefully.

- | | |
|--|--|
| 1. I look forward to the future with hope and enthusiasm. | ☐ T ☒ F |
| 2. I might as well give up because there is nothing I can do about making things better for myself. | ☒ T ☐ F |
| 3. When things are going badly, I am helped by knowing that they cannot stay that way forever. | ☐ T ☒ F |
| 4. I can't imagine what my life would be like in ten years. | ☒ T ☐ F |
| 5. I have enough time to accomplish the things I want to do. | ☐ T ☒ F |
| 6. In the future, I expect to succeed in what concerns me most. | ☐ T ☒ F |
| 7. My future seems dark to me. | ☒ T ☐ F |
| 8. I happen to be particularly lucky, and I expect to get more of the good things in life than the average person. | ☒ T ☐ F |
| 9. I just can't get the breaks, and there's no reason I will in the future. | ☐ T ☒ F |
| 10. My past experiences have prepared me well for the future. | ☒ T ☐ F |
| 11. All I can see ahead of me is unpleasantness rather than pleasantness. | ☒ T ☐ F |
| 12. I don't expect to get what I really want. | ☒ T ☐ F |
| 13. When I look ahead to the future, I expect that I will be happier than I am now. | ☒ T ☐ F |
| 14. Things just don't work out the way I want them to. | ☒ T ☐ F |
| 15. I have great faith in the future. | ☐ T ☒ F |
| 16. I never get what I want, so it's foolish to want anything. | ☐ T ☒ F |
| 17. It's very unlikely that I will get any real satisfaction in the future. | ☐ T ☒ F |
| 18. The future seems vague and uncertain to me. | ☒ T ☐ F |
| 19. I can look forward to more good times than bad times. | ☒ T ☐ F |
| 20. There's no use in really trying to get anything I want because I probably won't get it. | ☐ T ☒ F |

THE PSYCHOLOGICAL CORPORATION
Harcourt Brace & Company
SAN ANTONIO
Dallas • Boston • New York • Chicago • San Francisco • Atlanta • Dallas
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Name: Tordan Marital Status: _____ Age: 32 Sex: _____Occupation: Project Coordinator Education: _____

Instructions: This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the **one** statement in each group that best describes the way you have been feeling during the **past two weeks, including today**. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

1. Sadness

- 0 I do not feel sad.
☒ 1 I feel sad much of the time.
 2 I am sad all the time.
 3 I am so sad or unhappy that I can't stand it.

2. Pessimism

- 0 I am not discouraged about my future.
 1 I feel more discouraged about my future than I used to be.
 2 I do not expect things to work out for me.
☒ 3 I feel my future is hopeless and will only get worse.

3. Past Failure

- 0 I do not feel like a failure.
 1 I have failed more than I should have.
☒ 2 As I look back, I see a lot of failures.
 3 I feel I am a total failure as a person.

4. Loss of Pleasure

- 0 I get as much pleasure as I ever did from the things I enjoy.
 1 I don't enjoy things as much as I used to.
☒ 2 I get very little pleasure from the things I used to enjoy.
 3 I can't get any pleasure from the things I used to enjoy.

5. Guilty Feelings

- 0 I don't feel particularly guilty.
☒ 1 I feel guilty over many things I have done or should have done.
 2 I feel quite guilty most of the time.
 3 I feel guilty all of the time.

6. Punishment Feelings

- ☒ 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. Self-Dislike

- 0 I feel the same about myself as ever.
☒ 1 I have lost confidence in myself.
 2 I am disappointed in myself.
 3 I dislike myself.

8. Self-Criticalness

- 0 I don't criticize or blame myself more than usual.
 1 I am more critical of myself than I used to be.
☒ 2 I criticize myself for all of my faults.
 3 I blame myself for everything bad that happens.

9. Suicidal Thoughts or Wishes

- 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. Crying

- ☒ 0 I don't cry anymore than I used to.
 1 I cry more than I used to.
 2 I cry over every little thing.
 3 I feel like crying, but I can't.

13

Subtotal Page 1

Continued on Back

11. Agitation

- 0 I am no more restless or wound up than usual.
- 1 I feel more restless or wound up than usual.
- 2 I am so restless or agitated that it's hard to stay still.
- 3 I am so restless or agitated that I have to keep moving or doing something.

12. Loss of Interest

- 0 I have not lost interest in other people or activities.
- 1 I am less interested in other people or things than before.
- 2 I have lost most of my interest in other people or things.
- 3 It's hard to get interested in anything.

13. Indecisiveness

- 0 I make decisions about as well as ever.
- 1 I find it more difficult to make decisions than usual.
- 2 I have much greater difficulty in making decisions than I used to.
- 3 I have trouble making any decisions.

14. Worthlessness

- 0 I do not feel I am worthless.
- 1 I don't consider myself as worthwhile and useful as I used to.
- 2 I feel more worthless as compared to other people.
- 3 I feel utterly worthless.

15. Loss of Energy

- 0 I have as much energy as ever.
- 1 I have less energy than I used to have.
- 2 I don't have enough energy to do very much.
- 3 I don't have enough energy to do anything.

16. Changes in Sleeping Pattern

- 0 I have not experienced any change in my sleeping pattern.
- 1a I sleep somewhat more than usual.
- 1b I sleep somewhat less than usual.
- 2a I sleep a lot more than usual.
- 2b I sleep a lot less than usual.
- 3a I sleep most of the day.
- 3b I wake up 1-2 hours early and can't get back to sleep.

17. Irritability

- 0 I am no more irritable than usual.
- 1 I am more irritable than usual.
- 2 I am much more irritable than usual.
- 3 I am irritable all the time.

18. Changes in Appetite

- 0 I have not experienced any change in my appetite.
- 1a My appetite is somewhat less than usual.
- 1b My appetite is somewhat greater than usual.
- 2a My appetite is much less than before.
- 2b My appetite is much greater than usual.
- 3a I have no appetite at all.
- 3b I crave food all the time.

19. Concentration Difficulty

- 0 I can concentrate as well as ever.
- 1 I can't concentrate as well as usual.
- 2 It's hard to keep my mind on anything for very long.
- 3 I find I can't concentrate on anything.

20. Tiredness or Fatigue

- 0 I am no more tired or fatigued than usual.
- 1 I get more tired or fatigued more easily than usual.
- 2 I am too tired or fatigued to do a lot of the things I used to do.
- 3 I am too tired or fatigued to do most of the things I used to do.

21. Loss of Interest in Sex

- 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 am much less interested in sex now.
- 3 I have lost interest in sex completely.

14

Subtotal Page 2

13

Subtotal Page 1

27

Total Score

Automatic Thoughts Questionnaire

Name: Exlan Date: 32

Items 1-10

Instructions

Think about the past week. For each thought, mark one frequency response and one belief response.
Rate belief separately: how strongly you believe the thought when it occurs. The two ratings may differ.

FREQUENCY 1 Not at all 2 Sometimes 3 Moderately often 4 Often 5 All the time

BELIEF 1 Not at all 2 Somewhat 3 Moderately 4 Very much 5 Totally

#	THOUGHT	FREQUENCY Past week	DEGREE OF BELIEF When thought occurs
1	I feel like I'm up against the world.	1 2 ~~3~~ 4 5	1 2 ~~3~~ 4 5
2	I'm no good.	1 2 ~~3~~ 4 5	1 2 3 ~~4~~ 5
3	Why can't I ever succeed?	1 2 3 ~~4~~ 5	1 2 3 ~~4~~ 5
4	No one understands me.	1 ~~2~~ 3 4 5	1 2 ~~3~~ 4 5
5	I've let people down.	1 2 ~~3~~ 4 5	1 2 3 ~~4~~ 5
6	I don't think I can go on.	1 ~~2~~ 3 4 5	1 ~~2~~ 3 4 5
7	I wish I were a better person.	1 2 ~~3~~ 4 5	1 2 3 ~~4~~ 5
8	I'm so weak.	1 ~~2~~ 3 4 5	1 2 ~~3~~ 4 5
9	My life's not going the way I want it to.	1 2 3 ~~4~~ 5	1 2 3 ~~4~~ 5
10	I'm so disappointed in myself.	1 2 3 ~~4~~ 5	1 2 3 4 ~~5~~

Automatic Thoughts Questionnaire

Name: _____ Date: _____

Items 11-20

Past week: mark one response for frequency and one for belief in each row.

Frequency: 1 Not at all | 2 Sometimes | 3 Moderately often | 4 Often | 5 All the time

Belief: 1 Not at all | 2 Somewhat | 3 Moderately | 4 Very much | 5 Totally

#	THOUGHT	FREQUENCY Past week	DEGREE OF BELIEF When thought occurs
11	Nothing feels good anymore.	1 2 3 ~~4~~ 5	1 2 3 ~~4~~ 5
12	I can't stand this anymore.	1 ~~2~~ 3 4 5	1 2 ~~3~~ 4 5
13	I can't get started.	1 2 ~~3~~ 4 5	1 2 3 ~~4~~ 5
14	What's wrong with me?	1 2 ~~3~~ 4 5	1 2 3 ~~4~~ 5
15	I wish I were somewhere else.	1 ~~2~~ 3 4 5	1 ~~2~~ 3 4 5
16	I can't get things together.	1 2 ~~3~~ 4 5	1 2 3 ~~4~~ 5
17	I hate myself.	1 ~~2~~ 3 4 5	1 2 ~~3~~ 4 5
18	I'm worthless.	1 2 ~~3~~ 4 5	1 2 3 ~~4~~ 5
19	Wish I could just disappear.	1 ~~2~~ 3 4 5	1 ~~2~~ 3 4 5
20	What's the matter with me?	1 2 ~~3~~ 4 5	1 2 3 ~~4~~ 5

Automatic Thoughts Questionnaire

Items 21-30

Name: _____ Date: _____

Past week: mark one response for frequency and one for belief in each row.

Frequency: 1 Not at all | 2 Sometimes | 3 Moderately often | 4 Often | 5 All the time

Belief: 1 Not at all | 2 Somewhat | 3 Moderately | 4 Very much | 5 Totally

#	THOUGHT	FREQUENCY Past week	DEGREE OF BELIEF When thought occurs
21	I'm a loser.	1 2 3 ~~4~~ 5	1 2 3 4 ~~5~~
22	My life is a mess.	1 2 ~~3~~ 4 5	1 2 3 ~~4~~ 5
23	I'm a failure.	1 2 3 ~~4~~ 5	1 2 3 4 ~~5~~
24	I'll never make it.	1 2 ~~3~~ 4 5	1 2 3 ~~4~~ 5
25	I feel so helpless.	1 ~~2~~ 3 4 5	1 2 ~~3~~ 4 5
26	Something has to change.	1 2 ~~3~~ 4 5	1 2 3 ~~4~~ 5
27	There must be something wrong with me.	1 2 ~~3~~ 4 5	1 2 3 ~~4~~ 5
28	My future is bleak.	1 2 3 ~~4~~ 5	1 2 3 4 ~~5~~
29	It's just not worth it.	1 ~~2~~ 3 4 5	1 ~~2~~ 3 4 5
30	I can't finish anything.	1 2 ~~3~~ 4 5	1 2 3 ~~4~~ 5

Patient Health Questionnaire and General Anxiety Disorder (PHQ-9 and GAD-7)

Date Jordan Patient Name: _____ Date of Birth: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
Please circle your answers.

PHQ-9	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things.	0	1	2	(3)
2. Feeling down, depressed, or hopeless.	0	1	(2)	3
3. Trouble falling or staying asleep, or sleeping too much.	0	1	2	(3)
4. Feeling tired or having little energy.	0	1	2	(3)
5. Poor appetite or overeating.	(0)	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down.	0	1	2	(3)
7. Trouble concentrating on things, such as reading the newspaper or watching television.	0	1	(2)	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.	(0)	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way.	0	(1)	2	3
Add the score for each column				
		1	4	12

Total Score (add your column scores): 17

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people? (Circle one)

Not difficult at all

Somewhat difficult

(Very Difficult)

Extremely Difficult

Over the last 2 weeks, how often have you been bothered by any of the following problems?
Please circle your answers.

GAD-7	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge.	0	(1)	2	3
2. Not being able to stop or control worrying.	0	(1)	2	3
3. Worrying too much about different things.	0	(1)	2	3
4. Trouble relaxing.	0	(1)	2	3
5. Being so restless that it's hard to sit still.	(0)	1	2	3
6. Becoming easily annoyed or irritable.	(0)	1	2	3
7. Feeling afraid as if something awful might happen.	(0)	1	2	3
Add the score for each column				
		4	0	0

Total Score (add your column scores): 4

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people? (Circle one)

Not difficult at all

(Somewhat difficult)

Very Difficult

Extremely Difficult

SHORT MICHIGAN ALCOHOL SCREENING TEST

(SMAST)

Name: Jordan

Date: _____

The following questions concern your involvement with alcohol during the past 12 months. Carefully read each statement and decide whether your answer is YES or NO. Check one box beside each question.

Please answer every question. If you have difficulty with a statement, choose the response that is mostly right for you.

These questions refer to the past 12 months only.

#	Question	YES	NO
1	Do you feel that you are a normal drinker? (By normal, we mean that you drink less than or as much as most other people.)	☒	☐
2	Does your wife, husband, a parent, or other near relative ever worry or complain about your drinking?	☒	☐
3	Do you ever feel guilty about your drinking?	☒	☐
4	Do friends or relatives think you are a normal drinker?	☐	☒
5	Are you able to stop drinking when you want to?	☐	☒
6	Have you ever attended a meeting of Alcoholics Anonymous (AA)?	☐	☒
7	Has your drinking ever created problems between you and your wife, husband, a parent, or other near relative?	☒	☐
8	Have you ever gotten into trouble at work because of your drinking?	☐	☒
9	Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?	☐	☒
10	Have you ever gone to anyone for help about your drinking?	☐	☒
11	Have you ever been in a hospital because of drinking?	☐	☒
12	Have you ever been arrested for drunken driving, driving while intoxicated, or driving under the influence of alcoholic beverages?	☐	☒
13	Have you ever been arrested, even for a few hours, because of other drunken behaviors?	☐	☒

SMAST Score: 5 / 13

* See the administration and interpretation instructions on page 2 for scoring.

DRUG ABUSE SCREENING TEST

(DAST-10)

Name: Jordan

Date: _____

The following questions concern your potential involvement with drugs, excluding alcohol and tobacco, during the past 12 months. Carefully read each statement and decide whether your answer is YES or NO. Check one box beside each question.

In these questions, "drug abuse" refers to using prescription or over-the-counter medications in excess of directions or using drugs for nonmedical reasons. Examples may include cannabis, solvents, tranquilizers, barbiturates, cocaine, stimulants, hallucinogens, and narcotics. Alcohol and tobacco are not included.

Please answer every question. If you have difficulty with a statement, choose the response that is mostly right for you.

These questions refer to the past 12 months only.

#	Question	YES	NO
1	Have you used drugs other than those required for medical reasons?	☒	☐
2	Do you abuse more than one drug at a time?	☐	☒
3	Are you always able to stop using drugs when you want to?	☒	☐
4	Have you had "blackouts" or "flashbacks" as a result of drug use?	☐	☒
5	Do you ever feel bad or guilty about your drug use?	☒	☐
6	Does your spouse (or parent) ever complain about your involvement with drugs?	☐	☒
7	Have you neglected your family because of your use of drugs?	☐	☒
8	Have you engaged in illegal activities in order to obtain drugs?	☐	☒
9	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	☐	☒
10	Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, or bleeding)?	☐	☒

DAST-10 Score: 2 / 10

* See the administration and interpretation instructions on page 2 for scoring.

Outcome Questionnaire (OQ®-45.2)

Instructions: Looking back over the last week, including today, help us understand how you have been feeling. Read each item carefully and mark the box under the category which best describes your current situation. For this questionnaire, work is defined as employment, school, housework, volunteer work, and so forth.

Name: Jordan

Age: 32 Yrs

Sex: ☐ M ☐ F ☐

ID# _____

Session # _____ Date ____/____/____

	Never	Rarely	Sometimes	Frequently	Almost Always	SD	IR	SR
1. I get along well with others.	☐ 4	☐ 3	☐ 2	☒ 1	☐ 0	4		
2. I tire quickly.	☐ 0	☐ 1	☐ 2	☐ 3	☒ 4	4		
3. I feel no interest in things.	☐ 0	☐ 1	☐ 2	☐ 3	☒ 4	4		
4. I feel stressed at work / school	☐ 0	☐ 1	☐ 2	☒ 3	☐ 4	4		3
5. I blame myself for things.	☐ 0	☐ 1	☐ 2	☒ 3	☐ 4	4		
6. I feel irritated.	☐ 0	☐ 1	☒ 2	☐ 3	☐ 4	2		
7. I feel unhappy in my marriage / significant relationship.	☒ 0	☐ 1	☐ 2	☐ 3	☐ 4	2		
8. I have thoughts of ending my life.	☐ 0	☐ 1	☒ 2	☐ 3	☐ 4	2		
9. I feel weak.	☐ 0	☐ 1	☒ 2	☐ 3	☐ 4	3		
10. I feel fearful.	☒ 0	☐ 1	☐ 2	☐ 3	☐ 4	3		
11. After heavy drinking, I need a drink the next morning to get going. (If you do not drink, mark "never")	☒ 0	☐ 1	☐ 2	☐ 3	☐ 4	0		
12. I find my work / school satisfying	☐ 4	☒ 3	☐ 2	☐ 1	☐ 0	2		3
13. I am a happy person.	☐ 4	☐ 3	☒ 2	☐ 1	☐ 0	2		
14. I work / study too much.	☐ 0	☐ 1	☒ 2	☐ 3	☐ 4	4		2
15. I feel worthless.	☐ 0	☐ 1	☐ 2	☐ 3	☒ 4	4		
16. I am concerned about family troubles.	☐ 0	☐ 1	☒ 2	☐ 3	☐ 4	4		
17. I have an unfulfilling sex life.	☒ 0	☐ 1	☐ 2	☐ 3	☐ 4	0		
18. I feel lonely.	☐ 0	☐ 1	☒ 2	☒ 3	☐ 4	3		
19. I have frequent arguments.	☐ 0	☐ 1	☒ 2	☐ 3	☐ 4	2		
20. I feel loved and wanted.	☐ 4	☐ 3	☐ 2	☒ 1	☐ 0	4		
21. I enjoy my spare time.	☐ 4	☒ 3	☐ 2	☐ 1	☐ 0	3		3
22. I have difficulty concentrating	☐ 0	☐ 1	☐ 2	☒ 3	☐ 4	4		
23. I feel hopeless about the future.	☐ 0	☐ 1	☐ 2	☐ 3	☒ 4	4		
24. I like myself.	☒ 4	☐ 3	☐ 2	☐ 1	☐ 0	2		
25. Disturbing thoughts come into my mind that I cannot get rid of.	☐ 0	☐ 1	☒ 2	☐ 3	☐ 4	2		
26. I feel annoyed by people who criticize my drinking (or drug use) (If not applicable, mark "never")	☐ 0	☒ 1	☐ 2	☐ 3	☐ 4	1		
27. I have an upset stomach.	☒ 0	☐ 1	☐ 2	☐ 3	☐ 4	0		
28. I am not working / studying as well as I used to.	☐ 0	☐ 1	☒ 2	☐ 3	☐ 4	2		
29. My heart pounds too much.	☒ 0	☐ 1	☐ 2	☐ 3	☐ 4	0		
30. I have trouble getting along with friends and close acquaintances.	☐ 0	☐ 1	☒ 2	☐ 3	☐ 4	2		
31. I am satisfied with my life.	☐ 4	☒ 3	☐ 2	☐ 1	☐ 0	3		
32. I have trouble at work / school because of drinking or drug use. (If not applicable, mark "never")	☒ 0	☐ 1	☐ 2	☐ 3	☐ 4	0		
33. I feel that something bad is going to happen.	☐ 0	☒ 1	☐ 2	☐ 3	☐ 4	1		
34. I have sore muscles.	☒ 0	☐ 1	☐ 2	☐ 3	☐ 4	0		
35. I feel afraid of open spaces, of driving, or being on buses, subways, and so forth.	☒ 0	☐ 1	☐ 2	☐ 3	☐ 4	0		
36. I feel nervous.	☐ 0	☒ 1	☐ 2	☐ 3	☐ 4	1		
37. I feel my love relationships are full and complete.	☐ 4	☒ 3	☐ 2	☐ 1	☐ 0	3		
38. I feel that I am not doing well at work / school	☐ 0	☐ 1	☒ 2	☐ 3	☐ 4	4		2
39. I have too many disagreements at work / school.	☒ 0	☐ 1	☐ 2	☐ 3	☐ 4	0		
40. I feel something is wrong with my mind.	☒ 0	☐ 1	☐ 2	☐ 3	☐ 4	0		
41. I have trouble falling asleep or staying asleep.	☐ 0	☐ 1	☐ 2	☐ 3	☒ 4	4		
42. I feel blue	☐ 0	☐ 1	☒ 2	☒ 3	☐ 4	3		
43. I am satisfied with my relationships with others.	☐ 4	☐ 3	☒ 2	☐ 1	☐ 0	2		
44. I feel angry enough at work / school to do something I might regret.	☒ 0	☐ 1	☐ 2	☐ 3	☐ 4	0		
45. I have headaches.	☒ 0	☐ 1	☐ 2	☐ 3	☐ 4	0		

5/17/15
Total= 82