



Family Connections Counseling Services, LLC
Penny L. Sprecher, Ph.D.
 Clinical Psychologist

12801 Iron Bridge Road, Suite 400
 Chester, VA 23831
 (804) 768-0295

Reply to: P.O. Box 1482
 Chesterfield, VA 23832
 Email: Office@fccsva.com

Name: _____

Amen Adult General Symptom Checklist

Please rate yourself on each of the symptoms listed below using the following scale. If possible, to give us the most complete picture, have another person who knows you as well (such as a spouse, partner or parent) rate you as well. List other person _____

0	1	2	3	4	NA
Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable/Not Known

Other Self

296.2 5/9

- _____ 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 increases in sleep
- _____ 6. Physically agitated or "slowed down"
- _____ 7. Low energy or feelings of tiredness
- _____ 8. Feelings of worthlessness, helplessness, hopelessness or guilt
- _____ 9. Decreased concentration or memory

296.7 4/8

- _____ 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 a potential for painful consequences (spending money, sexual indiscretions, gambling, foolish business ventures)

0 **1** **2** **3** **4** **NA**
 Never Rarely Occasionally Frequently Very Frequently Not Applicable/Not Known

Other Self

300.21 5/14

- _____ 18. Panic attacks, which are 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

AGORA 1/1

- _____ 32. Avoiding everyday places for fear of having a panic attack or needing to go with other people in order to feel comfortable

SAD 1/1

- _____ 33. Excessive fear of being judged by others which cause you to avoid or get anxious in situations

SIMPLE PHOBIA 1/1

- _____ 34. Persistent, excessive phobia (heights, closed spaces, specific animals, etc.)

OB. COMP. TENDENCIES 3/7

- _____ 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)

0 **1** **2** **3** **4** **NA**
 Never Rarely Occasionally Frequently Very Frequently Not Applicable/Not Known

Other Self

309.89 1 IN 42 TO 45, 3 IN 46 TO 52, 2 IN 53 TO 57 __OF 16

- _____ 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 startled
- _____ 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 had 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

GAD 6/18

- _____ 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 or staying asleep
- _____ 75. Irritability

0 **1** **2** **3** **4** **NA**
 Never Rarely Occasionally Frequently Very Frequently Not Applicable/Not Known

Other Self 314. 5 OF 12

- _____ 76. Trouble sustaining attention or being easily distracted
- _____ 77. Difficulty completing projects
- _____ 78. Feeling overwhelmed of the tasks of everyday living
- _____ 79. Trouble maintaining an organized work or living area
- _____ 80. Inconsistent work performance
- _____ 81. Lacks attention to detail
- _____ 82. Makes decisions impulsively
- _____ 83. Difficulty delaying what you want, having your need met immediately
- _____ 84. Restless, fidgety
- _____ 85. Make comments to others without considering their impact
- _____ 86. Impatient, easily frustrated
- _____ 87. Frequent traffic violations or near accidents

AN 3/3

- _____ 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. Feelings of being fat, even though you're underweight

BN 2/4

- _____ 91. Recurrent episodes of binge eating large amounts of food
- _____ 92. A feeling of lack of control over eating behaviors
- _____ 93. Engage in regular activities to purge binges, such as self introduced vomiting, laxatives, diuretics, strict dieting or strenuous exercise
- _____ 94. Persistent over concern with body shape and weight

TIC 1/1

- _____ 95. Involuntary physical movement or vocal tic

295. 3/10

- _____ 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 or 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

0 **1** **2** **3** **4** **NA**
 Never Rarely Occasionally Frequently Very Frequently Not Applicable/Not Known

Other Self**P 1/1**

_____ 106. Frequent feelings that someone or something is out to hurt you or discredit you

SA 2/3

_____ 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

THY 2/6

_____ 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

AUT 116-118, ASP 117-118

_____ 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 through alternative modes of communication such as gesture or mime)
- 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 following:

- preoccupation with an area of 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