

ANSWERS SHOULD REFLECT HOW YOU HAVE FELT OVER THE LAST TWO WEEKS  
ELEVATED MOOD

0 = NOT AT ALL 4= EXTREMELY

I have much more energy than usual. 0\_\_1\_\_2\_\_3\_\_4\_\_  
I feel extremely happy or confident. 0\_\_1\_\_2\_\_3\_\_4\_\_  
I am irritable and short tempered. 0\_\_1\_\_2\_\_3\_\_4\_\_  
I have a heightened interest in sex. 0\_\_1\_\_2\_\_3\_\_4\_\_  
My thoughts are racing. 0\_\_1\_\_2\_\_3\_\_4\_\_

I sleep too much.  
I am often in bed or on the couch.  
My housekeeping has deteriorated.  
I spend most of my time alone.  
My personal hygiene has fallen off.

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DEPRESSED MOOD

SOCIAL ANXIETY

I feel down, depressed, or sad. 0\_\_1\_\_2\_\_3\_\_4\_\_  
I have feelings of helplessness. 0\_\_1\_\_2\_\_3\_\_4\_\_  
I have crying spells (or feel like it). 0\_\_1\_\_2\_\_3\_\_4\_\_  
I feel hopeless about the future. 0\_\_1\_\_2\_\_3\_\_4\_\_  
I've lost interest or pleasure in things. 0\_\_1\_\_2\_\_3\_\_4\_\_  
I'm tired or have low energy. 0\_\_1\_\_2\_\_3\_\_4\_\_  
I feel guilty or worthless. 0\_\_1\_\_2\_\_3\_\_4\_\_  
I have a poor appetite, or I overeat. 0\_\_1\_\_2\_\_3\_\_4\_\_  
My memory has gotten bad. 0\_\_1\_\_2\_\_3\_\_4\_\_  
It's hard to concentrate. 0\_\_1\_\_2\_\_3\_\_4\_\_

I am uncomfortable in social situations  
I am intimidated by people in authority.  
I fear embarrassing myself in public.  
I get panicky in social situations.  
I avoid going to parties.  
I avoid being the center of attention.  
Being criticized scares or angers me.  
I avoid having to give speeches.  
I'd do anything to avoid being criticized.  
Talking to strangers scares me.

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OBSESSIVE FEATURES

PANIC ANXIETY

I tend to worry excessively. 0\_\_1\_\_2\_\_3\_\_4\_\_  
I tend to be a perfectionist. 0\_\_1\_\_2\_\_3\_\_4\_\_  
I do tasks slowly to ensure accuracy. 0\_\_1\_\_2\_\_3\_\_4\_\_  
I worry about germs or contamination. 0\_\_1\_\_2\_\_3\_\_4\_\_  
It is often hard to make decisions. 0\_\_1\_\_2\_\_3\_\_4\_\_

I have episodes of intense fear.  
During these episodes I have the following:  
Palpitations, pounding or fast heart rate.  
Sweating, trembling or shaking.  
Shortness of breath/ smothered feeling.

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COMPULSIVE FEATURES

THOUGHTS OF SUICIDE

I tend to check and recheck things. 0\_\_1\_\_2\_\_3\_\_4\_\_  
I bite my nails or pull at my hair. 0\_\_1\_\_2\_\_3\_\_4\_\_  
I wash my hands or bathe excessively. 0\_\_1\_\_2\_\_3\_\_4\_\_  
I need to count things repeatedly. 0\_\_1\_\_2\_\_3\_\_4\_\_  
I must keep things neat and clean. 0\_\_1\_\_2\_\_3\_\_4\_\_

Chest pain or discomfort.  
Feeling dizzy, lightheaded or faint.  
Fear of losing control or of dying.  
Numbness, tingling or feeling of unreality.  
Chills or hot flashes or nausea.  
Persistent concern about more attacks.

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AGITATED FEATURES

THOUGHTS OF SUICIDE

I pace, fidget, or am unable to sit still. 0\_\_1\_\_2\_\_3\_\_4\_\_  
I feel more impatient when driving. 0\_\_1\_\_2\_\_3\_\_4\_\_  
I yell at or argue with family or friends. 0\_\_1\_\_2\_\_3\_\_4\_\_  
I am having outbursts of anger. 0\_\_1\_\_2\_\_3\_\_4\_\_  
I am having thoughts of harming others. 0\_\_1\_\_2\_\_3\_\_4\_\_

I often wish I were dead.  
Others would be better off without me.  
I think about various ways to end my life.  
I've settled on a specific plan for suicide.  
I have decided to commit suicide.

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ATYPICAL THOUGHTS

DIFFICULTY SLEEPING

People are watching or talking about me. 0\_\_1\_\_2\_\_3\_\_4\_\_  
Others can read my private thoughts. 0\_\_1\_\_2\_\_3\_\_4\_\_  
I hear voices that others do not hear. 0\_\_1\_\_2\_\_3\_\_4\_\_  
I see things that aren't really there. 0\_\_1\_\_2\_\_3\_\_4\_\_  
Someone can control my thoughts. 0\_\_1\_\_2\_\_3\_\_4\_\_

I have trouble getting to sleep.  
I wake repeatedly during the night.  
I awaken too early in the morning.  
I've gone for days with nearly no sleep.  
I sleep more than eight hours each night.

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