

In an effort to provide quality care we regularly ask our patients to complete the following Inventory. This instrument is widely used in university counseling centers and other mental health settings to evaluate client progress in therapy over time. You may be asked to complete this regularly during your treatment and will be tracked during the course of therapy with us. Thank you

Your Name

Date

Using the scale from 0 to 4 rate each of the following looking back on the past week including today.

0	1	2	3	4
Never	Seldom	Occasionally	Frequently	Almost Always
Your Rating on this Item				

01. I get along with others. 0 1 2 3 4
02. I tire quickly. 0 1 2 3 4
03. I feel no interest in things. 0 1 2 3 4
04. I feel stressed at work/school. 0 1 2 3 4
05. I blame myself for things. 0 1 2 3 4
06. I feel irritated. 0 1 2 3 4
07. I feel unhappy in my marriage/significant relationship. 0 1 2 3 4
08. I have thoughts of ending my life. 0 1 2 3 4
09. I feel weak. 0 1 2 3 4
10. I feel fearful. 0 1 2 3 4
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
12. I find my work/school satisfying. 0 1 2 3 4
13. I am a happy person. 0 1 2 3 4
14. I work/study too much. 0 1 2 3 4
15. I feel worthless. 0 1 2 3 4
16. I am concerned about family troubles. 0 1 2 3 4
17. I have an unfulfilling sex life. 0 1 2 3 4
18. I feel lonely. 0 1 2 3 4
19. I have frequent arguments. 0 1 2 3 4
20. I feel loved and wanted. 0 1 2 3 4

Using the scale from 0 to 4 rate each of the following looking back on the past week including today.

0	1	2	3	4			
Never	Seldom	Occasionally	Frequently	Almost Always			
Your Rating on this Item							
21. I enjoy my spare time. .			<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
22. I have difficulty concentrating.			<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
23. I feel hopeless about the future.			<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
24. I like myself.			<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
25. Disturbing thoughts come into my mind that I can't get rid of.			<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
26. I feel annoyed by people who criticize my drinking (or drug use). (If not applicable mark "never").			<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
27. I have an upset stomach.			<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
28. I am working/studying less well than I used to.			<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
29. My heart pounds too much.			<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
30. I have trouble getting along with friends and close acquaintances.			<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
31. I am satisfied with my life.			<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
32. I have trouble at work/school because of drinking or drug use. (If not applicable mark "never").			<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
33. I feel that something bad is going to happen.			<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
34. I have sore muscles.			<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
35. I feel afraid of open spaces, or of driving, or being on buses, etc.			<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
36. I feel nervous.			<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
37. I feel my love relationships are full and complete.			<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
38. I feel that I am not doing well at work/school.			<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
39. I have too many disagreements at work/school.			<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
40. I feel something is wrong with my mind.			<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
41. I have trouble falling asleep or staying asleep.			<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
42. I feel blue.			<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
43. I am satisfied with my relationships with others.			<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
44. I feel angry enough at work/school to do something I might regret.			<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
45. I have headaches.			<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4