Adult Symptom Screener

Please check the box for the answer that best fits your experience.

PART 1: In the last 2 weeks, how often have you been bothered by the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Feeling down, depressed, or hopeless	☐	☐	☐	☐
Little interest or pleasure in doing things	☐	☐	☐	☐

PART 2: In the last 2 weeks, how often have you been bothered by the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge	☐	☐	☐	☐
Not being able to stop or control worrying	☐	☐	☐	☐

PART 3: The following questions relate to your experiences over the last 6 months.

	Yes	No
In the past 6 months, did you ever have a spell or an attack when all of sudden you felt frightened, anxious or very uneasy?	☐	☐
In the past 6 months, did you ever have a spell or attack when for no reason your heart suddenly began to race, you felt faint, or you couldn't catch your breath?	☐	☐
Did any of these spells or attacks ever happen in a situation when you were not in danger or not the center of attention?	☐	☐

PART 4: Please respond to the degree that the following problems have bothered you during the past week.

	Not at all	A little bit	Somewhat	Very much	Extremely
Fear of embarrassment causes me to avoid doing things or speaking to people.	☐	☐	☐	☐	☐
I avoid activities in which I am the center of attention.	☐	☐	☐	☐	☐
Being embarrassed or looking stupid are among my worst fears.	☐	☐	☐	☐	☐

PART 5: Please answer each question to the best of your ability.

	Yes	No
Have you experienced any of the following traumatic events: natural disaster (e.g. flood, hurricane, tornado, earthquake), fire, explosion, or industrial accident; transportation accident (e.g. car accident, plane crash); physical assault (e.g. being attached, beaten up); sexual assault (e.g. rape, attempted rape, made to perform any type of sexual act through force or threat of harm); captivity or exposure to a warzone; life threatening illness or injury; sudden, unexpected death of or injury to someone close to you; or serious injury, harm, or death to someone else that you witnessed or caused?	☐	☐
Has this event caused any significant problems or symptoms that lasted for more than a month?	☐	☐

PART 6: Please answer each question to the best of your ability.

Has there ever been a period of time when you were not your usual self and…	Yes	No
…you felt so good or so hyper that other people thought you were not your normal self, or you were so hyper that you got into trouble?	☐	☐
…you were so irritable that you shouted at people or started fights or arguments?	☐	☐
…you felt much more self-confident than usual?	☐	☐
…you got much less sleep than usual and found you didn't really miss it?	☐	☐
…you were much more talkative or spoke much faster than usual?	☐	☐
…thoughts raced through your head or you couldn't slow your mind down?	☐	☐
…you were easily distracted by things around you that you had trouble concentrating or staying on track?	☐	☐
…you had much more energy than usual?	☐	☐
…you were much more active or did many more things than usual?	☐	☐
…you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	☐	☐
…you were much more interested in sex than usual?	☐	☐
…you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	☐	☐
…spending money got you or your family into trouble?	☐	☐

PART 7: The following questions relate to your eating habits.

	Yes	No
When you eat, do you make yourself sick because you feel uncomfortably full?	☐	☐
Do you ever worry that you have lost control over how much you eat?	☐	☐
Have you recently lost more than 14 pounds in a 3-month period?	☐	☐
Do you believe yourself to be fat when others say you are too thin?	☐	☐
Would you say that food dominates your life?	☐	☐

PART 8: Please answer the following question to the best of your ability.

	Yes	No
Have you ever been bothered by having to perform some ritual or act over and over that does not make sense?	☐	☐

PART 9: The following questions relate to your alcohol and substance use.

	Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week
How often do you have a drink of Alcohol?	☐	☐	☐	☐	☐

	1 to 2	3 to 4	5 to 6	7 to 9	10 or more
How many drinks containing alcohol do you have on a typical day when you are drinking?	☐	☐	☐	☐	☐

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often do you have 6 or more drinks on one occasion?	☐	☐	☐	☐	☐

PART 10: Please answer the following question to the best of your ability.

	Yes	No
In the past year have you used an illegal drug or used a prescription medication for non-medical reasons?	☐	☐

PART 11: Please answer the questions below, rating yourself on each of the criteria shown using the scale provided. As you answer each question, select the option that best describes how you have felt and conducted yourself over the past 6 months.

	Never	Rarely	Sometimes	Often	Very Often

How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?	☐	☐	☐	☐	☐
How often do you have difficulty getting things in order when you have to do a task that requires organization?	☐	☐	☐	☐	☐
How often do you have problems remembering appointments or obligations?	☐	☐	☐	☐	☐
When you have a task that requires a lot of thought, how often do you avoid or delay getting started?	☐	☐	☐	☐	☐
How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?	☐	☐	☐	☐	☐
How often do you feel overly active and compelled to do things, like you were driven by a motor?	☐	☐	☐	☐	☐

PART 12: The questions listed below relate to your thoughts and feelings. If the way you have been in recent weeks or months differs from the way you usually are, please answer based on when you were your usual self.

	Yes	No
Do you find that most people will take advantage of you if you let them know too much about you?	☐	☐
Do you generally feel nervous or anxious around people?	☐	☐
Do you avoid situations where you have to meet new people?	☐	☐
Do you avoid getting to know people because you're worried that they may not like you?	☐	☐
Has avoidance of getting to know people due to fear of being disliked affected the number of friends that you have?	☐	☐
Do you keep changing the way you present yourself to people because you don't know who you really are?	☐	☐
Do you often feel like your beliefs change so much that you don't know what you believe any more?	☐	☐
Do you often get angry or irritated because people don't recognize your special talents or achievements as much as they should?	☐	☐

PART 13: Please answer the following questions to the best of your ability.

	Yes	No
Have you had any unusual experiences such as hearing voices, seeing visions, or having ideas you later found out were not true?	☐	☐
Have you had any other experiences, such as mind reading, ESP, thoughts being controlled by others, seeing things on TV that refer to you specifically?	☐	☐

DASS

Name: *Date:*

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you *over the past week*. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

0 Did not apply to me at all
1 Applied to me to some degree, or some of the time
2 Applied to me to a considerable degree, or a good part of time
3 Applied to me very much, or most of the time

1	I found myself getting upset by quite trivial things	0	1	2	3
2	I was aware of dryness of my mouth	0	1	2	3
3	I couldn't seem to experience any positive feeling at all	0	1	2	3
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5	I just couldn't seem to get going	0	1	2	3
6	I tended to over-react to situations	0	1	2	3
7	I had a feeling of shakiness (eg, legs going to give way)	0	1	2	3
8	I found it difficult to relax	0	1	2	3
9	I found myself in situations that made me so anxious I was most relieved when they ended	0	1	2	3
10	I felt that I had nothing to look forward to	0	1	2	3
11	I found myself getting upset rather easily	0	1	2	3
12	I felt that I was using a lot of nervous energy	0	1	2	3
13	I felt sad and depressed	0	1	2	3
14	I found myself getting impatient when I was delayed in any way (eg, lifts, traffic lights, being kept waiting)	0	1	2	3
15	I had a feeling of faintness	0	1	2	3
16	I felt that I had lost interest in just about everything	0	1	2	3
17	I felt I wasn't worth much as a person	0	1	2	3
18	I felt that I was rather touchy	0	1	2	3
19	I perspired noticeably (eg, hands sweaty) in the absence of high temperatures or physical exertion	0	1	2	3
20	I felt scared without any good reason	0	1	2	3
21	I felt that life wasn't worthwhile	0	1	2	3

Please turn the page ☞

Lovibond, S.H. & Lovibond, P.F. (1995). Manual for the Depression Anxiety Stress Scales (2nd. Ed.). Sydney: Psychology Foundation.

Reminder of rating scale:

0 Did not apply to me at all
1 Applied to me to some degree, or some of the time
2 Applied to me to a considerable degree, or a good part of time
3 Applied to me very much, or most of the time

22	I found it hard to wind down	0	1	2	3
23	I had difficulty in swallowing	0	1	2	3
24	I couldn't seem to get any enjoyment out of the things I did	0	1	2	3
25	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3
26	I felt down-hearted and blue	0	1	2	3
27	I found that I was very irritable	0	1	2	3
28	I felt I was close to panic	0	1	2	3
29	I found it hard to calm down after something upset me	0	1	2	3
30	I feared that I would be "thrown" by some trivial but unfamiliar task	0	1	2	3
31	I was unable to become enthusiastic about anything	0	1	2	3
32	I found it difficult to tolerate interruptions to what I was doing	0	1	2	3
33	I was in a state of nervous tension	0	1	2	3
34	I felt I was pretty worthless	0	1	2	3
35	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
36	I felt terrified	0	1	2	3
37	I could see nothing in the future to be hopeful about	0	1	2	3
38	I felt that life was meaningless	0	1	2	3
39	I found myself getting agitated	0	1	2	3
40	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
41	I experienced trembling (eg, in the hands)	0	1	2	3
42	I found it difficult to work up the initiative to do things	0	1	2	3

Lovibond, S.H. & Lovibond, P.F. (1995). Manual for the Depression Anxiety Stress Scales (2nd. Ed.). Sydney: Psychology Foundation.

DASS 42 SCORE SHEET

Enter each score from the questionnaire into the first two columns.
Add up each row and enter the score into the available box (D, A or S)
Add up the each of the D, A and S columns.
The total for each column is the score for that trait:

D = Depression
A = Anxiety
S = Stress

Use the ratings table below to assess the meaning of each score.

Score Calculation:

Q	Score	Q	Score	All D scores	All A scores	All S scores
1		22				
2		23				
3		24				
4		25				
5		26				
6		27				
7		28				
8		29				
9		30				
10		31				
11		32				
12		33				
13		34				
14		35				
15		36				
16		37				
17		38				
18		39				
19		40				
20		41				
21		42				
				Total for D	Total for A	Total for S

Score Interpretation:

	Depression (D)	Anxiety (A)	Stress (S)
Normal	0 – 9	0 – 7	0 – 14
Mild	10 – 13	8 – 9	15 – 18
Moderate	14 – 20	10 – 14	19 – 25
Severe	21 – 27	15 – 19	26 – 33
Extremely Severe	28+	20+	34 +

Lovibond, S.H. & Lovibond, P.F. (1995). Manual for the Depression Anxiety Stress Scales (2nd. Ed.). Sydney: Psychology Foundation.

Name: _____ ***Date:*** _____

Generalized Anxiety Disorder (GAD–7) Scale

1. Over the last two weeks how often have you been bothered by any of the following problems?

	Not at all (0)	**Several days** (1)	**More than half the days** (2)	**Nearly every day** (3)
a. Feeling nervous, anxious or on edge	☐	☐	☐	☐
b. Not being able to stop or control worrying	☐	☐	☐	☐
c. Worrying too much about different things	☐	☐	☐	☐
d. Trouble relaxing	☐	☐	☐	☐
e. Being so restless that is hard to sit still.	☐	☐	☐	☐
f. Becoming easily annoyed or irritable	☐	☐	☐	☐
g. Feeling afraid as if something awful might happen	☐	☐	☐	☐

Total Score: _____

Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist

Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months. Please give this completed checklist to your healthcare professional to discuss during today's appointment.

	Never	Rarely	Sometimes	Often	Very Often
1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?	○	○	○	○	○
2. How often do you have difficulty getting things in order when you have to do a task that requires organization?	○	○	○	○	○
3. How often do you have problems remembering appointments or obligations?	○	○	○	○	○
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?	○	○	○	○	○
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?	○	○	○	○	○
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?	○	○	○	○	○

Part A

7. How often do you make careless mistakes when you have to work on a boring or difficult project?	○	○	○	○	○
8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?	○	○	○	○	○
9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?	○	○	○	○	○
10. How often do you misplace or have difficulty finding things at home or at work?	○	○	○	○	○
11. How often are you distracted by activity or noise around you?	○	○	○	○	○

	Never	Rarely	Sometimes	Often	Very Often
12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?	○	○	○	○	○
13. How often do you feel restless or fidgety?	○	○	○	○	○
14. How often do you have difficulty unwinding and relaxing when you have time to yourself?	○	○	○	○	○
15. How often do you find yourself talking too much when you are in social situations?	○	○	○	○	○
16. When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish them themselves?	○	○	○	○	○
17. How often do you have difficulty waiting your turn in situations when turn taking is required?	○	○	○	○	○
18. How often do you interrupt others when they are busy?	○	○	○	○	○

Part B