

CHECKLIST

Please complete the following checklist. Check only those items which are **TRUE** or mostly true for you.

- _____ 1. A life transition is causing me stress.
- _____ 2. I have just had a major loss.
- _____ 3. I have feelings of overwhelming panic and/or anxiety.
- _____ 4. I am afraid that I'm losing my mind.
- _____ 5. My mind keeps racing, and it is hard to shut out thoughts.
- _____ 6. I am (or have been) seeing or hearing things that others don't see or hear.
- _____ 7. I have disturbing nightmares.
- _____ 8. I have done things to hurt myself physically (suicide attempts, self-mutilation, etc.).
- _____ 9. I have serious thoughts of suicide.
- _____ 10. My future seems hopeless.
- _____ 11. I am very depressed.
- _____ 12. My appetite is not like it used to be.
- _____ 13. I have recently lost/gained a significant amount of weight.
- _____ 14. I have sometimes vomited, fasted, or used laxatives or vigorous exercise in order to control my weight.
- _____ 15. I have been told by a physician that I was too thin.
- _____ 16. I have had an intense fear of gaining weight or becoming fat.
- _____ 17. I have felt fat even though others have said I was thin.
- _____ 18. I have had recurring periods of binge eating (rapid consumption of a large amount of food in a short amount of time).
- _____ 19. I used to sleep normally (e.g. 7-8 hours) every night but now I sleep too much/too little.
- _____ 20. I am concerned about issues of sexuality.
- _____ 21. I sometimes use too much alcohol/drugs.
- _____ 22. I have sometimes felt like I ought to cut down on my drinking/drug use.
- _____ 23. I have sometimes felt bad or guilty about my drinking/drug use.
- _____ 24. People have sometimes annoyed me by criticizing my drinking/drug use.
- _____ 25. I have sometimes had a drink first thing in the morning to steady my nerves or get rid of my hangover.
- _____ 26. I have had a sudden inability to recall important personal information (more than ordinary forgetfulness, not due to stroke, seizure, or alcohol-related blackouts).
- _____ 27. I have (past or present) experienced sudden unexpected travel away from my home or work place with the inability to recall my past (not due to stroke, seizure, or alcohol-related blackouts).
- _____ 28. I have (past or present) assumed a new identity, partial or complete (not due to stroke, seizure, or alcohol-related blackouts).
- _____ 29. I have had a persistent or recurrent experience of feeling detached from reality, as if I were an outside observer of my mental processes or body.
- _____ 30. I have (past or present) had a persistent or recurrent experience of feeling like an automaton or as if in a daydream.
- _____ 31. I have felt like there were two or more very different personalities within myself, each of which is dominant at a particular time.
- _____ 32. I feel I have some gaps in my memory after the age of five.
- _____ 33. When I was a child or adolescent, an adult overly criticized me, focused on my failures, belittled, and/or swore at me.
- _____ 34. When I was a child or adolescent, an adult punched, bit, kicked, burned, or beat me.
- _____ 35. When I was a child or adolescent, someone fondled me, exposed themselves to me such that I felt frightened, exploited me sexually, and/or attempted sexual contact when I did not want to participate.
- _____ 36. As an adult, someone overly criticized me, focused on my failures, belittled, and/or swore at me.
- _____ 37. As an adult, someone punched, bit, kicked, burned, or beat me.
- _____ 38. As an adult, someone fondled me, exposed themselves to me such that I felt frightened, exploited me sexually, and/or attempted sexual contact when I did not want to participate.
- _____ 39. I have recently been sexually assaulted.