

# ADHD Center for Success

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## 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 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

- \_\_\_ 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 increase 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
- \_\_\_ 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 the potential for painful consequences  
(spending money, sexual indiscretions, gambling, foolish business ventures) ME 10,3
- \_\_\_ 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
- \_\_\_ 32. avoiding everyday places for fear of having a panic attack or needing to go with other people in order to feel comfortable
- \_\_\_ 33. excessive fear of being judged by others which causes you to avoid or get anxious in situations
- \_\_\_ 34. persistent, excessive phobia (heights, closed spaces, specific animals, etc.) please list \_\_\_\_\_
- \_\_\_ 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

## Other Self

- \_\_\_ 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)
- \_\_\_ 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 1
- \_\_\_ 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 startle
- \_\_\_ 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
- \_\_\_ 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
- \_\_\_ 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 to have your needs 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
- \_\_\_ 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

Other Self

- \_\_\_ 91. recurrent episodes of binge eating large amounts of food
- \_\_\_ 92. a feeling of lack of control over eating behavior
- \_\_\_ 93. engage in regular activities to purge binges, such as self induced vomiting, laxatives, diuretics, strict dieting or strenuous exercise
- \_\_\_ 94. persistent overconcern with body shape and weight
- \_\_\_ 95a. involuntary physical movements or motor tics (such as eye blinking, shoulder shrugging, head jerking or picking).  
How long have motor tics been present? \_\_\_ How often? \_\_\_ describe \_\_\_
- \_\_\_ 95b. involuntary vocal sounds or verbal tics (such as coughing, puffing, blowing, whistling, swearing).  
How long have verbal tics been present? \_\_\_ How often? \_\_\_ describe \_\_\_
- \_\_\_ 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
- \_\_\_ 106. frequent feelings that someone or something is out to hurt you or discredit you
- \_\_\_ 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
- \_\_\_ 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
- \_\_\_ 116. impairment in communication as manifested by at least one of the following: (Check those that apply)  
\_\_\_ 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: (Check those that apply)  
\_\_\_ 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: (Check those that apply)  
\_\_\_ 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