

## EASY Diagnostic Survey\*

Welcome! This survey will assess the kinds of problems you've been having and will help your therapist perform a thorough diagnostic evaluation. It takes about 30 to 45 minutes to complete and focuses on common problems, such as:

- Difficulties in your work or personal relationships
- Mood problems such as depression
- Anxiety, such as shyness, panic, chronic worrying, and phobias
- Reactions to stressful or traumatic events
- Pain or other physical symptoms
- Addictions to gambling, drugs, or alcohol
- Eating problems, such as overeating, anorexia nervosa, or purging (bulimia)

If you have any questions about any of the symptoms you've been experiencing, be sure to ask your therapist. This should be an educational process, and there shouldn't be anything mysterious or secretive about it.

Here's an example of how to fill out the survey. The man who filled out the **Feelings of Depression** test below was feeling very sad and discouraged. He also felt worthless, and had a loss of pleasure and satisfaction in life. He added up his score on the five items and put "17" in the total box at the bottom. This score indicated that he was feeling severely depressed.

Please add up your score on each test after you complete it, just as this man did. If this seems too difficult, don't worry about it. Your therapist can help you with that part.

<b>Feelings of Depression</b>										
<b>Instructions.</b> Use checks (✓) to indicate how much each item describes how you've been feeling recently. <b>Please answer all of the items.</b>						0 - Not at all	1 - Slightly	2 - Moderately	3 - A lot	4 - Extremely
1.	Sad or down in the dumps								✓	
2.	Discouraged or hopeless								✓	
3.	Low self-esteem, inferiority, or worthlessness								✓	
4.	Loss of motivation to do things									✓
5.	Loss of pleasure or satisfaction in life								✓	
(Page 13)	0 - 4	5 - 8	9 - 12	13 - 16	17 - 20	<b>Total (5 items) →</b>			<b>17</b>	

You'll notice that most of the tests have a range of scores at the bottom. This will show your therapist whether your symptoms are mild, moderate, or severe. The page number at the bottom on the left is for your therapist, and refers to a separate guidebook.



## Clinical Survey\*

### Part 1. Basic Information

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

**1. Gender (Please check ✓ one)**

Male

☐

Female

☐

Other

☐

**2. Age (Please check ✓ one)**

Please specify

0 - 10	<input type="checkbox"/>
11 - 20	<input type="checkbox"/>
21 - 30	<input type="checkbox"/>

31 - 40	<input type="checkbox"/>
41 - 50	<input type="checkbox"/>
51 - 60	<input type="checkbox"/>

61 - 70	<input type="checkbox"/>
71 - 80	<input type="checkbox"/>
81 or older	<input type="checkbox"/>

**3. Marital Status (Please check ✓ one)**

a. Single, no partner	<input type="checkbox"/>
b. Single, steady partner	<input type="checkbox"/>

c. Living together	<input type="checkbox"/>
d. Married	<input type="checkbox"/>

e. Separated	<input type="checkbox"/>
f. Divorced	<input type="checkbox"/>

g. Widowed	<input type="checkbox"/>
h. Other	<input type="checkbox"/>

**4. Racial Background (Please check ✓ the one that applies the best)**

a. White / Caucasian	<input type="checkbox"/>
b. Black / African / African-American	<input type="checkbox"/>
c. Asian / Asian-American	<input type="checkbox"/>
d. Chicano / Mexican-American / Hispanic	<input type="checkbox"/>

e. Middle-Eastern / Arab / Israeli	<input type="checkbox"/>
f. Filipino	<input type="checkbox"/>
g. Other (describe below) --	<input type="checkbox"/>

**5. Education (Please check ✓ the highest level reached)**

a. No formal education	<input type="checkbox"/>
b. Grammar school	<input type="checkbox"/>
c. High school	<input type="checkbox"/>

d. Some college or technical training	<input type="checkbox"/>
e. College degree	<input type="checkbox"/>

f. Some graduate school	<input type="checkbox"/>
g. Graduate degree	<input type="checkbox"/>

**6. Your family's annual income (Please check ✓ one. Take your best guess if unsure.)**

a. Less than \$10,000	<input type="checkbox"/>
b. \$10,001 - \$20,000	<input type="checkbox"/>
c. \$20,001 - \$30,000	<input type="checkbox"/>
d. \$30,001 - \$40,000	<input type="checkbox"/>

e. \$40,001 - \$50,000	<input type="checkbox"/>
f. \$50,001 - \$60,000	<input type="checkbox"/>
g. \$60,001 - \$70,000	<input type="checkbox"/>
h. \$70,001 - \$80,000	<input type="checkbox"/>

i. \$80,001 - \$100,000	<input type="checkbox"/>
j. \$100,001 - \$150,000	<input type="checkbox"/>
k. \$150,001 - \$200,000	<input type="checkbox"/>
l. More than \$200,000	<input type="checkbox"/>

7. Please write a brief explanation of why you're seeking therapy at this time:

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8. Approximately how many therapists have treated you in the past?

9. Approximately how many times have you been hospitalized for psychiatric problems?

### Part 2. Motivational Assessment

Please use checks ✓ on these items.

10. Are you currently receiving disability?

11. Are you currently seeking disability?

12. Are you currently involved in any lawsuits or legal disputes?

No	Maybe	Yes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Willingness to Change\*

**Instructions.** Below you'll find a list of things people do to try to overcome feelings of depression and anxiety. Indicate whether you'd be willing try each activity if a therapist or trusted friend suggested it. **Please answer all of the items.**

0 – Definitely not

1 – Slightly willing

2 – Moderately willing

3 – Very willing

4 – Extremely willing

In order to recover, I'd be willing to—

13. Try new ways of relating to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Get started on a task I've been avoiding or putting off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Make a plan for solving the problems in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Face a problem I've been avoiding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Confront my fears, even if it makes me very anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total (5 items) →					<input type="text"/>



## Part 3. Relationship Survey

Instructions. Use checks (✓) to indicate whether you're having problems in any of the following areas. Please answer all of the items.

	No	Maybe	Yes
Have you had any of problems –			
18. At school? (Dx1)			
19. In your work or career? (Dx2)			
Have you had any problems or conflicts in your relationships with –			
20. Your child or parents? (Dx3)			
21. A brother or sister? (Dx4)			
22. Your spouse or partner (Dx5)			
23. Any abuse or violence in your relationship with a spouse or partner? (D6)			
24. Any abuse, violence, or neglect in your childhood? (Dx7)			
25. Are you struggling because of the death of a loved one? (Dx8)			

## Relationship Satisfaction Scale\*

Instructions. Use checks (✓) to indicate how satisfied or dissatisfied you feel about your relationship with some person. Put his or her name here:

Please answer all of the items.

	Dissatisfied			3 – Neutral	Satisfied		
	0 – Very	1 – Moderately	2 – Slightly		4 – Slightly	5 – Moderately	6 – Very
26. Communication and openness							
27. Resolving conflicts and arguments							
28. Degree of affection and caring							
29. Intimacy and closeness							
30. Overall satisfaction							
Total (5 items) →							

## Anger Toward Yourself\*

Please put a check (✓) after each of the following items to indicate how angry you've been feeling with yourself recently. Please answer all of the items.

	0 – Not at all	1 – Slightly	2 – Moderately	3 – A lot	4 – Extremely					
31. Frustrated										
32. Annoyed										
33. Irritated										
<table border="1"> <tr> <td>0</td> <td>1-3</td> <td>4-6</td> <td>7-9</td> <td>10-12</td> </tr> </table>					0	1-3	4-6	7-9	10-12	
0	1-3	4-6	7-9	10-12						
Total (3 items) →										



Anger Towards Others*					0 - Not at all	1 - Slightly	2 - Moderately	3 - A lot	4 - Extremely
Please put a check (✓) after each of the following items to indicate how angry you've been feeling with other people recently. Please answer all of the items.									
Angry Feelings									
34. Frustrated									
35. Annoyed									
36. Irritated									
	0	1-3	4-6	7-9	10-12	Total (3 items) →			

Violent Urges					0	1-3	4-6	7-9	10-12	Total (3 items) →
37. I've had thoughts or fantasies of hurting people.										
38. I've had the urge to do something harmful or violent.										
39. I intend to do something harmful or violent.										

## Part 4. Mood Survey

Feelings of Depression Right Now*					0 - Not at all	1 - Slightly	2 - Moderately	3 - Very	4 - Extremely
Instructions. Use checks (✓) to indicate how much each item describes how you're feeling right now, at this very moment. Please answer all of the items.									
40. Sad or down in the dumps									
41. Discouraged or hopeless									
42. Low self-esteem, inferiority, or worthlessness									
43. Loss of motivation to do things									
44. Loss of pleasure or satisfaction in life									
	0-4	5-8	9-12	13-16	17-20	Total (5 items) →			

Chronic Depression--(Dx10) *					0 - Not at all	1 - Slightly	2 - Moderately	3 - Very	4 - Extremely
Instructions. Use checks (✓) to indicate how much each item describes how you've felt in the past two years. Please answer all of the items.									
45. I've felt depressed or unhappy on most days for the past two years.									
46. I've felt sad, blue, or down most of the time for the past two years.									
(Page 14)	0	1-2	3-4	5-6	7-8	Total (2 items) →			
Previous Episodes of Chronic Depression (Dx10)					No	Maybe	Yes		
47. Was there ever a time in your life when you felt sad, blue, or depressed almost every day for a period of at least two years?									



### Feelings of Depression During the Past Two Weeks-- Major Depression (Dx9)\*

Instructions. Use checks (✓) to indicate how much each item describes how you've been feeling during the past two weeks. Please answer all of the items.

	0 - Not at all	1 - Slightly	2 - Moderately	3 - Very	4 - Extremely
48. I've been feeling down or depressed nearly every day for the past two weeks.					
49. I've lost interest in nearly all pleasurable or rewarding activities during the past two weeks.					
50. I've been feeling hopeless.					
51. Feelings of depression have been distressing or upsetting to me.					
52. Feelings of depression have been causing problems in my work, relationships, or activities.					
(Page 12)	0 - 4	5 - 8	9 - 12	13 - 16	17 - 20
Total (5 items) →					

### Suicidal Urges During the Past Two Weeks\*

	0 - Not at all	1 - Slightly	2 - Moderately	3 - Very	4 - Extremely
53. At times, I've had thoughts or fantasies of killing myself					
54. At times, I've had the urge to commit suicide.					
(Page 49)	0	1	2 - 3	4 - 6	7 - 8
Total (2 items) →					

### Previous Episodes of Major Depression

	No	Maybe	Yes
55. Was there ever a time in your life when you felt sad, blue, or depressed every day for at least two weeks?			

### Physical Symptoms (Dx9 - Dx10)\*

Instructions. Use checks (✓) to indicate how much each item describes how you've been feeling during the past two weeks. Please answer all of the items.

	0 - Not at all	1 - Slightly	2 - Moderately	3 - A lot	4 - Extremely
56. Poor appetite					
57. Overeating					
58. Trouble sleeping					
59. Sleeping too much					
60. Trouble concentrating or making decisions					
	0 - 4	5 - 8	9 - 12	13 - 16	17 - 20
Total (5 items) →					



**Dramatically Elevated Mood (Dx12-15)\***

**Instructions.** Indicate how much each statement describes how you've been feeling recently. **Please answer all of the items.**

	0 - Not at all true	1 - Slightly true	2 - Moderately true	3 - Very True	4 - Completely true
61. I feel excited and enthusiastic about practically everything.					
62. I feel far happier and more cheerful than usual.					
(Page 16)	0	1-2	3-4	5-6	7-8
					Total (2 items) →
63. I've been feeling irritable at times.					
64. I've been feeling angry at times.					
(Page 16)	0	1-2	3-4	5-6	7-8
					Total (2 items) →

**Mania and Hypomania Checklist\***

**Instructions.** Indicate how much each statement describes how you've been feeling recently. **Please answer all of the items.**

	0 - Not at all true	1 - Slightly true	2 - Moderately true	3 - Very True	4 - Completely true
65. I've been feeling extremely worthwhile.					
66. I've had tremendously high self-esteem.					
67. My mind has been flooded with creative, exciting ideas.					
68. Almost everything seems to capture my attention.					
69. I've had enormous energy.					
(Page 16-19)	0-4	5-8	9-12	13-16	17-20
					Total (5 items) →
			Hypomania	Mania	

**Current Episode of Mania or Hypomania\***

	No	Maybe	Yes
70. During the past month, have you felt intensely euphoric or excessively irritable all day long, every day, for at least four days in a row?			
71. During the past month, have you felt intensely euphoric or excessively irritable all day long, every day, for at least one week?			
72. Were you taking drugs or alcohol when you had these kinds of feelings?			

**Past Episodes of Mania or Hypomania\***

73. Have you felt intensely euphoric or excessively irritable at any time during your life?			
74. Did you feel intensely euphoric or excessively irritable all day long, every day, for at least four days in a row?			
75. Did you feel intensely euphoric or excessively irritable all day long, every day, for at least a week?			
76. Were you taking drugs or alcohol when you had these symptoms?			

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## Part 5. Anxiety Survey

Anxious Feelings*					
Instructions. Use checks (✓) to indicate how you've been feeling recently. Please answer all of the items.					
	0 - Not at all	1 - Slightly	2 - Moderately	3 - Very	4 - Extremely
77. Anxious					
78. Nervous					
79. Worried					
80. Frightened or apprehensive					
81. Tense or on edge					
	0 - 4	5 - 8	9 - 12	13 - 16	17 - 20
Total (5 items) →					

Physical Symptoms of Anxiety*					
Instructions. Use checks (✓) to indicate how strong each type of symptom is when you're feeling worried, anxious or panicky. Please answer all of the items.					
	0 - Not at all	1 - Slightly	2 - Moderately	3 - Very	4 - Extremely
82. Skipping, racing, or pounding of the heart					
83. Sweating, chills, or hot flushes					
84. Trembling or shaking					
85. Feeling short of breath or difficulty breathing					
86. Feeling dizzy, lightheaded, or off-balance					
(Page 19)	0 - 4	5 - 8	9 - 12	13 - 16	17 - 20
Total (5 items) →					

Chronic Worrying (Dx16)*					
Instructions. Use checks (✓) to indicate how you've been feeling recently. Please answer all of the items.					
	0 - Not at all true	1 - Slightly true	2 - Moderately true	3 - Very True	4 - Completely true
87. I worry about things a lot.					
88. I tend to worry all day long.					
89. I've been worrying about things more days than not for the past six months.					
90. The worrying is upsetting to me.					
91. The worrying makes it hard for me to relax and enjoy life.					
(Page 18)	0 - 4	5 - 8	9 - 12	13 - 16	17 - 20
Total (5 items) →					



**Panic Attacks (Dx17)\***

**Instructions.** Use checks (✓) to indicate how you've been feeling recently. Please answer all of the items.

	0 - Not at all true	1 - Slightly true	2 - Moderately true	3 - Very True	4 - Completely true
92. I have sudden attacks of terror or panic that come from out of the blue.					
93. During the panic attacks I feel like I'm about to die, faint, go crazy, or lose control.					
94. During the panic attacks I have intense physical symptoms, such as dizziness, tingling, racing heart, tight muscles, or feeling short of breath.					
95. The panic attacks become absolutely terrifying within ten minutes or less.					
96. The panic attacks are upsetting or cause problems in my life.					
(Page 19)	0 - 4	5 - 8	9 - 12	13 - 16	17 - 20
Total (5 items) →					

**Specific Fears During Panic Attacks\***

**Instructions.** Use checks (✓) to indicate how strong each of these feelings is during your panic attacks. Please answer all of the items.

	0 - Not at all	1 - Slightly	2 - Moderately	3 - Very	4 - Extremely
During panic attacks, I feel like I'm about to:					
97. Faint, pass out, or have a stroke					
98. Have a heart attack or die					
99. Smother or suffocate					
100. Crack up, go crazy, or lose my mind					
101. Lose control					
(Page 19)	0 - 4	5 - 8	9 - 12	13 - 16	17 - 20
Total (5 items) →					

**Frequency of Panic Attacks\***

102. Instructions. Use a check (✓) to indicate how many panic attacks you've had in the past month.	None	One panic attack	Several	Once a week	Several times a week	Once a day	Several times a day

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### Fear of Being Away from Home Alone Agoraphobia (Dx18)\*

**Instructions.** Use checks (✓) to indicate how you've been feeling recently. Please answer all of the items.

	0 - Not at all true	1 - Slightly true	2 - Moderately true	3 - Very True	4 - Completely true
103. I'm afraid of being away from home alone.					
104. I'm afraid I'll panic if I'm away from home alone.					
105. My fear of being away from home alone is upsetting to me.					
106. My fear of being away from home alone causes problems in my life.					
107. My fear of being away from home alone limits my activities.					
(Page 20)	0 - 4	5 - 8	9 - 12	13 - 16	17 - 20
Total (5 items) →					

### Feared Situations\*

**Instructions.** Use checks (✓) to indicate how strongly you fear each of the following situations. Please answer all of the items.

	0 - Not at all	1 - Slightly	2 - Moderately	3 - Very	4 - Extremely
108. Being in a crowd or standing in line					
109. Busy stores, restaurants, theaters					
110. Bridges, elevators, parking garages, churches, auditoriums, stadiums					
111. Open places like a field or street					
112. Trains, buses, subways, cars, or boats					
(Page 20)	0 - 4	5 - 8	9 - 12	13 - 16	17 - 20
Total (5 items) →					

### Current Episode

	No	Maybe	Yes
113. I've been bothered by fears of being away from home alone during the past month.			
114. I've been bothered by fears of being in the situations listed above during the past month.			

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Screening for Fears and Phobias (Dx19)*	No	Maybe	Yes
Instructions. Use checks (✓) to indicate whether any of these fears or phobias bother you. Please answer all of the items.			
115. Animals: Fear of dogs, rats, snakes, insects, bugs			
116. Environment: Fear of heights, storms, lightning, water			
117. Situations: Fear of flying, driving, public transportation, closed spaces			
118. Fear of blood, needles, injury, or gore			
119. Other phobias: choking, vomiting, loud sounds, etc.			

Distress from Fears and Phobias	0 - Not at all true	1 - Slightly true	2 - Moderately true	3 - Very True	4 - Completely true
Instructions. Use checks (✓) to indicate how strongly you're bothered by any fears or phobias from the list you just completed. Please answer all of the items.					
120. My fears or phobias are upsetting and cause problems in my life.					
121. I sometimes feel ashamed of my fears or phobias.					
122. If I have to face my fears or phobias, it always causes intense anxiety.					
(Page 20)	0	1-3	4-6	7-9	10-12
Total (3 items) →					

Current Episode	No	Maybe	Yes
123. I've been bothered by fears and phobias in the past month.			

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Shyness (Dx20)*						0 - Not at all true	1 - Slightly true	2 - Moderately true	3 - Very True	4 - Completely true
Instructions. Use checks (✓) to indicate how you've been feeling recently. Please answer all of the items.										
124. I often feel shy or anxious in social situations.										
125. My shyness in social situations seems excessive.										
126. My shyness seems irrational or unreasonable.										
127. My shyness is upsetting to me.										
128. My shyness causes problems in my work, social life, or other activities.										
(Page 21)	0 - 4	5 - 8	9 - 12	13 - 16	17 - 20	Total (5 items) →				

Current Episode		No	Maybe	Yes
129. I've been bothered by anxiety or insecurity in social situations during the past month.				

Specific Types of Social Anxiety*						0 - Not at all true	1 - Slightly true	2 - Moderately true	3 - Very True	4 - Completely true
Instructions. Use checks (✓) to indicate how you've been feeling recently. Please answer all of the items.										

Shy Bladder Syndrome (Dx21)						0 - Not at all true	1 - Slightly true	2 - Moderately true	3 - Very True	4 - Completely true
130. I get nervous about having to urinate (pee) in a public restroom.										
131. My anxiety about urinating in a public restroom is upsetting to me.										
132. I avoid urinating around other people because of my anxiety.										
(Page 21)	0	1-3	4 - 6	7 - 9	10 - 12	Total (3 items) →				

Test Anxiety (Dx22)						0 - Not at all true	1 - Slightly true	2 - Moderately true	3 - Very True	4 - Completely true
133. I get so nervous about tests that I can barely study or concentrate.										
134. I freeze up whenever I have to take a test.										
135. My test anxiety is upsetting to me.										
(Page 21)	0	1-3	4 - 6	7 - 9	10 - 12	Total (3 items) →				

Public Speaking Anxiety (Dx23)						0 - Not at all true	1 - Slightly true	2 - Moderately true	3 - Very True	4 - Completely true
136. Giving a talk in front of a group of people would make me feel nervous.										
137. I'm afraid I'd look anxious or foolish if I had to give a talk in front of others.										
138. I don't like having to give talks in public.										
(Page 21)	0	1-3	4 - 6	7 - 9	10 - 12	Total (3 items) →				

Performance Anxiety (Dx24)						0 - Not at all true	1 - Slightly true	2 - Moderately true	3 - Very True	4 - Completely true
139. Performing in front of an audience would make me nervous or anxious.										
140. Being on a radio or TV show would make me nervous or anxious.										
141. Having to perform in a musical or athletic event would make me anxious.										
(Page 21)	0	1-3	4 - 6	7 - 9	10 - 12	Total (3 items) →				



## Part 6. Obsessions and Compulsions

## Obsessions and Compulsions (OCD, Dx26)\*

Obsessive Thoughts						0 - Not at all true	1 - Slightly true	2 - Moderately true	3 - Very True	4 - Completely true
Instructions. Use checks (✓) to indicate how you've been feeling recently. Please answer both items.										
142. Upsetting or disturbing thoughts go through my head over and over again.										
143. Once I get these upsetting thoughts, I can't seem to ignore them or get rid of them.										
(Page 22)	0	1-2	3-4	5-6	7-8	Total (2 items) →				

Instructions. Tick off (✓) any of the following obsessive concerns that have worried you recently.	
144. contamination from germs, sticky substances, dirt, urine, feces, or semen	145. blurting out something embarrassing or obscene in public
146. causing a terrible event, like a fire, a terrible illness, or an accident	147. fears that harm may come to others if I don't perform certain rituals
148. things that are messy or not in a certain order	149. losing control and harming others
150. confessing to a crime that I haven't committed	151. forbidden or perverse sexual thoughts
152. other obsessive thoughts (describe)	

Compulsive Rituals						0 - Not at all true	1 - Slightly true	2 - Moderately true	3 - Very True	4 - Completely true
Instructions. Use checks (✓) to indicate how you've been feeling recently. Please answer all of the items.										
153. I feel a powerful urge to perform certain rituals when I get anxious.										
154. I feel like something terrible will happen if I don't perform these rituals.										
(Page 22)	0	1-2	3-4	5-6	7-8	Total (2 items) →				

Instructions. Tick off (✓) any of the following compulsive rituals that you've engaged in recently.	
155. rituals when I groom myself or clean the house	156. counting things
157. doing things in a particular order	158. praying or repeating words silently
159. arranging things in a certain way	160. washing my hands repeatedly
161. repeating certain actions over and over, such as checking to make sure that the doors are locked	162. hoarding things like old newspapers or other objects
163. other rituals (describe)	



## Time Spent on Obsessive Thoughts and Compulsive Rituals

	No time	5 minutes or less	5 - 10 minutes	10 - 30 minutes	30 - 60 minutes	1 - 2 hours	3 - 5 hours	more than 5 hours
164. On average, how much time do you spend each day having obsessive thoughts?								
165. On average, how much time do you spend each day doing compulsive rituals?								

## Distress from Obsessions and Compulsions

Instructions. Use checks (✓) to indicate how you feel about your obsessions or compulsions. Please answer all of the items.

	0 - Not at all true	1 - Slightly true	2 - Moderately true	3 - Very True	4 - Completely true
166. My obsessions or compulsions cause problems in my life.					
167. My obsessions or compulsions seem excessive.					
168. My obsessions or compulsions interfere with my life.					

(Page 22)

0

1-3

4-6

7-9

10-12

Total (3 items) →

## Current Episode

	No	Maybe	Yes
169. I've been bothered by obsessive thoughts during the past month.			
170. I've engaged in compulsive rituals during the past month.			

## Concerns About Your Appearance (Dx27)\*

Instructions. Use checks (✓) to indicate how you've been feeling recently. Please answer all of the items.

	0 - Not at all true	1 - Slightly true	2 - Moderately true	3 - Very True	4 - Completely true
171. I feel like there's something abnormal or grotesque about my appearance.					
172. If other people told me that they couldn't see anything wrong with how I look, I wouldn't believe them.					
173. I feel upset or embarrassed about my physical appearance.					

(Page 24)

0

1-3

4-6

7-9

10-12

Total (3 items) →



### Part 7. Stressful or Traumatic Events (Dx28 – Dx30)

Instructions. Please list any traumatic or stressful events that have caused emotional problems for you, and indicate how old you were when each event occurred. Even though it may be upsetting, make sure you include any horrifying events, such as rape, abuse, death, violence, torture, or serious illness or injury.

List your age when each event happened

1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

#### Distress from Stressful Events Adjustment Disorder (Dx28)\*

Instructions. Use checks (✓) to indicate how you've been feeling recently. Please answer all of the items.

174. I've felt down and depressed ever since one of the upsetting events described above.

175. I've been feeling distressed and upset about the stressful event described above.

(Page 27)

0	1-2	3-4	5-6	7-8
---	-----	-----	-----	-----

Total (2 items) →

0 – Not at all true	1 – Slightly true	2 – Moderately true	3 – Very True	4 – Completely true



**Post-Traumatic Stress Disorder (PTSD: Dx29)\***

**Instructions.** Use checks (✓) to indicate whether you've been exposed to a terrifying, traumatic event, and how you've been feeling since that time. **Please answer all of the items.**

0 - Not at all true	1 - Slightly true	2 - Moderately true	3 - Very True	4 - Completely true
---------------------	-------------------	---------------------	---------------	---------------------

**Exposure to a Traumatic Event**

176. I've experienced or witnessed a terrible, horrific traumatic event such as rape, murder, serious injury, torture, or a threat to my life or someone else's life.					
177. I've learned that a traumatic or violent event occurred to a close friend or family member.					
178. I've been repeatedly exposed to a traumatic or violent event. (For example, I was a first responder to a bombing, or I've had to investigate many horrible cases of child abuse.)					

(Page 26)      0      1-3      4-6      7-9      10-12      Total (2 items) →

**Persistent Memories of the Event**

179. Upsetting memories of the traumatic event come into my mind over and over.					
180. I have upsetting dreams about the upsetting event.					
181. I sometimes have flashbacks and feel like the event is happening again.					
182. I get upset whenever I think about the event or whenever I'm reminded of it.					

(Page 26)      0-3      4-6      7-9      10-13      14-16      Total (4 items) →

**Avoidance**

183. I try to avoid upsetting thoughts, feelings, or memories of the traumatic event.					
184. I try to avoid people, places, objects, conversations, or situations that remind me of the event.					

(Page 26)      0      1-2      3-4      5-6      7-8      Total (4 items) →

**Loss of Interest in Life**

185. I've lost interest in life.					
186. I often feel isolated or alienated from other people.					
187. I feel numb and unable to experience love, pleasure, or happiness.					
188. I often feel like I have no future.					

(Page 26)      0-3      4-6      7-9      10-13      14-16      Total (4 items) →

**Duration of PTSD**

189. How long have you experienced these kinds of symptoms? If unsure, just make your best guess.	Years	Months

**Current Episode**

190. Have you been bothered by these kinds of memories, upsetting feelings, and symptoms during the past month?	No	Maybe	Yes



## Part 8. Somatic Concerns

Health Concerns (Dx31)*						0 - Not at all true	1 - Slightly true	2 - Moderately true	3 - Very True	4 - Completely true
<b>Instructions.</b> Use checks (✓) to indicate whether you've had any of the following concerns about your health. <b>Please answer all of the items.</b>										
191. I often worry that I have a serious medical problem or disease.										
192. I worry about aches, pains, fatigue, dizziness, racing heart, or other symptoms.										
193. My worries about my health are upsetting to me.										
(Page 28)	0	1-3	4-6	7-9	10-12	Total (3 items) →				

Current Pain (Dx32)*										
194. Please circle the number that shows how much physical pain you feel <b>RIGHT NOW</b> .										
0	1	2	3	4	5	6	7	8	9	10
None	← A little pain →			← Moderate pain →			← Intense pain →			Worst
195. Please circle the number that shows how severe your physical pain is <b>RIGHT NOW</b> .										
0	1	2	3	4	5	6	7	8	9	10
None	← A little pain →			← Moderate pain →			← Intense pain →			Worst
(Page 28)	0	1-5	6-12	13-17	18-20	Total (2 items) →				

Recent Pain (Dx32)*										
196. Please circle the number that shows how much physical pain you've experienced <b>RECENTLY</b> .										
0	1	2	3	4	5	6	7	8	9	10
None	← A little pain →			← Moderate pain →			← Intense pain →			Worst
197. Please circle the number that shows how severe your physical pain has been <b>RECENTLY</b> .										
0	1	2	3	4	5	6	7	8	9	10
None	← A little pain →			← Moderate pain →			← Intense pain →			Worst
(Page 28)	0	1-5	6-12	13-17	18-20	Total (2 items) →				

Emotional Impact of Pain (Dx32)*						0 - Not at all true	1 - Slightly true	2 - Moderately true	3 - Very True	4 - Completely true
<b>Instructions.</b> Use checks (✓) to indicate how you've been feeling recently. <b>Please answer all of the items.</b>										
198. Physical pain is causing a great deal of emotional distress for me.										
199. Physical pain is causing problems in my life.										
(Page 28)	0	1-2	3-4	5-6	7-8	Total (2 items) →				



## Part 9. Habits and Addictions

Gambling Screening*					0 — No	1 — Maybe	2 — Yes
200. Do you have strong urges to gamble?							
201. Have you ever felt that excessive gambling was a problem for you?							
<div>0</div> <div>1</div> <div>2-3</div> <div>4-5</div> <div>6</div>					Total (2 items) →		

Gambling Problems (Dx33)*					0 — Not at all true	1 — Slightly true	2 — Moderately true	3 — Very True	4 — Completely true
<b>Instructions.</b> Use checks (✓) to indicate how accurately each statement describes how you feel. <b>Please answer all of the items.</b>									
202. I'm preoccupied with gambling.									
203. I've tried unsuccessfully to stop or cut down.									
204. Gambling is a way of escaping from my personal problems or coping with feelings of unhappiness and stress.									
<div>0</div> <div>1-3</div> <div>4-6</div> <div>7-9</div> <div>10-12</div>					Total (3 items) →				

(Page 30)



## Alcohol and Drug Use

Lifetime Alcohol Screening*					0 -- No	1 -- Maybe	2 -- Probably	3 -- Definitely
205. Have you ever used alcohol excessively?								
206. Have you ever felt that you might have a problem with alcohol?								
207. Has anyone ever suggested you might have a problem with alcohol?								
(Page 31)	0	1	2-3	4-6	7-9	Total (3 items) →		

Lifetime Drug Screening*					0 -- No	1 -- Maybe	2 -- Probably	3 -- Definitely
208. Have you ever used drugs excessively?								
209. Have you ever felt that you might have a problem with drugs?								
210. Has anyone ever suggested you might have a problem with drugs?								
(Page 31)	0	1	2-3	4-6	7-9	Total (3 items) →		

Recent Use of Alcohol and Drugs					0 -- No	1 -- Maybe	2 -- Probably	3 -- Definitely
211. Do you feel that you might have used too much alcohol recently?								
212. Do you feel that you might have taken too many drugs recently?								
	0	1	2-3	4-5	6	Total (2 items) →		

Cravings and Urges to Use*					0 -- Not at all true	1 -- Slightly true	2 -- Moderately true	3 -- Very True	4 -- Completely true
<b>Instructions.</b> Use checks (✓) to indicate how much each statement describes how you have been feeling in the past week, including today. <b>Please answer all of the items.</b>									
213. Sometimes I crave drugs or alcohol.									
214. Sometimes I have the urge to use drugs or alcohol.									
215. Sometimes I really want to use drugs or alcohol.									
216. Sometimes it's hard to resist the urge to use drugs or alcohol.									
217. Sometimes I have to struggle with the temptation to use drugs or alcohol.									
(Page 31)	0-4	5-8	9-12	13-16	17-20	Total (5 items) →			



**Alcohol Consumption in the Past Week\***

Instructions. Use a check (✓) to indicate how often you've used alcohol during the past week. If unsure, take your best guess.	0 days	1 day	2 days	3 days	4 days	5 - 6 days	Every day	Several times a day
218. Beer, wine, or hard liquor								

	0 drinks	1 drink or less	2 drinks	3 drinks	4 or 5 drinks	6 - 10 drinks	More than 10 drinks
219. Use a check (✓) to indicate the most alcohol you consumed in a single day during the past week.							

Note: One drink = 12 ounces of beer; 4 - 5 ounces of wine; or 1.25 ounces of liquor. One cocktail could = 2 or 3 drinks, or more, depending on how much alcohol you put in it.

**Alcohol Consumption in the Past Year\***

Instructions. Think of the time when you were drinking the most during the past year. At that time, how often were you drinking alcohol? If unsure, take your best guess.	0 days	1 day	2 days	3 days	4 days	5 - 6 days	Every day	Several times a day
220. Beer, wine, or hard liquor								

	0 drinks	1 drink or less	2 drinks	3 drinks	4 or 5 drinks	6 - 10 drinks	More than 10 drinks
221. Use a check (✓) to indicate the most alcohol you consumed in a single day during the past year.							

Note: One drink = 12 ounces of beer; 4 - 5 ounces of wine; or 1.25 ounces of liquor. One cocktail could = 2 or 3 drinks, or more, depending on how much alcohol you put in it.

**Lifetime Alcohol Consumption\***

Instructions. Think of the time when you were drinking the most during your life. At that time, how often were you drinking alcohol? If unsure, take your best guess.	0 days	1 day	2 days	3 days	4 days	5 - 6 days	Every day	Several times a day
222. Beer, wine, or hard liquor								

	0 drinks	1 drink or less	2 drinks	3 drinks	4 or 5 drinks	6 - 10 drinks	More than 10 drinks
223. Use a check (✓) to indicate the most alcohol you consumed in a single day during your life.							

Note: One drink = 12 ounces of beer; 4 - 5 ounces of wine; or 1.25 ounces of liquor. One cocktail could = 2 or 3 drinks, or more, depending on how much alcohol you put in it.



Problems from Alcohol Use (Dx34 - 35)*						0 - Not at all true	1 - Slightly true	2 - Moderately true	3 - Very True	4 - Completely true
<b>Instructions.</b> Use checks (✓) to indicate whether you've had the following kinds of problems because of alcohol. <b>Please answer all of the items.</b>										
224.	Have you experienced strong cravings to drink alcohol?									
225.	Have you ever spent a great deal of time using alcohol?									
226.	Have you had to take more and more alcohol in order to get high?									
227.	Has it ever been hard to cut down or stop drinking?									
228.	Have you ever had problems at home, at school, or at work because of alcohol?									
229.	Did you ever have problems in your relationships with others because you were drinking?									
230.	Have you ever had blackouts or forgotten what you did when you were high on alcohol?									
231.	Have you sometimes used alcohol in physically dangerous situations, such as driving?									
232.	Have you ever gotten depressed or violent when you were using alcohol?									
233.	Did you ever experience withdrawal symptoms when you tried to stop drinking?									
234.	Have you ever continued to drink even though the alcohol was causing emotional problems, health problems, legal problems, relationship problems, or other problems?									
(Page 31)	0	1 - 3	4 - 10	11 - 25	26 - 44	Total (10 items) →				



**Drug Use during the Past Week\***

**Instructions.** Use checks (✓) to indicate how often you've used drugs during the past week. If unsure, take your best guess. Indicate any use of drugs, even if prescribed. Please answer all of the items.

Type of Drug	0 days	1 day	2 days	3 days	4 days	5-6 days	Every day	Several times a day
235. Marijuana or hashish								
236. Cocaine or crack								
237. Speed (ice, crank, crystal, amphetamines, meth, uppers)								
238. Diet pills or other stimulants								
239. Downers (vallium, reds, sedatives, sleeping pills)								
240. Opiates (heroin, codeine, Percodan, Demerol)								
241. Hallucinogens (acid, LSD, mushrooms, PCP)								
242. Glue, spray paint, inhalants								
243. Other drugs (ecstasy, PCP, designer drugs)								

**Lifetime Drug Use\***

Please indicate how often you've used drugs during your life. Think of the time when you were using each type of drug the most. If unsure, take your best guess. Indicate any use of drugs, even if prescribed.

Type of Drug	Never	Less than once a month	Once a month	Several times a month	Once a week	Several times a week	Once a day	Several times a day
244. Marijuana or hashish								
245. Cocaine or crack								
246. Speed (ice, crank, crystal, amphetamines, meth, uppers)								
247. Diet pills or other stimulants								
248. Downers (vallium, reds, sedatives, sleeping pills)								
249. Opiates (heroin, codeine, Percodan, Demerol)								
250. Hallucinogens (acid, LSD, mushrooms)								
251. Glue, spray paint, inhalants								
252. Other drugs (ecstasy, PCP, designer drugs)								

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Problem from Drug Use (Dx36 - DX37)*		0 - Not at all true	1 - Slightly true	2 - Moderately true	3 - Very True	4 - Completely true
<b>Instructions.</b> Use checks (✓) to indicate whether you've had the following kinds of problems because of drugs. <b>Please answer all of the items.</b>						
253.	Have you experienced strong cravings to use drugs?					
254.	Have you ever spent a great deal of time using drugs?					
255.	Have you had to take more and more drugs in order to get high?					
256.	Has it ever been hard to cut down or stop using drugs?					
257.	Have you ever had problems at home, at school, or at work because of drugs?					
258.	Did you ever have problems in your relationships with others because you were using drugs?					
259.	Have you ever had blackouts or forgotten what you did when you were high on drugs?					
260.	Have you sometimes used drugs in physically dangerous situations, such as driving?					
261.	Have you ever gotten depressed or violent when you were using drugs?					
262.	Did you ever experience withdrawal symptoms when you tried to stop using drugs?					
263.	Have you ever continued to use drugs even though they were causing emotional problems, health problems, legal problems, relationship problems, or other problems?					
(Page 31)	0	1 - 3	4 - 10	11 - 25	26 - 44	Total (10 items) →

### Part 10. Eating Problems

Screening for Eating Disorders (Dx38 - Dx42)		No	Maybe	Yes
264.	Has anyone ever suggested that you had an eating disorder?			
265.	Have you ever thought that you had an eating disorder?			

266. How tall are you?  Feet  Inches

267. How much do you weigh? (Actual Weight)  Pounds



Overeating Screening		No	Maybe	Yes
268.	Have you ever had a problem with overeating?			
269.	Have you ever had a problem with binge eating?			

Binge Eating (Dx38)*		0 - Not at all true	1 - Slightly true	2 - Moderately true	3 - Very True	4 - Completely true
<b>Instructions.</b> Use checks (✓) to indicate how much you agree with each of the following statements. <b>Please answer all of the items.</b>						

Urges to Binge							
270.	Sometimes it's hard to resist the urge to overeat.						
271.	Sometimes I struggle with the temptation to overeat.						
(Page 33)	0    1-2    3-4    5-6    7-8	Total (2 items) →					

Loss of Control							
272.	I can't seem to control how much I eat.						
273.	Once I start, I can't seem to stop eating.						
((Page 33)	0    1-2    3-4    5-6    7-8	Total (2 items) →					

Emotional Consequences							
274.	I often feel guilty when I eat too much.						
275.	I often feel disgusted with myself when I eat too much.						
(Page 33)	0    1-2    3-4    5-6    7-8	Total (2 items) →					

Frequency of Binging and Overeating*		Never	Less than once a month	Once a month	Several times a month	Once a week	Twice a week or more	Once a day	Several times a day
276.	Binging								
277.	Overeating								



**Bulimia (Dx39 - Dx40)\***

**Instructions.** Use checks (✓) to indicate how much you agree with each of the following statements. **Please answer all of the items.**

0 - Not at all true

1 - Slightly true

2 - Moderately true

3 - Very True

4 - Completely true

**Purging (Dx50)**

278. I sometimes vomit after I eat so that I won't gain weight.					
279. I sometimes binge and then vomit so I won't gain weight.					
(Page 33)	0	1-2	3-4	5-6	7-8
					Total (2 items) →

**Restricting (Dx51)**

280. I skip meals to avoid gaining weight.					
281. I sometimes avoid eating for more than a day to avoid gaining weight.					
282. I restrict calories while eating to avoid gaining weight.					
283. I exercise a great deal to avoid gaining weight.					
(Page 33)	0-3	4-6	7-9	10-13	14-16
					Total (4 items) →

**Diet Pills**

284. I sometimes take diet pills or stimulants to reduce my cravings for food.	No	Maybe	Yes

**Frequency**

Instructions. Use checks (✓) to indicate how often you engage in each activity to avoid gaining weight.	Never	Under once a month	Once a month	Several times a month	Once a week	Twice a week or more	Once a day	Several times a day
285. Taking diet pills or stimulants								
286. Vomiting after you eat								
287. Using enemas								
288. Using laxatives or diuretics								
289. Skipping meals								
290. Restricting calories while eating								
291. Exercising a great deal								



Anorexia Screening (Dx41)		No	Maybe	Yes
292.	Was there ever a time in your life when you were very thin or weighed much less than people thought you should?			
293.	Was there ever a time when people told you that you were too thin or weighed much less than people thought you should?			

Anorexia (Dx41)*		0 - Not at all true	1 - Slightly true	2 - Moderately true	3 - Very True	4 - Completely true
<b>Instructions.</b> Use checks (✓) to indicate how much you agree with each of the following statements. <b>Please answer all of the items.</b>						

## Fears of Gaining Weight

294.	I have intense fears of gaining weight.					
295.	I'm afraid of slipping up and losing control of my eating.					
296.	I'm afraid that if I gained even a little weight, my eating would spiral out of control.					
(Page 34)	<div>0</div> <div>1-3</div> <div>4-6</div> <div>7-9</div> <div>10-12</div>	Total (3 items) →				

## Messages from Others

297.	Others tell me that I need to gain weight.					
298.	Others tell me that I'm too thin.					
(Page 34)	<div>0</div> <div>1-2</div> <div>3-4</div> <div>5-6</div> <div>7-8</div>	Total (2 items) →				



## Part 11. Other Symptoms

## Dissociative Experiences (Dx43)\*

**Instructions.** Use checks (✓) to indicate how much you agree with each of the following statements. **Please answer all of the items.**

299. I sometimes forget where I've been for long periods of time.

300. Sometimes people tell me that they've seen me doing things that I cannot recall.

(Page 36) 0 1-2 3-4 5-6 7-8

Total (2 items) →

0 - Not at all true

1 - Slightly true

2 - Moderately true

3 - Very True

4 - Completely true

## Unusual Experiences (Dx44)\*

**Instructions.** Use checks (✓) to indicate how much you agree with each of the following statements. **Please answer all of the items.**

## Special Experiences

301. I believe that people are trying to control me with electricity, radio waves, or other forces.

302. I've been receiving special messages from the radio or TV.

(Page 37) 0 1-2 3-4 5-6 7-8

Total (2 items) →

0 - Not at all true

1 - Slightly true

2 - Moderately true

3 - Very True

4 - Completely true

## Feelings of Mistrust

303. I believe that people are saying bad things about me.

304. I believe people want to harm me or take advantage of me.

(Page 37) 0 1-2 3-4 5-6 7-8

Total (2 items) →

## Feelings of Superiority

305. I sometimes feel like I have special powers.

306. I sometimes feel like a Messiah or God.

(Page 37) 0 1-2 3-4 5-6 7-8

Total (2 items) →



## Personality Disorders

## Cluster A

## Suspicious Feelings (Dx45)\*

Instructions. Use checks (✓) to indicate how much each statement describes how you have felt or behaved most of your life since your teenage years. Please answer all of the items.

	0 - Not at all true	1 - Slightly true	2 - Moderately true	3 - Very True	4 - Completely true
307. I often doubt the loyalty of friends or associates.					
308. I don't often confide in people because they may turn against me.					
309. I don't want people to find out too much about me because they might use the information against me.					
310. I often feel like people are threatening or insulting me.					
311. Sometimes I feel like people are out to get me.					
(Page 40)	0 - 4	5 - 8	9 - 12	13 - 16	17 - 20
Total (5 items) →					

## Feelings of Isolation (Dx46)\*

Instructions. Use checks (✓) to indicate how much each statement describes how you have felt or behaved most of your life since your teenage years. Please answer all of the items.

	0 - Not at all true	1 - Slightly true	2 - Moderately true	3 - Very True	4 - Completely true
312. I don't get much satisfaction from relationships with other people.					
313. There's almost no one I really feel close to.					
314. I prefer to do things alone.					
315. I usually keep to myself.					
316. I usually prefer to be alone.					
(Page 40)	0 - 4	5 - 8	9 - 12	13 - 16	17 - 20
Total (5 items) →					

## Unique Experiences (Dx47)\*

Instructions. Use checks (✓) to indicate how much each statement describes how you have felt or behaved most of your life since your teenage years. Please answer all of the items.

	0 - Not at all true	1 - Slightly true	2 - Moderately true	3 - Very True	4 - Completely true
Supernatural Experiences					
317. I've had experiences that seemed supernatural.					
318. Sometimes I feel like other people can read my mind.					
319. Sometimes I feel like there's a person or supernatural force around me, even though nobody seems to be there.					
(Page 40)	0 - 2	3 - 5	6 - 7	8 - 10	11 - 12
Total (3 items) →					



### Unique Experiences (Dx47)\* (cont'd)

0 - Not at all true

1 - Slightly true

2 - Moderately true

3 - Very True

4 - Completely true

#### Social Discomfort

320. My interactions with others often feel awkward.

321. I usually feel anxious or uncomfortable when I'm around other people.

322. I usually don't fit in with groups of other people.

(Page 40)

0 - 2

3 - 5

6 - 7

8 - 10

11 - 12

Total (3 items) →

### Cluster B

### Wild Tendencies (Dx48)\*

Instructions. Use checks (✓) to indicate how much each statement describes how you have felt or behaved most of your life since your teenage years. Please answer all of the items.

0 - Not at all true

1 - Slightly true

2 - Moderately true

3 - Very True

4 - Completely true

323. I sometimes break the law.

324. I've done many things I could be arrested for if I got caught.

325. I often do wild or reckless things on the spur of the moment.

326. I've often done risky things, like driving recklessly when intoxicated.

327. I often do things without worrying about harmful consequences.

(Page 41)

0 - 4

5 - 8

9 - 12

13 - 16

17 - 20

Total (5 items) →

### Problems Growing Up\*

Instructions. Please indicate if you had any of the following kinds of problems or urges prior to age 15, when you were growing up. Please answer all of the items.

0 - Not at all true

1 - Slightly true

2 - Moderately true

3 - Very True

4 - Completely true

328. Broke the law or did things that were illegal

329. Got into trouble with my parents or the authorities

330. Lied or conned people

(Page 41)

0 - 2

3 - 5

6 - 7

8 - 10

11 - 12

Total (3 items) →



**Turbulent Tendencies (Dx49)\***

**Instructions.** Use checks (✓) to indicate how much each statement describes how you have felt or behaved **most of your life since your teenage years**. Please answer all of the items.

	0 – Not at all true	1 – Slightly true	2 – Moderately true	3 – Very True	4 – Completely true
331. I often feel worthless.					
332. I often feel like I'm defective.					
333. I sometimes have trouble controlling my impulsive behavior.					
334. I sometimes cut, scratch, or burn myself, or hurt myself in other ways.					
335. I almost always have intensely negative moods.					
336. I go from one bad mood to another. I often feel hurt, then angry, then jealous, then guilty, then anxious, then depressed, etc.					
337. I feel terrified about being abandoned by others.					
338. I sometimes feel distrustful toward other people.					
339. I often feel angry and bitter.					
340. I have difficulties controlling my feelings of anger or bitterness.					

(Page 42) 

0 – 8	9 – 16	17 – 24	25 – 32	33 – 40
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 Total (10 items) → 

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**Dramatic Tendencies (Dx50)\***

**Instructions.** Use checks (✓) to indicate how much each statement describes how you have felt or behaved **most of your life since your teenage years**. Please answer all of the items.

	0 – Not at all true	1 – Slightly true	2 – Moderately true	3 – Very True	4 – Completely true
341. I like to express my feelings in a colorful, dramatic way.					
342. I like to express my feelings in a strong, exciting way.					
343. Some people might think I'm overly dramatic.					

(Page 43) 

0 – 2	3 – 5	6 – 7	8 – 10	11 – 12
-------	-------	-------	--------	---------

 Total (3 items) → 

--

**Feelings of Importance (Dx51)\***

**Instructions.** Use checks (✓) to indicate how much each statement describes how you have felt or behaved **most of your life since your teenage years**. Please answer all of the items.

	0 – Not at all true	1 – Slightly true	2 – Moderately true	3 – Very True	4 – Completely true
344. I sometimes have a tremendous sense of my own importance or talents.					
345. I have fantasies of unlimited success, power, brilliance, beauty or love.					
346. I think a lot about power, fame, or recognition.					
347. I sometimes feel like I'm extremely special.					

(Page 44) 

0 – 3	4 – 6	7 – 9	10 – 13	14 – 16
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 Total (4 items) → 

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## Cluster C

## Avoidant Tendencies (Dx52)\*

**Instructions.** Use checks (✓) to indicate how much each statement describes how you have felt or behaved most of your life since your teenage years. Please answer all of the items.

	0 - Not at all true	1 - Slightly true	2 - Moderately true	3 - Very True	4 - Completely true
348. I feel tremendously shy and insecure in social situations.					
349. I often feel ashamed or embarrassed in social situations.					
350. I sometimes feel like I'm inadequate and unappealing to others.					
351. I feel awkward or inept in social situations.					
352. I'm afraid that people will look down on me in social situations.					
(Page 45)	0 - 4	5 - 8	9 - 12	13 - 16	17 - 20
					Total (5 items) →

## Dependent Tendencies (Dx53)\*

**Instructions.** Use checks (✓) to indicate how much each statement describes how you have felt or behaved most of your life since your teenage years. Please answer all of the items.

	0 - Not at all true	1 - Slightly true	2 - Moderately true	3 - Very True	4 - Completely true
Need for Help					
353. I have trouble doing things on my own without someone else to help me.					
354. I don't feel confident that I can do things very well when I'm alone.					
355. It's hard for me to initiate new projects on my own.					
(Page 45)	0 - 2	3 - 5	6 - 7	8 - 10	11 - 12
					Total (3 items) →

## Conflict Phobia

	0 - Not at all true	1 - Slightly true	2 - Moderately true	3 - Very True	4 - Completely true
356. I feel worthless when someone criticizes me or disapproves of me.					
357. If others disapproved of me or criticized me, I'd feel devastated.					
358. I can't stand criticism or disapproval.					
(Page 45)	0 - 2	3 - 5	6 - 7	8 - 10	11 - 12
					Total (3 items) →

## Fear of Being Alone

	0 - Not at all true	1 - Slightly true	2 - Moderately true	3 - Very True	4 - Completely true
359. I don't like to be alone.					
360. I can't feel happy or fulfilled when I'm alone.					
361. I feel helpless and uncomfortable when I'm alone.					
(Page 45)	0 - 2	3 - 5	6 - 7	8 - 10	11 - 12
					Total (3 items) →

## Perfectionistic Tendencies (Dx54)\*

**Instructions.** Use checks (✓) to indicate how much each statement describes how you have felt or behaved most of your life since your teenage years. Please

	0 - Not at all true	1 - Slightly true	2 - Moderately true	3 - Very True	4 - Completely true



answer all of the items.

362. I often feel like I have to be perfect.

363. I get very self-critical whenever I fail to achieve my goals.

364. I beat up on myself whenever I make mistakes.

365. Sometimes I get so perfectionistic that I can't finish things.

366. If I failed at my work, I'd feel like a failure as a human being.

(Page 46)

0 - 4

5 - 8

9 - 12

13 - 16

17 - 20

Total (5 items) →

### Feelings about the Survey\*

Instructions. Use checks (✓) to indicate how well each statement describes your feelings about this survey.  
Please answer all of the items.

0 - Not at all true

1 - Slightly true

2 - Moderately true

3 - Very True

4 - Completely true

#### Negative Feelings About the Survey

367. The survey was upsetting.

368. The survey was hard for me.

#### Openness and Accuracy

369. It was hard to answer some of the questions honestly.

370. It was hard to be completely open when I answered some questions.

#### Positive Feelings About the Survey

371. The questions were relevant to my concerns.

372. I believe the information I provided will be helpful to my therapist.

373. Approximately how many minutes did it take you to complete this survey?

minutes

Please page through the survey and fill in any items you might have skipped or overlooked.

No

Yes

374. I have paged through the test to check for any items I might have missed or skipped.

375. There are one or more items on the survey that I skipped or did not answer.

**Congratulations! You've completed the survey. Thank you.**