

**DIANE FARRINGTON CURTIS MA, LPC**  
**SYMPTOM IDENTIFICATION**

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

INSTRUCTIONS: Below is a list of problems and areas of life functioning in which some people experience difficulties. Using the scale given below, **CIRCLE THE ANSWER** that best describes the degree of difficulty you have been experiencing in each area during the **PAST WEEK**. If there is an area that you consider to be inapplicable, indicate that it is *No Difficulty*.

For each question, please circle one and only one response scale number.

**0=No difficulty, 1=A little difficulty, 2=Moderate difficulty, 3=Quite a bit of difficulty, 4=Extreme difficulty**

**To what extent are you experiencing difficulty in the area of:**

1. Managing day-to-day life. (i.e.-getting places on time, handling money, making everyday decisions).....0 1 2 3 4
2. Household Responsibilities. (i.e.-shopping, cooking, laundry, cleaning, other chores).....0 1 2 3 4
3. Work. (i.e.-completing tasks, performance level, finding/keeping job) .....0 1 2 3 4
4. School. (i.e.-academic performance, completing assignments, attendance) .....0 1 2 3 4
5. Leisure time or recreational activities.....0 1 2 3 4
6. Adjusting to major life stresses. (i.e.-separation, divorce, moving, new job, new school, a death) .....0 1 2 3 4
7. Relationships with family members.....0 1 2 3 4
8. Getting along with people outside of the family.....0 1 2 3 4
9. Isolation or feelings of loneliness.....0 1 2 3 4
10. Being able to feel close to others.....0 1 2 3 4
11. Being realistic about yourself or others.....0 1 2 3 4
12. Recognizing and expressing emotions appropriately.....0 1 2 3 4
13. Developing independence.....0 1 2 3 4
14. Goals or direction in life.....0 1 2 3 4
15. Lack of self-confidence, feeling bad about yourself.....0 1 2 3 4
16. Apathy, lack of interest in things.....0 1 2 3 4
17. Depression, hopelessness.....0 1 2 3 4
18. Suicidal feelings or behavior. ....0 1 2 3 4
19. Physical symptoms. (i.e.-headaches, aches and pains, sleep disturbance, stomach aches, dizziness) .....0 1 2 3 4

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- 20. Fear, anxiety or panic.....0 1 2 3 4
- 21. Confusion, concentration, memory.....0 1 2 3 4
- 22. Disturbing or unreal thoughts or beliefs.....0 1 2 3 4
- 23. Hearing voices, seeing things.....0 1 2 3 4
- 24. Manic, bizarre behavior.....0 1 2 3 4
- 25. Mood swings, unstable moods.....0 1 2 3 4
- 26. Uncontrollable, compulsive behavior. (i.e.-eating disorder, hand-washing, hurting yourself).....0 1 2 3 4
- 27. Sexual activity or preoccupation.....0 1 2 3 4
- 28. Drinking alcoholic beverages.....0 1 2 3 4
- 29. Taking illegal drugs, misusing drugs.....0 1 2 3 4
- 30. Controlling temper, outburst of anger, violence.....0 1 2 3 4
- 31. Impulsive, illegal or reckless behavior.....0 1 2 3 4
- 32. Feeling satisfaction with your life.....0 1 2 3 4
- 33. How old were you on your last birthday? .....

**For the following questions, please circle the appropriate response code.**

- 34. What is your sex? 1=Male 2=Female..... 1 2
- 35. Marital status. 1=Never married 2=Married 3=Separated/divorced/widowed..... 1 2 3
- 36. In the past 30 days, what were your usual living arrangements? ..... 1 2 3 4 5  
1=Alone, 2=With family, 3=Halfway house/Treatment setting, 4=With non-relative, 5=Other
- 37. In the past 30 days, were you working at a paid job? 1=Yes 2=No..... 1 2
- 38. If Yes, how many hours per week? (If No, leave unanswered.) .....1 2 3 4  
1=Less than 10, 2=11-20 hours, 3=21-30 hours, 4=More than 30 hours
- 38. In the past 30 days, were you a student attending a high school, vocational training program, college or graduate degree program? ..... 1 2  
1=Yes 2=No

END OF SURVEY. THANK YOU.