

# EASY Diagnostic Survey\*

By David D. Burns, M.D.

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 45 to 90 minutes and focuses on common problems, such as:

- Difficulties in your work or personal relationships
- Mood problems such as depression or irritability
- Anxiety, such as feelings of shyness, panic attacks, chronic worrying, and phobias
- Stressful or traumatic events
- Physical problems such as chronic pain
- Addictions to gambling, drugs, or alcohol
- Eating problems, such as overeating, anorexia nervosa, or purging (bulimia)

If at all possible, please complete the survey at one sitting. That's because symptoms can fluctuate from day to day, and your therapist would like to see how you're feeling at one specific time. You'll also have the chance to track changes in key symptoms, such as depression or anxiety, over time during your treatment, using a few short scales.

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 an extreme loss of self-esteem, strong feelings of worthlessness, and 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 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. The therapist who interviews you will be happy to help you with that part.

<b>Feelings of Depression</b>						0—Not at all	1—Slightly	2—Moderately	3—Very	4—Extremely
<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>										
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								✓	
<b>5 items</b>	<b>0 – 4</b>	<b>5 – 8</b>	<b>9 – 12</b>	<b>13 – 16</b>	<b>17 – 20</b>	<b>Total →</b>				<b>17</b>

You'll notice that most tests have a range of scores at the bottom. This will help your therapist determine whether your symptoms are absent, mild, moderate, or severe.

**Current and Past Treatments**

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

---



---



---



---

2. Are you an outpatient at this time? Yes  No
3. Are you currently in the hospital for treatment? Yes  No
4. Are you a voluntary or involuntary patient? Voluntary  Involuntary
5. Are you receiving electroconvulsive therapy at this time? Yes  No
6. How many **different** psychiatric medications are you taking **at this time**? # of Meds

**Previous Treatments**

7. Approximately how many therapists have treated you in the past?
8. Approximately how many times have you been hospitalized for psychiatric problems?
9. How old were you when you experienced psychiatric problems for the first time?

**Please use numbers when you answer the next two questions. For example, if you've suffered from depression for 2 ½ months, you'd put 0 for years, 2 for months, and 15 for days.**

- | Years                | Months               | Days                 |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
10. About how long have you suffered from psychiatric problems?
- |                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|
11. About how long have you been treated for psychiatric problems?

**Legal Issues**

- |  | (0)<br>No            | (1)<br>Maybe         | (2)<br>Yes           |
|--|----------------------|----------------------|----------------------|
| 12. Are you currently receiving disability?                              | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 13. Are you currently seeking disability?                                | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 14. Are you currently involved in any lawsuits?                          | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 15. Do you have any legal problems, like being arrested or on probation? | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Part 2. Feelings about Change**

<b>Desire to Change*</b>	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 are feeling right now. <b>Please answer all of the items.</b>					
16. It's extremely important to me to overcome my problems and recover.					
17. I'd be willing to work hard to overcome my problems and recover.					
18. I have a strong desire to overcome my problems and recover.					
<b>Total →</b>					

<b>Willingness to Change*</b>	0 – Definitely not	1– Slightly willing	2 – Moderately willing	3 – Very willing	4 – Extremely willing
<b>Instructions.</b> 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. <b>Please answer all of the items.</b>					

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

19. Try new ways of relating to other people					
20. Talk things over with someone I'm not getting along with					
21. Examine my own role in a relationship problem or conflict					
22. Change my own behavior in order to develop a better relationship with someone I'm mad at					
23. Try a new and different activity, such as daily exercise					
24. Get started on a task I've been avoiding or putting off					
25. Make a plan for solving the problems in my life					
26. Face a problem I've been avoiding					
27. Confront my fears, even if it makes me very anxious					
28. Do something that makes me anxious if it will help me recover					
<b>Total →</b>					

**Part 3. Relationship Survey**

<b>Instructions.</b> Use checks (✓) to indicate whether you're having problems in any of the following areas. <b>Please answer all of the items.</b>	No	Maybe	Yes
--	----	-------	-----

**Concerns About My Life**

<b>29. School Problems:</b> I'm having academic difficulties or other problems at school.			
<b>30. Job Problems:</b> I'm having difficulties with my work or career.			
<b>31. Identity Problems:</b> I'm having difficulties with my goals in life, career choice, friendships, sexual identity, or personal values.			

**Concerns About My Relationships**

<b>32. Parent-Child Problems:</b> I'm having problems in my relationship with my child or parents.			
<b>33. Partner Problems:</b> I'm having problems in my marriage or in another close relationship.			
<b>34. Sibling Problems:</b> I'm having problems getting along with my brother or sister.			
<b>35. Other Relationship Problems:</b> I'm having problems getting along with someone outside my family, such as friends, neighbors, classmates, customers, or coworkers.			
<b>36. Illness in Family:</b> I'm having problems because a family member is suffering from a medical or psychiatric problem.			
<b>37. Grief:</b> I'm having problems because of the death of a loved one.			

**38.** When you take the Relationship Satisfaction Scale, think about your current romantic partner. If you're not currently in a romantic relationship, please think of one other individual you feel close to. Put a check (✓) on the list below to indicate who that person is. **Please put one check only.**

Spouse or partner	Mother	Son
	Father	daughter
	Brother	People in general
	Sister	Other

<b>Relationship Satisfaction Scale*</b> <b>Instructions.</b> Use checks (✓) to indicate how satisfied or dissatisfied you feel about your relationship with the person you selected above. Put his or her name here:  _____	Dissatisfied				Satisfied		
	0 – Very	1 – Moderately	2 – Slightly	3 – Neutral	4 – Slightly	5 – Moderately	6 – Very
<b>39.</b> Communication and openness							
<b>40.</b> Resolving conflicts and arguments							
<b>41.</b> Degree of affection and caring							
<b>42.</b> Intimacy and closeness							
<b>43.</b> Overall satisfaction							
<b>Total →</b>							

**Part 4. Mood Survey**

<b>Feelings of Depression</b>						0—Not at all	1—Slightly	2—Moderately	3—Very	4—Extremely
<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>										
44. Sad or down in the dumps										
45. Discouraged or hopeless										
46. Low self-esteem, inferiority, or worthlessness										
47. Loss of motivation to do things										
48. Loss of pleasure or satisfaction in life										
<b>5 items</b>	<b>0 – 4</b>	<b>5 – 8</b>	<b>9 – 12</b>	<b>13 – 16</b>	<b>17 – 20</b>	<b>Total →</b>				

<b>Major Depression*</b>						0—Not at all	1—Slightly	2—Moderately	3—Very	4—Extremely
<b>Instructions.</b> Use checks (✓) to indicate how much each item describes how you've been feeling <b>during the past two weeks.</b> <b>Please answer all of the items.</b>										

**Core Symptoms During the Past Two Weeks**

49. I've been feeling down or depressed nearly every day for the past two weeks.					
50. I've lost interest in nearly all pleasurable or rewarding activities during the past two weeks.					

**Other Symptoms During the Past Two Weeks**

51. Feeling hopeless					
52. Feeling sluggish, tired, fatigued					
53. Feeling guilty or worthless					
54. Feeling agitated, stressed, or restless					
55. Feelings of depression have been distressing or upsetting to me.					
56. Feelings of depression have been causing problems in my work, relationships, or activities.					

**Suicidal Urges During the Past Two Weeks**

57. At times, I've had thoughts or fantasies of killing myself.								
58. At times, I've had the urge to commit suicide.								
<b>10 items</b> (Error! Bookmark not defined.)	<b>0 – 8</b>	<b>9 – 16</b>	<b>17 – 24</b>	<b>25 – 32</b>	<b>33 – 40</b>	<b>Total #74 – #83 →</b>		

<b>Previous Episodes of Major Depression</b>	No	Maybe	Yes
59. Was there ever a time in your life when you felt sad, blue, or depressed every day for at least two weeks?			

<b>Chronic Depression (Dysthymic Disorder)*</b>						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 item describes how you've felt in the past two years. Please answer all of the items.										
60. I've felt depressed or unhappy on most days for the past two years.										
61. I've felt sad, blue, or down most of the time for the past two years.										
<b>2 items</b>	<b>0</b>	<b>1 – 2</b>	<b>3 – 4</b>	<b>5 – 6</b>	<b>7 – 8</b>	<b>Total →</b>				

<b>Previous Episodes of Chronic Depression</b>	No	Maybe	Yes
62. 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?			

<b>Mania and Hypomania Checklist*</b>						0—Not at all true	1—Slightly true	2—Moderately true	3—Very True	4—Completely true
<b>Instructions.</b> Indicate how much each statement describes how you've been feeling recently. Please answer all of the items.										
63. I've been feeling extremely worthwhile.										
64. I've had tremendously high self-esteem.										
65. I feel completely rested and full of energy after just a few hours of sleep.										
66. I'm much more talkative than usual.										
67. I've been feeling like talking almost constantly.										
68. My mind has been flooded with creative, exciting ideas.										
69. Almost everything seems to capture my attention.										
70. I've been extremely involved in a variety of projects and activities.										
71. I've been working on things and doing things constantly.										
72. I've had enormous energy.										
<b>10 items (Error! Bookmark not defined.)</b>	<b>0 – 8</b>	<b>9 – 16</b>	<b>17 – 24</b>	<b>25 – 32</b>	<b>33 – 40</b>	<b>Total →</b>				
			<b>Hypomania</b>	<b>Mania</b>						

<b>Dramatically Elevated or Irritable Mood*</b>	0—Not at all true	1—Slightly true	2—Moderately true	3—Very True	4—Completely true
<b>Instructions.</b> Indicate how much each statement describes how you've been feeling recently. Please answer all of the items.					

**Recent Euphoric Mood**

73. I've been feeling incredibly joyous or euphoric.						
74. I feel excited and enthusiastic about practically everything.						
75. I feel far happier and more cheerful than usual.						
<b>3 items (Error! Bookmark not defined.)</b>	0 – 3	4 – 6	7 – 8	9 – 10	11 – 12	<b>Total →</b>

**Recent Irritable Mood**

76. I've been feeling unusually irritable.						
77. I've been feeling unusually angry.						
78. I've been feeling unusually aggressive.						
<b>3 items (Error! Bookmark not defined.)</b>	0 – 3	4 – 6	7 – 8	9 – 10	11 – 12	<b>Total →</b>

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

<b>Euphoric Feelings—During the past month, have you felt</b>	No	Maybe	Yes
79. Incredibly joyous or euphoric all day long, every day, for at least four days in a row?			
80. Incredibly joyous or euphoric all day long, every day, for at least one week?			
81. Were you taking drugs or alcohol when you had these kinds of feelings?			
<b>Angry or Irritable—During the past month, have you felt</b>	No	Maybe	Yes
82. Excessively irritable all day long, every day, for at least four days in a row?			
83. Excessively irritable all day long, every day, for at least one week?			
84. Were you taking drugs or alcohol when you had these kinds of feelings?			
<b>Lifetime Screening—At any time during your life, have you felt</b>	No	Maybe	Yes
85. Incredibly joyous or euphoric all day long, every day, for at least four days in a row?			
86. Incredibly joyous or euphoric all day long, every day, for at least one week?			
87. Excessively irritable all day long, every day, for at least four days in a row?			
88. Excessively irritable all day long, every day, for at least one week?			
89. Were you taking drugs or alcohol when you had these symptoms?			

**Part 5. Anxiety Survey**

<b>Anxious Feelings*</b>						0—Not at all	1—Slightly	2—Moderately	3—Very	4—Extremely
<b>Instructions.</b> Use checks (✓) to indicate how you've been feeling recently. <b>Please answer all of the items.</b>										
90. Anxious										
91. Nervous										
92. Worried										
93. Frightened or apprehensive										
94. Tense or on edge										
<b>5 items</b>	<b>0 – 4</b>	<b>5 – 8</b>	<b>9 – 12</b>	<b>13 – 16</b>	<b>17 – 20</b>	<b>Total →</b>				

<b>Anxious Physical Symptoms*</b>						0—Not at all	1—Slightly	2—Moderately	3—Very	4—Extremely
<b>Instructions.</b> Use checks (✓) to indicate how strong each type of symptom is when you're feeling worried, anxious or panicky. <b>Please answer all of the items.</b>										
95. Skipping, racing, or pounding of the heart										
96. Sweating, chills, or hot flushes										
97. Trembling or shaking										
98. Feeling short of breath or difficulty breathing										
99. Feeling like you're choking										
100. Pain or tightness in the chest										
101. Butterflies, nausea, or upset stomach										
102. Feeling dizzy, lightheaded, or off-balance										
103. Feeling like you're unreal or the world is unreal										
104. Numbness or tingling sensations										
<b>10 items</b>	<b>0 – 8</b>	<b>9 – 16</b>	<b>17 – 24</b>	<b>25 – 32</b>	<b>33 – 40</b>	<b>Total →</b>				

**Other Physical Symptoms You've Experienced Recently**

105. Poor appetite										
106. Overeating										
107. Trouble sleeping										
108. Sleeping too much										
109. Trouble concentrating or making decisions										
<b>Total →</b>										

<b>Chronic Worrying*</b>						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>										
110. I worry about things a lot.										
111. I tend to worry all day long.										
112. I feel stressed, anxious, or nervous most of the time.										
113. I often worry about things like work, health, finances, school, or family.										
114. Once I start worrying, I can't seem to stop.										
115. I've been worrying about things more days than not for the past six months.										
116. When I worry, I have symptoms such as:										
<ul style="list-style-type: none"> <li>• Feeling restless or on edge</li> <li>• Tiredness</li> <li>• Muscle tension</li> <li>• Irritability</li> <li>• Trouble concentrating</li> <li>• Trouble sleeping</li> </ul>										
117. The worrying is upsetting to me.										
118. The worrying makes it hard for me to relax and enjoy life.										
119. I worry about things even when I'm not depressed.										
<b>10 items</b>	<b>0 – 8</b>	<b>9 – 16</b>	<b>17 – 24</b>	<b>25 – 32</b>	<b>33 – 40</b>	<b>Total →</b>				

<b>Panic Attacks*</b>						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>										
120. I have sudden attacks of terror or panic that come from out of the blue.										
121. I sometimes experience sudden, unexpected feelings of overwhelming fear.										
122. The panic attacks are usually totally unexpected.										
123. During the panic attacks I feel like I'm about to die, faint, go crazy, or lose control.										
124. During the panic attacks I have intense physical symptoms, such as dizziness, tingling, racing heart, tight muscles, or feeling short of breath.										
125. The panic attacks become absolutely terrifying within ten minutes or less.										
126. The panic attacks are upsetting or cause problems in my life.										
127. Between attacks, I often worry that something might be wrong with me.										
128. I often worry about having another panic attack.										
129. I avoid going to certain places or doing certain activities because of my panic attacks, or because of my fear of having another panic attack.										
<b>10 items</b>	<b>0 – 8</b>	<b>9 – 16</b>	<b>17 – 24</b>	<b>25 – 32</b>	<b>33 – 40</b>	<b>Total →</b>				

<b>Specific Fears During Panic Attacks*</b>						0—Not at all	1—Slightly	2—Moderately	3—Very	4—Extremely
<b>Instructions.</b> Use checks (✓) to indicate how strong each of these feelings is during your panic attacks. <b>Please answer all of the items.</b>										
<b>During panic attacks, I feel like I'm about to:</b>										
130. Faint, pass out, or have a stroke										
131. Have a heart attack or die										
132. Smother or suffocate										
133. Crack up, go crazy, or lose my mind										
134. Lose control										
<b>Total score does not apply. (Error! Bookmark not defined.)</b>						<b>Total →</b>				

<b>Frequency of Panic Attacks*</b>							
	(0) None	(1) One panic attack	(2) Several	(3) Once a week	(4) Several times a week	(5) Once a day	(6) Several times a day
135. <b>Instructions.</b> Use a check (✓) to indicate how many panic attacks you've had in the past month.							

<b>Fear of Being Away from Home Alone (Agoraphobia)*</b>						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>										
136. I'm afraid of being away from home alone.										
137. I'm afraid that something terrible might happen if I'm away from home alone.										
138. I'm afraid I'll panic if I'm away from home alone.										
139. I'm afraid of being alone in places where no help is available.										
140. I'm afraid of being in crowds, stores, bridges, elevators, open places, or riding in cars or any form of public transportation.										
141. I avoid being away from home alone because I get so frightened.										
142. It's easier to be away from home alone if I'm with a trusted companion.										
143. My fear of being away from home alone is upsetting to me.										
144. My fear of being away from home alone causes problems in my life.										
145. My fear of being away from home alone limits my activities.										
<b>10 items</b>	<b>0 – 8</b>	<b>9 – 16</b>	<b>17 – 24</b>	<b>25 – 32</b>	<b>33 – 40</b>	<b>Total →</b>				

<b>Feared Situations*</b>						0—Not at all	1—Slightly	2—Moderately	3—Very	4—Extremely
<b>Instructions.</b> Use checks (✓) to indicate how strongly you fear each of the following situations. <b>Please answer all of the items.</b>										
146. Being in a crowd or standing in line										
147. Busy stores, restaurants, theaters										
148. Bridges, elevators, parking garages, churches, auditoriums, stadiums										
149. Open places like a field or street										
150. Trains, buses, subways, cars, or boats										

<b>Current Episode</b>		No	Maybe	Yes
151. I've been bothered by the fear of being away from home alone during the past month.				
152. I've been bothered by the fear of being in the situations listed above during the past month.				

<b>Screening for Fears and Phobias*</b>	No	Maybe	Yes
<b>Instructions.</b> Use checks (✓) to indicate whether any of these fears or phobias bother you. <b>Please answer all of the items.</b>			
<b>153. Animals:</b> Fear of dogs, rats, snakes, insects, bugs			
<b>154. Environment:</b> Fear of heights, storms, lightning, water			
<b>155. Transportation:</b> Fear of flying, driving, public transportation			
<b>156. Claustrophobia:</b> Fear of closed places such as elevators, tunnels, bridges, or hallways			
<b>157. Blood or injury:</b> Fear of needles, injuries, blood, or gore			

Other phobias (describe)

---



---



---



---

<b>Distress from Fears and Phobias</b>						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 strongly you're bothered by any fears or phobias from the list you just completed. <b>Please answer all of the items.</b>										
158. My fears or phobias are upsetting and cause problems in my life.										
159. My fears and phobias seem excessive, irrational, or unreasonable.										
160. I sometimes feel ashamed of my fears or phobias.										
161. I nearly always try to avoid confronting my fears or phobias.										
162. If I have to face my fears or phobias, it always causes intense anxiety.										
<b>5 items</b> (Error! Bookmark not defined.)	<b>0 – 4</b>	<b>5 – 8</b>	<b>9 – 12</b>	<b>13 – 16</b>	<b>17 – 20</b>	<b>Total #183 - #187→</b>				

<b>Current Episode</b>	No	Maybe	Yes
<b>163.</b> I've been bothered by fears and phobias in the past month.			

<b>Shyness*</b>						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>										
164. I often feel nervous, self-conscious, or embarrassed in social situations.										
165. I often feel uncomfortable or insecure around other people.										
166. I often feel shy or anxious in social situations.										
167. I worry that people might notice how anxious or embarrassed I feel.										
168. I avoid social situations because I feel so awkward or anxious.										
169. My shyness in social situations seems excessive.										
170. My shyness seems excessive, irrational, or unreasonable.										
171. When I'm in the kinds of social situations that make me feel uncomfortable, I nearly always feel anxious or nervous.										
172. My shyness is upsetting to me.										
173. My shyness causes problems in my work, social life, or other activities.										
<b>10 items</b>	<b>0 – 8</b>	<b>9 – 16</b>	<b>17 – 24</b>	<b>25 – 32</b>	<b>33 – 40</b>	<b>Total →</b>				

<b>Current Episode</b>	No	Maybe	Yes
174. I've been bothered by anxiety or insecurity in social situations during the past month.			

<b>Specific Types of Social Anxiety*</b>						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>										

**Shy Bladder Syndrome**

175. I get nervous about having to urinate (pee) in a public restroom.										
176. I freeze up if I have to urinate (pee) in a public restroom.										
177. It's hard to urinate if I think other people are watching or listening.										
178. My anxiety about urinating in a public restroom is upsetting to me.										
179. I avoid urinating around other people because of my anxiety.										
<b>5 items</b>	<b>0 – 4</b>	<b>5 – 8</b>	<b>9 – 12</b>	<b>13 – 16</b>	<b>17 – 20</b>	<b>Total →</b>				

**Test Anxiety**

180. I get anxious or nervous before I take tests.										
181. I get so nervous about tests that I can barely study or concentrate.										
182. I freeze up whenever I have to take a test.										
183. My test anxiety is upsetting to me.										
184. Whenever possible, I avoid taking tests because of my test anxiety.										
<b>5 items</b>	<b>0 – 4</b>	<b>5 – 8</b>	<b>9 – 12</b>	<b>13 – 16</b>	<b>17 – 20</b>	<b>Total →</b>				

**Public Speaking Anxiety**

185. Giving a talk in front of a group of people would make me feel nervous.										
186. I'm afraid I'd look anxious or foolish if I had to give a talk in front of others.										
187. I don't like having to give talks in public.										
188. My difficulties with public speaking are upsetting to me.										
189. I avoid public speaking because it makes me so nervous.										
<b>5 items</b>	<b>0 – 4</b>	<b>5 – 8</b>	<b>9 – 12</b>	<b>13 – 16</b>	<b>17 – 20</b>	<b>Total →</b>				

**Performance Anxiety**

190. Performing in front of an audience would make me nervous or anxious.										
191. Being on a radio or TV show would make me nervous or anxious.										
192. Having to perform in a musical or athletic event would make me anxious.										
193. My performance anxiety is upsetting to me.										
194. I avoid competing or performing in public because of my anxiety.										
<b>5 items</b>	<b>0 – 4</b>	<b>5 – 8</b>	<b>9 – 12</b>	<b>13 – 16</b>	<b>17 – 20</b>	<b>Total →</b>				

**Obsessions and Compulsions (OCD)\***

<b>Obsessive Thoughts</b>	No	Maybe	Yes
<b>Instructions.</b> Use checks (✓) to indicate how you've been feeling recently. <b>Please answer all of the items.</b>			
195. Upsetting or disturbing thoughts go through my head over and over again.			
196. Once I get these upsetting thoughts, I can't seem to get rid of them.			
197. I worry about contamination from germs, sticky substances, dirt, or bodily secretions, such as urine, feces, or semen.			
198. I'm bothered by fears of losing control and harming others.			
199. I get upset when things are messy or not in a certain order.			
200. I'm afraid that I'll confess to a crime that I haven't committed or blurt out something embarrassing or obscene in public.			
201. I worry that I'll be responsible for a terrible event, like a fire, a terrible illness, or an accident.			
202. I worry that harm will come to others if I don't perform certain rituals.			
203. I'm plagued or tormented by forbidden or perverse sexual thoughts.			

204. I have other kinds of obsessive thoughts. (describe)

---



---



---

<b>Time Spent Obsessing</b>	No time	5 minutes or less	5—10 minutes	10—30 minutes	30—60 minutes	1—2 hours	3—5 hours	Over 5 hours
205. On average, how much time do you spend each day having obsessive thoughts?								

<b>Compulsive Rituals</b>	No	Maybe	Yes
<b>Instructions.</b> Use checks (✓) to indicate how you've been feeling recently. <b>Please answer all of the items.</b>			

**I often feel a powerful urge to—**

206. Perform certain rituals when I get anxious.			
207. Perform certain rituals when I groom myself or clean the house.			
208. Perform certain mental acts, such as counting things, praying, or repeating words silently.			
209. Arrange things in a certain way or do things in a particular order.			
210. Repeat certain actions over and over, such as washing my hands or checking to make sure that the doors are locked.			
211. Hoard things that most people wouldn't keep (old newspapers, magazines, etc.)			
212. I feel like something terrible will happen if I don't perform these rituals.			

I feel the urge to perform other kinds of rituals: (describe)

---



---



---

<b>Time Spent with Compulsive Rituals</b>	No time	5 minutes or less	5—10 minutes	10—30 minutes	30—60 minutes	1—2 hours	3—5 hours	Over 5 hours
213. On average, how much time do you spend each day doing compulsive rituals?								

<b>Distress from Obsessions and Compulsions</b>						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 feel about your obsessions or compulsions. <b>Please answer all of the items.</b>										
214. My obsessions or compulsions are upsetting to me.										
215. My obsessions or compulsions cause problems in my life.										
216. My obsessions or compulsions seem excessive.										
217. My obsessions or compulsions seem irrational or unreasonable.										
218. My obsessions or compulsions interfere with my life.										
<b>5 items</b>	<b>0 – 4</b>	<b>5 – 8</b>	<b>9 – 12</b>	<b>13 – 16</b>	<b>17 – 20</b>	<b>Total →</b>				

<b>Current Episode</b>	No	Maybe	Yes
219. I've been bothered by obsessive thoughts during the past month.			
220. I've engaged in compulsive rituals during the past month.			

**Part 6. Stressful or Traumatic Events**

<b>Post-Traumatic Stress Disorder (PTSD) *</b>						0—Not at all true	1—Slightly true	2—Moderately true	3—Very True	4—Completely true
<p><b>Instructions.</b> Use checks (✓) to indicate whether you've been exposed to a terrifying, traumatic event, and how you've been feeling since that time. <b>Please answer all of the items.</b></p>										

**Exposure to a Traumatic Event**

221. I've experienced or witnessed a terrifying, horrific event such as murder, serious injury, torture, rape, or a threat to my life or someone else's life.										
222. I felt intensely afraid, helpless, or horrified when this event occurred.										
<b>2 items</b> (Error! Bookmark not defined.)	0	1 – 2	3 – 4	5 – 6	7 – 8	<b>Total →</b>				

**Persistent Memories of the Event**

223. Upsetting memories of the traumatic event come into my mind over and over.										
224. I have upsetting dreams about the traumatic event.										
225. I sometimes have flashbacks and feel like the event is happening again.										
226. I get upset whenever I think about the event or whenever I'm reminded of it.										
227. I have strong physical sensations, such as increased heart rate or sweating, or breathing more rapidly, when I'm reminded about the event.										

**Loss of Interest in Life**

228. I've lost interest in life.										
229. I often feel isolated or alienated from other people.										
230. I feel numb and unable to experience love, pleasure, and happiness.										
231. I often feel like I have no future.										
232. I have trouble concentrating.										
<b>10 items</b> (Error! Bookmark not defined.)	0 – 8	9 – 16	17 – 24	25 – 32	33 – 40	<b>Total #248 – #257 →</b>				

**Duration of PTSD**

	<b>Years</b>	<b>Months</b>
233. How long have you experienced these kinds of symptoms? If unsure, just make your best guess.		

**Current Episode**

	<b>No</b>	<b>Maybe</b>	<b>Yes</b>
234. I've been bothered by these kinds of memories, upsetting feelings, and symptoms during the past month.			

**Personally Traumatic Experiences**

**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 in this column

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

<b>Distress from Stressful Events (Adjustment Disorder)*</b>						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>										
235. During the past six months, I've experienced an upsetting event, such as problems at work or school, marital problems, divorce, a natural disaster, medical problems, or the loss of a loved one.										
236. I've felt anxious, worried, or nervous ever since the upsetting event.										
237. I've felt down and depressed ever since the upsetting event.										
238. I've been feeling distressed and upset about the stressful event.										
239. I've had problems with my work or relationships ever since the event.										
<b>5 items</b>	<b>0 – 4</b>	<b>5 – 8</b>	<b>9 – 12</b>	<b>13 – 16</b>	<b>17 – 20</b>	<b>Total →</b>				

**Part 7. Somatic Concerns**

<b>Concerns About Your Appearance*</b>						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>										
240. I feel like there's something abnormal or grotesque about my appearance.										
241. I frequently worry that I look ugly or repulsive.										
242. I spend a great deal of time worrying about how I look.										
243. If other people told me that they couldn't see anything wrong with how I look, I wouldn't believe them.										
244. I feel upset or embarrassed about my physical appearance.										
<b>5 items</b>	<b>0 – 4</b>	<b>5 – 8</b>	<b>9 – 12</b>	<b>13 – 16</b>	<b>17 – 20</b>	<b>Total →</b>				

**Health Concerns\***

245. I often worry that I have a serious medical problem or disease.										
246. I worry about aches, pains, fatigue, dizziness, racing heart, or other symptoms.										
247. I've been to doctors because of my medical symptoms many times, but they say that I don't have any real medical problems.										
248. When my doctors say there's nothing medically wrong, I don't believe them.										
249. My worries about my health are upsetting to me.										
<b>5 items</b>	<b>0 – 4</b>	<b>5 – 8</b>	<b>9 – 12</b>	<b>13 – 16</b>	<b>17 – 20</b>	<b>Total →</b>				

**Current Pain\***

250. Please circle the number that shows how much physical pain you feel **RIGHT NOW**.

0	1	2	3	4	5	6	7	8	9	10
None	← A little pain →		← Moderate pain →			← Intense pain →			Worst	

251. Please circle the number that shows how severe your physical pain is **RIGHT NOW**.

0	1	2	3	4	5	6	7	8	9	10
None	← A little pain →		← Moderate pain →			← Intense pain →			Worst	

<b>2 items</b>	<b>0</b>	<b>1 – 5</b>	<b>6 – 12</b>	<b>13 – 17</b>	<b>18 – 20</b>	<b>Total →</b>		
----------------	----------	--------------	---------------	----------------	----------------	----------------	--	--

**Recent Pain\***

252. Please circle the number that shows how much physical pain you've experienced **RECENTLY**.

0	1	2	3	4	5	6	7	8	9	10
None	← A little pain →		← Moderate pain →			← Intense pain →			Worst	

253. Please circle the number that shows how severe your physical pain has been **RECENTLY**.

0	1	2	3	4	5	6	7	8	9	10
None	← A little pain →		← Moderate pain →			← Intense pain →			Worst	

<b>2 items</b>	<b>0</b>	<b>1 – 5</b>	<b>6 – 12</b>	<b>13 – 17</b>	<b>18 – 20</b>	<b>Total →</b>		
----------------	----------	--------------	---------------	----------------	----------------	----------------	--	--

<b>Emotional Impact of Pain*</b>						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>										
254. Physical pain is one of the reasons I am receiving psychiatric or psychological treatment.										
255. My doctors have had trouble figuring out what's causing the pain.										
256. Physical pain is causing a great deal of emotional distress for me.										
257. Physical pain is causing problems in my life.										
258. At least one person has suggested that negative feelings or personal problems might contribute to my physical pain.										
<b>5 items</b>	<b>0 – 4</b>	<b>5 – 8</b>	<b>9 – 12</b>	<b>13 – 16</b>	<b>17 – 20</b>	<b>Total →</b>				

**Part 8. Habits and Addictions**

<b>Gambling Screening</b>	(0) No	(1) Maybe	(2) Yes
259. Do you have strong urges to gamble?			
260. Have you ever felt that excessive gambling was a problem for you?			
261. Have you ever felt guilty or anxious about your gambling?			
262. Has anyone ever said that gambling may be a problem for you?			
<b>Total →</b>			

<b>Gambling Problems*</b>						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>										
263. I'm preoccupied with gambling.										
264. I've tried unsuccessfully to stop or cut down.										
265. Gambling is a way of escaping from my personal problems or coping with feelings of unhappiness and stress.										
266. After losing money, I come back the next day to "chase" my losses.										
267. I've lied to people about the extent of my gambling.										
<b>5 items</b>	<b>0 – 4</b>	<b>5 – 8</b>	<b>9 – 12</b>	<b>13 – 16</b>	<b>17 – 20</b>	<b>Total →</b>				

<b>Other Impulsive Urges*</b>	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 problems with any of the following urges or habits. <b>Please answer all of the items.</b>					
268. Shoplifting					
269. Hair-pulling					
270. Setting fires					
271. Excessive shopping					
272. Skin-picking					
273. Risky or compulsive sexual behavior					
274. Self-mutilation (such as cutting or burning yourself)					
275. Violence toward others					

276. Other (please describe)

---



---



---



---

<b>Cravings and Urges to Use Drugs or Alcohol*</b>	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>					
277. Sometimes I think about drinking or getting high.					
278. Sometimes I daydream about drinking or getting high.					
279. Sometimes I fantasize about using drugs or alcohol.					
280. Sometimes I crave drugs or alcohol.					
281. Sometimes I feel tempted to use drugs or alcohol.					
282. Sometimes I have the urge to use drugs or alcohol.					
283. Sometimes I really want to use drugs or alcohol.					
284. Sometimes I really want to get high.					
285. Sometimes it's hard to resist the urge to use drugs or alcohol.					
286. Sometimes I have to struggle with the temptation to use drugs or alcohol.					
<b>10 items</b>	<b>0 – 8</b>	<b>9 – 16</b>	<b>17 – 24</b>	<b>25 – 32</b>	<b>33 – 40</b>
<b>Total →</b>					

**Alcohol Screening\***

						0—No	1—Maybe	2—Probably	3—Definitely
287. Recently, have you used alcohol excessively?									
288. Was there ever a time in your life when you used alcohol excessively?									
289. Did you ever feel that you might have a problem with alcohol?									
290. Has anyone ever suggested that you might have a problem with alcohol?									
291. Did you ever feel guilty, angry, or defensive when people discussed your drinking?									
items	0 – 1	2 – 4	5 – 6	7 – 8	9 – 10	Total →			

<b>Alcohol Survey—How Often Do You Drink?*</b> <b>Instructions.</b> Use a check (✓) to indicate how often you've used alcohol during the past month. If unsure, take your best guess. Include beer, wine, or hard liquor.	Days / Week							
	0 days	1 day	2 days	3 days	4 days	5 days	6 days	Every day
Think of the time when you were drinking the most during—								
292. The past month								
293. The past year								
294. At any time during your life								

<b>Alcohol Survey—</b> <b>How Much Do You Drink in One Day?*</b> <b>Instructions.</b> Use a check (✓) to indicate the most alcohol you consumed in a single day during the past month. Include beer, wine, or hard liquor.  One drink = 12 ounces of beer; 4 - 5 ounces of wine; or 1.25 ounces of liquor. One cocktail = 1 or 3 drinks, or more, depending on how much alcohol you put in it.	Most drinks in one day						
	0 drinks	1 drink or less	2 drinks	3 drinks	4 or 5 drinks	6—10 drinks	More than 10
How many drinks did you drink in one day? Think of the time when you were drinking the most during—							
295. The past month							
296. The past year							
297. At any time during your life							

\* Copyright © 1998 by David D. Burns, M.D. Revised 2008.

<b>Alcohol Abuse*</b>						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 or alcohol. <b>Please answer all of the items.</b>										
<b>Have you ever—</b>										
298.	Missed school or work because of alcohol?									
299.	Gone to school or work when you were high from alcohol?									
300.	Had problems at school or work because of your alcohol use?									
301.	Had problems at home because of alcohol?									
302.	Failed to perform personal responsibilities because you were using alcohol?									
303.	Driven a vehicle when you were high on alcohol?									
304.	Had blackouts or forgotten what you did when you were high on alcohol?									
305.	Had problems in your relationships with others because you were using alcohol?									
306.	Felt depressed because you were using alcohol?									
307.	Gotten angry or violent when you were using alcohol?									
<b>10 items</b>	<b>0 – 8</b>	<b>9 – 16</b>	<b>17 – 24</b>	<b>25 – 32</b>	<b>33 – 40</b>	<b>Total →</b>				

<b>Alcohol Dependence*</b>						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 or alcohol. <b>Please answer all of the items.</b>										
308.	Have you found that the same amount alcohol no longer makes you high?									
309.	Have you had to take more and more alcohol in order to get high?									
310.	Did you ever have to drink to prevent withdrawal symptoms?									
311.	Have you ever spent more time drinking than you intended?									
312.	Has it ever been hard to cut down or stop using alcohol?									
313.	Have you ever tried unsuccessfully to stop using alcohol?									
314.	Have you ever spent a great deal of time using alcohol?									
315.	Have you ever spent a great deal of time obtaining alcohol?									
316.	Have you ever used alcohol even though it was causing significant health problems?									
317.	Have you ever continued to drink even though it was causing emotional, legal, or relationship problems, or other problems in your life?									
<b>10 items</b>	<b>0 – 8</b>	<b>9 – 16</b>	<b>17 – 24</b>	<b>25 – 32</b>	<b>33 – 40</b>	<b>Total →</b>				

**Street Drugs and Prescription Medications**

**Note:** These questions refer to street drugs, such as marijuana, cocaine, speed, ecstasy, and heroin, as well as drugs your doctor has prescribed, such as painkillers, stimulants, tranquilizers, or sleeping pills.

						0—No	1—Maybe	2—Probably	3—Definitely
318. Have you been using drugs excessively recently?									
319. Was there ever a time in your life when you used drugs excessively?									
320. Did you ever feel that you might have a problem with drugs?									
321. Has anyone ever suggested that you might have a problem with drugs?									
322. Did you ever feel guilty, angry, or defensive when people discussed your use of drugs?									
<b>items</b>	<b>0 – 1</b>	<b>2 – 4</b>	<b>5 – 6</b>	<b>7 – 8</b>	<b>9 – 10</b>	<b>Total →</b>			

<b>Drugs Used During the Past Month*</b>	<b>Days Per Week</b>							
	0 days	1 day	2 days	3 days	4 days	5 days	6 days	Every day
<b>Instructions.</b> Use checks (✓) to indicate how often you've used each type of drug during the past month, even if prescribed. If unsure, take your best guess. <b>Please answer all of the items.</b>								

Think of the time when you were using drugs the most during the past month. How often did you use—

323. Marijuana or hashish								
324. Cocaine or crack								
325. Speed (ice, crank, crystal, amphetamines, meth, uppers, diet pills or other stimulants)								
326. Downers (valium, reds, sedatives, sleeping pills)								
327. Opiates (heroin, codeine, Percodan, Demerol)								
328. Hallucinogens (acid, LSD, mushrooms, PCP)								
329. Glue, spray paint, inhalants								
330. Other drugs (ecstasy, PCP, designer drugs)								

<b>Drugs Used During the Past Year*</b>	<b>Days Per Week</b>							
	<b>0 days</b>	<b>1 day</b>	<b>2 days</b>	<b>3 days</b>	<b>4 days</b>	<b>5 days</b>	<b>6 days</b>	<b>Every day</b>

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

Think of the time when you were using drugs the most during the past year. How often did you use—

<b>331.</b> Marijuana or hashish								
<b>332.</b> Cocaine or crack								
<b>333.</b> Speed (ice, crank, crystal, amphetamines, meth, uppers, diet pills or other stimulants)								
<b>334.</b> Downers (valium, reds, sedatives, sleeping pills)								
<b>335.</b> Opiates (heroin, codeine, Percodan, Demerol)								
<b>336.</b> Hallucinogens (acid, LSD, mushrooms, PCP)								
<b>337.</b> Glue, spray paint, inhalants								
<b>338.</b> Other drugs (ecstasy, PCP, designer drugs)								

<b>Drugs Used During Your Life*</b>	<b>Days Per Week</b>							
	<b>0 days</b>	<b>1 day</b>	<b>2 days</b>	<b>3 days</b>	<b>4 days</b>	<b>5 days</b>	<b>6 days</b>	<b>Every day</b>

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

Think of the time when you were using drugs the most during your life. How often did you use—

<b>339.</b> Marijuana or hashish								
<b>340.</b> Cocaine or crack								
<b>341.</b> Speed (ice, crank, crystal, amphetamines, meth, uppers, diet pills or other stimulants)								
<b>342.</b> Downers (valium, reds, sedatives, sleeping pills)								
<b>343.</b> Opiates (heroin, codeine, Percodan, Demerol)								
<b>344.</b> Hallucinogens (acid, LSD, mushrooms, PCP)								
<b>345.</b> Glue, spray paint, inhalants								
<b>346.</b> Other drugs (ecstasy, PCP, designer drugs)								

<b>Drug Abuse*</b>						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 or alcohol. <b>Please answer all of the items.</b>										
<b>Have you ever—</b>										
347. Missed school or work because of drugs?										
348. Gone to school or work when you were high from drugs?										
349. Had problems at school or work because of your drug use?										
350. Had problems at home because of drugs?										
351. Failed to perform personal responsibilities because you were using drugs?										
352. Driven a vehicle when you were high on drugs?										
353. Had blackouts or forgotten what you did when you were high on drugs?										
354. Had problems in your relationships with others because you were using drugs?										
355. Felt depressed because you were using drugs										
356. Gotten angry or violent when you were using drugs?										
<b>10 items</b>	<b>0 – 8</b>	<b>9 – 16</b>	<b>17 – 24</b>	<b>25 – 32</b>	<b>33 – 40</b>	<b>Total →</b>				

<b>Drug Dependence*</b>						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 or alcohol. <b>Please answer all of the items.</b>										
357. Have you found that the same amount of drugs no longer makes you high?										
358. Have you had to take more and more drugs in order to get high?										
359. Did you ever have to use drugs to prevent withdrawal symptoms?										
360. Have you ever spent more time using drugs than you intended?										
361. Has it ever been hard to cut down or stop using drugs?										
362. Have you ever tried unsuccessfully to stop using drugs?										
363. Have you ever spent a great deal of time using drugs?										
364. Have you ever spent a great deal of time obtaining drugs?										
365. Have you ever used drugs even though they were causing significant health problems?										
366. Have you ever continued to use drugs even though they were causing emotional, legal, or relationship problems, or other problems in your life?										
<b>10 items</b>	<b>0 – 8</b>	<b>9 – 16</b>	<b>17 – 24</b>	<b>25 – 32</b>	<b>33 – 40</b>	<b>Total →</b>				

**Part 9. Eating Problems**

<b>Screening for Any Eating Disorder</b>	No	Maybe	Yes
367. Has anyone ever suggested that you had an eating disorder?			
368. Have you ever thought that you had an eating disorder?			

<b>Screening for Overeating</b>	No	Maybe	Yes
369. Have you ever had a problem with overeating?			
370. Have you ever had a problem with binge eating?			

<b>Attitudes about Eating*</b>	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**

371. I have intense fears of gaining weight.					
372. I worry a lot about getting fat.					
373. I'm extremely afraid of being overweight.					
374. I'm afraid of slipping up and losing control of my eating.					
375. I'm afraid that if I gained even a little weight, my eating would spiral out of control.					

**Moral Judgments**

376. I'd look down on myself if I gained weight.					
377. I could not accept myself if I gained weight.					
378. I believe that gaining weight is a personal failure.					
379. If I gained any weight, I'd feel disgusted and sickened.					
380. Lack of control over eating is a sign of weakness.					

10 items	0 – 8	9 – 16	17 – 24	25 – 32	33 – 40	<b>Total #396 – #405 →</b>	
----------	-------	--------	---------	---------	---------	----------------------------	--

**Your Weight, Height, and Ideal Weight**

381. How tall are you?  Feet  Inches

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

383. How much would you like to weigh? (Personal Ideal Weight)  Pounds

384. Fill in your ideal weight from the chart below.  –  Pounds

**Ideal Body Weight for Women and Men Aged 25 – 59\***

(Assumes 3 pounds for clothing and shoes with 1" heels)

Height Feet Inches	Women			Men		
	Small Frame	Medium Frame	Large Frame	Small Frame	Medium Frame	Large Frame
4' 10"	102-111	109-121	118-131			
4' 11"	103-113	111-123	120-134			
5' 0"	104-115	113-126	122-137			
5' 1"	106-118	115-129	125-140			
5' 2"	108-121	118-132	128-143	128-134	131-141	138-150
5' 3"	111-124	121-135	131-147	130-136	133-143	140-153
5' 4"	114-127	124-138	134-151	132-138	135-145	142-156
5' 5"	117-130	127-141	137-155	134-140	137-148	144-160
5' 6"	120-133	130-144	140-159	136-142	139-151	146-164
5' 7"	123-136	133-147	143-163	138-145	142-154	149-168
5' 8"	126-139	136-150	146-167	140-148	145-157	152-172
5' 9"	129-142	139-153	149-170	142-151	148-160	155-176
5' 10"	132-145	142-156	152-173	144-154	151-163	158-180
5' 11"	135-148	145-159	155-176	146-157	154-166	161-184
6' 0"	138-151	148-162	158-179	149-160	157-170	164-188
6' 1"				152-164	160-174	168-192
6' 2"				155-168	164-178	172-197
6' 3"				158-172	167-182	176-202
6' 4"				162-176	171-187	181-207

\* I would like to thank Matt Johnson, Founder/CEO of [www.changingshape.com](http://www.changingshape.com), for permission to reproduce this chart from their website.

<b>Anorexia Screening*</b>	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>					

**Current Anorexia (Error! Bookmark not defined.)**

385. Some people think that I'm too thin.										
386. People have told me that I'm too thin and weigh much less than they think I should.										
387. People tell me that I should eat more or gain weight.										
<b>3 items</b>	<b>0</b>	<b>1 – 2</b>	<b>3 – 4</b>	<b>5</b>	<b>6</b>	<b>Total →</b>				

**Past Anorexia (Error! Bookmark not defined.)**

388. Was there ever a time when you were too thin?										
389. Was there ever a time when people told you that you were too thin?										
390. Was there ever a time when people told you that you should eat more or gain weight?										
<b>3 items</b>	<b>0</b>	<b>1 – 2</b>	<b>3 – 4</b>	<b>5</b>	<b>6</b>	<b>Total →</b>				

**For Women Only**

	<b>True</b>	<b>Maybe</b>	<b>False</b>
391. I haven't had my menstrual period for at least three months.			
392. I believe that I'm pregnant.			
393. I'm experiencing menopause or I'm post-menopausal.			

<b>Bulimia*</b>						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>										

**Purging**

394. I sometimes vomit after I eat so that I won't gain weight.										
395. I sometimes binge and then vomit so I won't gain weight.										
396. I sometimes use enemas so I won't gain weight.										
397. I sometimes use laxatives or diuretics so I won't gain weight.										
<b>4 items</b> (Error! Bookmark not defined.)	<b>0 – 3</b>	<b>4 – 7</b>	<b>8 – 10</b>	<b>11 – 13</b>	<b>14 – 16</b>	<b>Total →</b>				

**Restricting**

398. I skip meals to avoid gaining weight.										
399. I sometimes avoid eating for more than a day to avoid gaining weight.										
400. I restrict calories while eating to avoid gaining weight.										
401. I exercise a great deal to avoid gaining weight.										
<b>4 items</b> (Error! Bookmark not defined.)	<b>0 – 3</b>	<b>4 – 7</b>	<b>8 – 10</b>	<b>11 – 13</b>	<b>14 – 16</b>	<b>Total →</b>				

**Diet Pills**

402. I sometimes take diet pills to reduce my cravings for food.										
403. I sometimes take stimulants to reduce my cravings for food.										
<b>2 items</b> (Error! Bookmark not defined.)	<b>0</b>	<b>1 – 2</b>	<b>3 – 4</b>	<b>5 – 6</b>	<b>7 – 8</b>	<b>Total →</b>				

**Frequency**

<b>Instructions.</b> Use checks (✓) to indicate how often you engage in each activity to avoid gaining weight.	(0) Never	(1) Under once a month	(2) Once a month	(3) Several times a month	(4) Once a week	(5) Twice a week or more	(6) Once a day	(7) Several times a day
404. Vomiting after you eat								
405. Using enemas								
406. Using laxatives or diuretics								
407. Skipping meals								
408. Restricting calories while eating								
409. Exercising a great deal								
<b>Total →</b>								

<b>Binge Eating*</b>	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**

410. Sometimes I have strong urges to binge or overeat.					
411. Sometimes I really want to binge or overeat.					
412. Sometimes it's hard to resist the urge to overeat.					
413. Sometimes I struggle with the temptation to overeat.					

**Binges**

414. I often eat far more in a two-hour period than most people would eat.					
415. During my binges, I eat very rapidly.					
416. I can't seem to stop eating once I start.					
417. I often eat until I'm uncomfortably full.					
418. I often eat large amounts of food even when I'm not hungry.					

**Emotional Consequences**

419. I often feel embarrassed when I eat too much.					
420. I often feel guilty when I eat too much.					
421. I often feel disgusted with myself when I eat too much.					
422. I often feel ashamed when I eat too much.					

<b>13 items (Error! Bookmark not defined.)</b>	0-12	13-22	23-32	33-42	43-52	<b>Total #435 – #447 →</b>	
--	------	-------	-------	-------	-------	----------------------------	--

**Frequency of Binging\***

**Note:** A "binge" is defined as: 1. eating far more in a two-hour period than most people eat; 2. losing control of your eating once you start. As a result, you eat until you're uncomfortably full and may even eat a lot even when you're not hungry.

<b>Instructions.</b> Use a check (✓) to indicate how often you binge.	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
423. Binging								

**Part 10. Other Symptoms**

<b>Dissociative Experiences*</b>						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>										
424. I sometimes feel like I have additional personalities or selves.										
425. I sometimes forget where I've been for long periods of time.										
426. I sometimes feel like different identities with different names control me.										
427. Sometimes I hear voices talking to me or giving me instructions.										
428. Sometimes people tell me that they've seen me doing things that I cannot recall.										
<b>5 items</b>	<b>0 – 4</b>	<b>5 – 8</b>	<b>9 – 12</b>	<b>13 – 16</b>	<b>17 – 20</b>	<b>Total →</b>				

<b>Unusual Experiences*</b>						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>										
429. I believe that others can read my mind or insert thoughts into my mind.										
430. I believe that people are trying to control me with electricity, radio waves, or other forces.										
431. I believe that people can hear my thoughts.										
432. I've been receiving special messages from the radio or TV.										
433. I believe that others are plotting against me.										
434. I believe that people are saying bad things about me.										
435. I believe that people are out to get me.										
436. I believe people want to harm me or take advantage of me.										
437. I believe that people are spying on me or trying to find out about my private life.										
438. I sometimes feel like I have special powers.										
<b>10 items</b>	<b>0 – 8</b>	<b>9 – 16</b>	<b>17 – 24</b>	<b>25 – 32</b>	<b>33 – 40</b>	<b>Total →</b>				