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SYMPTOM INVENTORY

Patient Information

Name: _____ Date of Birth ___ / ___ / ___

Please answer the following questions to the best of your ability.

1. Are you on mental health or Chemical Dependency short-term or long-term disability?
_____ Yes _____ No
2. Have you been informed about psychiatric disorders and the consequences of such on your capacity to obtaining life insurance or government or corporate security and safety clearance?
_____ Yes _____ No
3. Have you ever agreed to a treatment plan for psychiatric disorder?
_____ Yes _____ No
4. Will you give permission for disclosure of you participation in psychotherapy and completed the “Patient Care Communication Form” for communication with the primary care physician?
_____ Yes _____ No
5. Do you want your therapist to communicated with your Primary Care Physician?
_____ Yes _____ No
6. Do you want your therapist to communicated with other relevant health care practitioners?
_____ Yes _____ No
5. How do you rate your ability to follow-through with treatment recommendations:
_____ Poor _____ Average _____ Excellent

DSM-IV Multiaxial Psychiatric Diagnosis (Your clinician will make a final determination and you input can be helpful.)

Axis I: Characterizes the problem you have in terms of your personality if you see it as a personality issue _____

Axis II: If there is a Mood Disorder or other Mental Disorder please describe here.

Axis III: Do you have any current medical condition? _____ Yes _____ No

Do you currently have any of these conditions (indicate all that apply)

_____ Asthma _____ Diabetes _____ Heart Disease _____ Chronic Pain Syndrome _____ Within 6 months postpartum _____ Within 6 months of surgery? _____

Please describe anything else. _____

Psychosocial Stressors

Axis IV: *Please indicate all that apply:*

- _____ Problems with primary support group (significant other, family, parent-child, extended family, issue)
- _____ Problems related to social environment
- _____ Educational Problems

- Occupational Problems
- Housing problems
- Economic problems
- Problems with access to health care services
- Other issues and environmental problems
- Problems related to interaction with legal system, crime, divorce, custody, DSS, 209A

Rate the severity of the current Psychosocial Stressors in your life

- None Mild Moderate Severe

Global Assessment of Functioning (GAF) Functioning: On a scale of 1 to 100 where 100 represents peak or optimal performance in all areas of life, please rate your highest functioning for the past Year. _____, at your first session _____, and currently _____.

Medications

Are you currently on Medication? Yes No If so what kind? _____

LIST OF SYMPTOMS TO BE ACKNOWLEDGED AND OR RATED

Please indicate the presence and/or the level of severity, occurrence or impact by circling one of the three words “mild”, “moderate” or “severe”. If it is not an issue do not circle anything.

1. DISTURBANCE OF ACTIVITY

- | | | | | |
|------|--|------|----------|--------|
| 01.a | Decrease in energy or fatigue | mild | moderate | severe |
| 01.b | Hyperactivity | mild | moderate | severe |
| 01.c | Impulsivity/recklessness | mild | moderate | severe |
| 01.d | Marked increase in social,
occupational or sex activity | mild | moderate | severe |
| 01.f | Psychomotor agitation/retardation
agitation | mild | moderate | severe |
| | moving extremely slowly | mild | moderate | severe |
| 01.g | Restlessness | mild | moderate | severe |

2. BEHAVIORAL DISTURBANCE

- | | | | | |
|------|-----------------------------|------|----------|--------|
| 02.a | Academic or work inhibition | mild | moderate | severe |
| 02.b | Aggression or rage | mild | moderate | severe |
| 02.c | Antisocial | mild | moderate | severe |

2. BEHAVIORAL DISTURBANCE CONTINUED

02.d Compulsions	mild	moderate	severe
02.e Deceitfulness or theft	mild	moderate	severe
02.f Destructive	mild	moderate	severe
02.g Disorganized	mild	moderate	severe
02.h Oppositional/defiant	mild	moderate	severe
02.i Self-injurious	mild	moderate	severe
02.j Social withdrawal	mild	moderate	severe
02.k Violates rules/rights others	mild	moderate	severe

3. PHYSICAL SYMPTOMS

03.a Headaches	mild	moderate	severe
03.b Gastrointestinal	mild	moderate	severe
03.c Nervous ticks	mild	moderate	severe
03.d Back aches	mild	moderate	severe
03.e Muscle spasms	mild	moderate	severe
03.f Abdominal cramping	mild	moderate	severe

4. SLEEP DISTURBANCE

04.a Difficulty falling asleep	mild	moderate	severe
04.b Waking for more than 5 minutes in the middle of the night with difficulty falling back to sleep	mild mild mild	moderate moderate moderate	severe severe severe
04.c Early morning awakening	mild	moderate	severe
04.d Nightmares	mild	moderate	severe

04.e	Sleep walking	mild	moderate	severe
04.f	Sleep apnea	mild	moderate	severe
04.g	Bed wetting	mild	moderate	severe
04.h	Hypersomnia- needing more than 9 hours sleep	mild	moderate	severe

5. MOOD OR AFFECT DISTURBANCE

05.a	Anger/hostility	mild	moderate	severe
05.b	Apathy or loss of interest or loss of joy in life	mild mild	moderate moderate	severe severe
05.c	Blunted or flat affect	mild	moderate	severe
05.d	Depressed mood	mild	moderate	severe
05.e	Elevated/expansive mood	mild	moderate	severe
05.f	Excitability	mild	moderate	severe
05.g	Feeling guilty/worthlessness	mild	moderate	severe
05.h	Helplessness	mild	moderate	severe
05.i	Hopelessness	mild	moderate	severe
05.j	Irritability	mild	moderate	severe
05.k	Diminished sex drive	mild	moderate	severe
05.l	Low self-esteem	mild	moderate	severe
05.m	Marked mood shifts	mild	moderate	severe

6. COGNITION/MEMORY DISTURBANCE

06.a	Diminished ability to think	mild	moderate	severe
06.b	Easily distracted or poor concentration	mild	moderate	severe

06.c	Impaired abstract thinking	mild	moderate	severe
06.d	Impaired judgment	mild	moderate	severe
06.e	Indecisiveness	mild	moderate	severe
06.f	Memory impairment	mild	moderate	severe

7. *DISTURBANCE OF FORM OF THOUGHTS AND SPEECH*

07.a	Circumstantiality or a difficulty getting to the point	mild	moderate	severe
07.b	Flight of ideas or racing thoughts	mild	moderate	severe
07.c	Incoherence/loosening associations – not making sense	mild	moderate	severe
07.d	Pressured speech	mild	moderate	severe
07.f	Tangentiality – going from one idea to another without finishing the first idea	mild	moderate	severe

8. *ANXIETY/PHOBIA*

08.a	Anxiety	mild	moderate	severe
	Heart palpitations	mild	moderate	severe
	Butterflies in your stomach	mild	moderate	severe
08.b	Fear of separation	mild	moderate	severe
08.c	Panic attacks	mild	moderate	severe
08.d	Phobic responses	mild	moderate	severe
08.e	Worrying	mild	moderate	severe

9. *PERCEPTUAL DISTURBANCES*

09.a	Delusions For example - a strong sense of being better than everyone else of a sense that others (even strangers) are continually interested in your activities.	mild	moderate	severe
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- | | | | | |
|------|---|------|----------|--------|
| 09.b | Depersonalization - For example, "My body doesn't feel like me." | mild | moderate | severe |
| 09.c | Hallucination - For example hearing voices that others do not hear or seeing things that others do not see or feeling sensations that do not make sense | mild | moderate | severe |
| 09.d | Obsessions | mild | moderate | severe |

PERCEPTUAL DISTURBANCES CONTINUED

- | | | | | |
|------|---|------|----------|--------|
| 09.e | Paranoia | mild | moderate | severe |
| 09-f | Flashbacks or recurring recollection of distressful past events | mild | moderate | severe |
| 09.g | Suicidal ideation – Do you have one of the following ideas? | | | |
| | Life is not worth living | | yes | no |
| | I don't like my life | | yes | no |
| | I want to die | | yes | no |
| | I want to kill myself | | yes | no |
| | I have a plan to kill myself if I can get the courage | | yes | no |
| | I intend to kill myself | | yes | no |
| 09.h | Homicidal ideation - Do you have one of the following ideas. | | | |
| | I want to hurt someone | yes | no | |
| | I want to hit someone | yes | no | |
| | I want to do them serious harm | yes | no | |
| | I want to kill them | yes | no | |

10. EATING DISTURBANCE

- | | | | | |
|------|---------------------------------------|------|----------|--------|
| 10.a | Bingeing/purging | mild | moderate | severe |
| 10.b | Decreased/increased appetite | mild | moderate | severe |
| 10.c | Unable to maintain normal body weight | mild | moderate | severe |
| 10.d | Excessive dieting | mild | moderate | severe |

Please go on to the next page.

