Diagnostic Assessment

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Diagnosis \_\_\_\_\_\_\_\_\_\_\_ Pretest/Postest \_\_\_\_

Rate how much the statements below apply to you by using the following scale:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| never | hardlyever | oncein a while | littleof thetime | someof thetime | a lotof thetime | fre-quent-ly | mostof thetime | allof thetime |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

IN THE PAST WEEK HOW OFTEN HAVE YOU ...

 1.\_\_\_ felt jumpy?

 2.\_\_\_ felt fearful or afraid?

 3.\_\_\_ sad?

 4.\_\_\_ felt like hurting yourself?

 5.\_\_\_ felt angry?

 6.\_\_\_ felt confused?

 7.\_\_\_ had hallucinations?

 8.\_\_\_ tense?

 9.\_\_\_ felt useless?

10.\_\_\_ felt shy?

11.\_\_\_ spent a worthwhile day?

12.\_\_\_ felt approved of?

13.\_\_\_ felt suspicious?

14.\_\_\_ been in trouble?

15.\_\_\_ felt worried?

16.\_\_\_ felt calm?

17.\_\_\_ been productive?

18.\_\_\_ been outgoing?

19.\_\_\_ enjoyed your leisure hours?

20.\_\_\_ been inappropriate?