

CORNERSTONE WELLNESS CENTER

SELF CHECKLIST - ADULTS

CLIENT'S NAME: _____ DATE: _____ COMPLETED BY: _____

| Please indicate yes or no if any of the following have been a significant problem for over a 6-month period, please do not mark in the middle: | YES | NO | COMMENTS |
|--|-----|----|----------|
| Often has difficulty following through on instructions | | | |
| Often has difficulty sustaining attention (e.g. tasks, lectures, or conversations) | | | |
| Often has difficulty listening | | | |
| Often loses things necessary for tasks (e.g., school materials, glasses, cellphones) | | | |
| Often fails to pay close attention to details; makes careless mistakes in school and/or work | | | |
| Often is disorganized (e.g. managing sequential tasks, poor time management, messy) | | | |
| Often seems to be forgetful (chores, homework, keeping appointments) | | | |
| Often dislikes tasks that require sustained mental effort | | | |
| Often distracted by extraneous stimuli (may include unrelated thoughts) | | | |
| | | | |
| Often has difficulty waiting turn (e.g., waiting in line) | | | |
| Often interrupts or intrudes on others (e.g. uses others things without asking, take over for others) | | | |
| Often blurts out answers to questions/ difficulty waiting for turn in conversation | | | |
| Often has difficulty playing or engaging in leisure activities quietly | | | |
| Often leaves seat in which being seated is expected | | | |
| Often runs about or climbs excessively, or restlessness | | | |

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|--|-----|----|----------|
| Often talks excessively | | | |
| Often fidgets with hands or feet or squirms in seat | | | |
| Often acts as if "driven by a motor" and cannot remain still | | | |
| | | | |
| Depressed mood (feels sad) | | | |
| Irritability | | | |
| Decreased pleasure in activities | | | |
| Significant problems with appetite (if yes please specify) | | | |
| Sleeps too little or too much (if yes please specify) | | | |
| Observably agitated, or subdued (if yes please specify) | | | |
| Loss of energy | | | |
| Feelings of worthlessness | | | |
| Feeling guilt easily | | | |
| Diminished ability to concentrate | | | |
| Difficulty making decisions | | | |
| Thoughts of death or suicide | | | |
| Low self-esteem (doesn't like self) | | | |
| Feelings of hopelessness | | | |
| | | | |
| Has had at least a two day period with abnormally elevated (euphoric) mood. If yes, answer if the following occur with euphoria: | | | |
| Inflated self-esteem | | | |
| Decreased need for sleep | | | |
| Increased talkativeness | | | |
| Racing thoughts | | | |
| Increased distractability | | | |
| Increased goal setting | | | |

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|--|-----|----|----------|
| Increased impulsivity | | | |
| | | | |
| Social difficulties with: | | | |
| Eye Contact | | | |
| Reading Facial Expressions | | | |
| Understanding and use of body language/ tone of voice | | | |
| Lack of facial expressions | | | |
| Difficulty of sharing/interest emotion or affect | | | |
| | | | |
| Difficulty of developing, understanding or maintaining relationships | | | |
| Difficulties in adjusting behavior to fit various social contexts | | | |
| Absence of interest in developing friendships | | | |
| | | | |
| | | | |
| Difficulty with "normal" back and forth conversation | | | |
| Lack of spontaneous sharing of emotions or interests | | | |
| Difficulty with empathy | | | |
| Failure to initiate or respond to social interactions (please specify) | | | |
| | | | |
| Insistence on sameness in routines, foods, rigid thinking patterns, extreme distress to small changes, transitions | | | |
| | | | |

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|--|-----|----|----------|
| Focusing on a narrow range of patterns of interests that is abnormal in either intensity or focus (if yes please specify) | | | |
| Repetitive motor mannerisms (e.g., use of objects) | | | |
| Repetitive use of words or phrases | | | |
| Sensitive or indifference to pain/temperature | | | |
| Specific sounds, extreme annoyance | | | |
| Sensitivity to textures of food | | | |
| Excessive smelling or touching of objects | | | |
| Visual fascination with lights, movement | | | |
| Aversion to the feel of clothing | | | |
| Aversion to touch from others | | | |
| | | | |
| Problems with coordination or fine motor skills (if yes please specify) | | | |
| | | | |
| Excessive worry | | | |
| Excessive nervousness | | | |
| Easily tired | | | |
| Restlessness/ keyed up | | | |
| Difficulty concentrating/ mind going blank | | | |
| Irritability | | | |
| Muscle tension | | | |
| Sleep disturbance | | | |
| | | | |
| Anxiety in social situations (e.g., conversations, meeting new people, being evaluated) | | | |
| | | | |

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|--|-----|----|----------|
| Abrupt occurring of the following when nervous | | | |
| Pounding or rapid heart beat | | | |
| Sweating | | | |
| Trembling or shaking | | | |
| Shortness of breath | | | |
| Feelings of choking | | | |
| Chest pain or discomfort | | | |
| Nausea or stomachache | | | |
| Feeling dizzy or lightheaded | | | |
| Chills or feeling hot | | | |
| Numbness or tingling | | | |
| Feelings that things aren't real | | | |
| Feeling detached from oneself | | | |
| Fear of losing control or going crazy | | | |
| Fear of dying | | | |
| | | | |
| Obsessive: | | | |
| Fear of being responsible for things going wrong | | | |
| Fear that something terrible may happen (e.g., fire, burglary, death of a loved one becoming ill) if yes please specify | | | |
| Concern with dirt or germs | | | |
| Hoarding or collecting (if yes please specify) | | | |
| Need for symmetry or exactness | | | |
| | | | |
| Compulsions: | | | |
| Counting | | | |
| Checking and rechecking | | | |
| Health including weight | | | |
| Need to ask questions | | | |

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|--|-----|----|----------|
| Need to touch | | | |
| Recurrent pulling of your hair resulting in hair loss | | | |
| Preoccupation with perceived flaws in physical appearance including repetitive behaviors (e.g., mirror checking, skin picking, comparing appearance to others) | | | |
| | | | |
| Rarely or minimally seeks comfort when physically or emotionally hurt | | | |
| Rarely or minimally reponds to comfort when physically or emotionally hurt | | | |
| | | | |
| Daydreaming | | | |
| Trouble staying awake/alert | | | |
| Mentally foggy/easily confused | | | |
| Stares a lot | | | |
| Spacey, mind is elsewhere | | | |
| Lethargic | | | |
| Under-active | | | |
| Slow-moving/sluggish | | | |
| Doesn't process questions or explanations accurately | | | |
| Drowsy/sleepy appearance | | | |
| Lost in thoughts | | | |
| Slow to complete tasks | | | |
| Lacks initiative/effort fades | | | |
| | | | |
| History of difficulties in achievement of the following areas | | | |
| Math computation | | | |
| Math reasoning | | | |
| Letter/word recognition | | | |

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|--|-----|----|----------|
| Reading fluency | | | |
| Reading comprehension | | | |
| Written expression | | | |
| Spelling | | | |
| | | | |
| Exposure to actual or threatening death, serious injury, or sexual abuse in one or more of the following ways: | | | |
| Directly experiencing the trauma | | | |
| Personally witnessing the trauma | | | |
| Finding out about a traumatic event experienced by a friend or family member | | | |
| Repeated exposure to details of traumatic events (e.g. frequently learning about child abuse) | | | |
| | | | |
| Recurrent involuntary distressing memories | | | |
| Recurrent distressing dreams | | | |
| | | | |
| Flashbacks (i.e., feels as if the traumatic event is reoccurring) | | | |
| Physical and psychological distress at situations that remind you of the trauma | | | |
| | | | |
| Avoidance of memories, thoughts or feelings about the event | | | |
| Avoidance of people, places, conversations, activities, objects or situations that result in distressing memories or emotions | | | |
| Inability to remember an important aspect of the event | | | |
| Negative beliefs about self or others about the event (if yes please specify) | | | |

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|--|-----|----|----------|
| Distorted thoughts about the event that cause the person to blame self or others | | | |
| Persistent anger, fear, shame, sadness, guilt | | | |
| Less interested in activities | | | |
| Feeling detached from others | | | |
| Inability to experience positive emotions such as love and happiness | | | |
| | | | |
| Angry outbursts | | | |
| Self-destructive behavior | | | |
| Overly aware of your environment | | | |
| Easily startled | | | |
| | | | |
| Disproportionate and persistent thoughts about the seriousness of symptoms | | | |
| | | | |
| Persistently high levels of anxiety about health or symptoms | | | |
| | | | |
| Excessive time and energy devoted to the symptoms and health | | | |
| | | | |
| Preoccupation with having or inquiring a serious illness when physical concerns are not present or mild | | | |
| Easily alarmed about personal health status | | | |
| Excessive health related behaviors (e.g., checks body for signs of illness/maladaptive avoidance) | | | |
| | | | |
| Restriction of food intake leading to low body weight | | | |
| Intense fear of gaining weight or becoming fat | | | |
| Recurrent episodes of binge eating | | | |

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|--|-----|----|----------|
| Lack of control over eating | | | |
| Compensatory behaviors | | | |
| Vomiting | | | |
| Misuse of laxatives | | | |
| | | | |
| Pervasive distrust and suspiciousness of others | | | |
| If so then | | | |
| Suspects that others are exploding, harming or deceiving you | | | |
| Preoccupied with unjustified doubts about the loyalty of friends or associates | | | |
| Reluctant to confide in others | | | |
| Reads head into threatening meanings, grudges | | | |
| Attacks on your character that are not noted by others | | | |
| Recurrent suspicions without justifications regarding fidelity of a sexual partner | | | |
| | | | |
| Pervasive pattern of detachment in social relationships and restrictive range of affect | | | |
| If so then | | | |
| Neither desires nor enjoys close relationships | | | |
| Almost always chooses solitary activities | | | |
| Little interest in sexual experiences | | | |
| Takes pleasure in few if any activities | | | |
| Lacks close friends or confidants that are not first degree relatives | | | |
| Indifferent to the praise or criticism of others | | | |

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|--|-----|----|----------|
| Emotional coldness, detachment, flattened affect | | | |
| Pervasive pattern of social and interpersonal deficits marked by acute discomfort | | | |
| If so then | | | |
| Ideas of inaccurate personalization of comments by others | | | |
| Odd beliefs/magical thinking that influences behavior | | | |
| Unusual perceptual experiences (including body illusions) | | | |
| Odd thinking and speech | | | |
| Suspiciousness or paranoid ideation | | | |
| Inappropriate/flat affect | | | |
| Behavior or appearance that is peculiar | | | |
| Lack of close friends or confidants other than first degree relatives | | | |
| Excessive social anxiety | | | |
| | | | |
| Pervasive pattern of disregard for in violation of the rights of others since age 15 | | | |
| If so then | | | |
| Failure to conform to social norms with respect to lawful behaviors | | | |
| Deceitfulness/use of aliases/conning | | | |
| Impulsivity or failure to plan ahead | | | |
| Irritability and aggressiveness exhibited by physical fights | | | |

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|--|-----|----|----------|
| Reckless disregard for the safety of others | | | |
| Consistent irresponsibility including failure to sustain consistent work behaviors/honor financial obligations | | | |
| Lack of remorse for harming others | | | |
| | | | |
| Pervasive pattern of instability in social relationships, self-image and mood | | | |
| if so then | | | |
| Frantic efforts to avoid real or imagined abandonment | | | |
| Pattern of unstable/ intense interpersonal relationships | | | |
| Identity disturbance/ unstable self-image | | | |
| Impulsivity in at least two areas (e.g., spending, sex, reckless driving) | | | |
| Recurrent suicidal behavior/self-mutilation | | | |
| Intense reactivity of mood | | | |
| Chronic feelings of emptiness | | | |
| Intense anger | | | |
| Stress related paranoid ideation | | | |
| | | | |
| Pervasive pattern of excessive expression of emotions and attention seeking | | | |
| If so then | | | |
| Uncomfortable with situations in which you are not the center of attention | | | |

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|--|-----|----|----------|
| Interactions with others that includes inappropriate sexually seductive or provocative behavior | | | |
| Rapidly shifting in shallow expression of emotions | | | |
| Consistently using physical appearance to draw attention to yourself | | | |
| A style of speech which is excessively dramatic and vague | | | |
| Self-dramatization, exaggerated expression of emotion | | | |
| Suggestableness (i.e., easily influenced by others) | | | |
| Consider relationships more intimate than they are | | | |
| | | | |
| Pervasive pattern of fantasies of behavior, need for admiration and lack of empathy | | | |
| If so then | | | |
| Grandiose of self importance and preoccupied of fantasies of unlimited success | | | |
| Believe that you are special and unique and can only be understood by high status people | | | |
| Requires excessive admiration | | | |
| Unreasonable expectations of favorable treatment | | | |
| | | | |
| Pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity | | | |
| If so then | | | |

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|--|-----|----|----------|
| Avoids occupational activities that involve interpersonal contact | | | |
| Unwilling to get involved with people unless being certain of being liked | | | |
| Restraint with intimate relationships because of fear of being shamed/ridiculed | | | |
| Preoccupied with being criticized/rejected in social situations | | | |
| Hold back in new interpersonal situations because of feelings of inadequacy | | | |
| Socially inept | | | |
| Reluctant to take personal risk due to possible embarrassment | | | |
| | | | |
| Pervasive pattern of the need to be taken care of/clinginess and fears of separation | | | |
| if so then | | | |
| Difficulty making everyday decisions without excessive reassurance | | | |
| Needs others to assume responsibility for most areas of your life | | | |
| Difficulty expressing disagreement | | | |
| Difficulty initiating projects due to lack of self-confidence | | | |
| Goes to excessive lengths to obtain nurture/support | | | |
| Uncomfortable/helpless when alone | | | |
| Urgently seeking another relationship when a close relationship ends | | | |

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|--|-----|----|----------|
| Preoccupied with fears of being left to take care of yourself | | | |
| | | | |
| Preoccupied with orderliness, perfectionism in interpersonal control | | | |
| If so then | | | |
| Preoccupation with details, rules, lists, etc | | | |
| Perfectionism that interferes with task completion | | | |
| Excessively devoted to work | | | |
| Overconsciousness about morality | | | |
| Unable to discard worthless objects that have no value | | | |
| Reluctant to delegate tasks to others | | | |
| Excessive thriftiness with money | | | |
| Rigidity/stubbornness | | | |