

## BISCHOF ADULT SYMPTOM INVENTORY

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

DATE OF TEST \_\_\_\_\_

CIRCLE THE NUMBER THAT BEST DESCRIBES THE DEGREE OF DIFFICULTY YOU HAVE BEEN EXPERIENCING IN EACH AREA RECENTLY.

0 = No Difficulty    1 = A Little    2 = Moderate    3 = Quite a Bit    4 = Extreme

		0	1	2	3	4
1	Depressed mood, hopelessness.	0	1	2	3	4
2	Fatigue, loss of energy, drive, or motivation.	0	1	2	3	4
3	Suicidal thoughts or behavior.	0	1	2	3	4
4	Poor concentration, difficulty making decisions.	0	1	2	3	4
5	Loss of appetite.	0	1	2	3	4
6	Sleep disturbance.	0	1	2	3	4
7	Body aches and pains, dizziness.	0	1	2	3	4
8	Restlessness or feeling keyed-up, on edge.	0	1	2	3	4
9	Fearful or anxious about upcoming situations or events.	0	1	2	3	4
10	Managing life transitions (e.g., the loss of primary relationship, changes in family, job, health or school, death).	0	1	2	3	4
11	Episodes of terror or panic.	0	1	2	3	4
12	Unwanted persistent and intrusive thoughts.	0	1	2	3	4
13	Hearing voices, seeing things.	0	1	2	3	4
14	Socially isolated because of thoughts or beliefs that are not acceptable.	0	1	2	3	4
15	Behavior considered eccentric or "different".	0	1	2	3	4
16	Feelings of worthlessness.	0	1	2	3	4
17	Feeling you are in control of your own life.	0	1	2	3	4
18	Being yourself, expressing your feelings.	0	1	2	3	4
19	Lack of self-confidence, feeling critical of yourself.	0	1	2	3	4