

# JANNE LOMASKY, PSY.D.

Licensed Psychologist  
Florida Lic # PY 7946

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Phone: 561-777-2021  
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## ADULT SYMPTOM CHECKLIST

Please rate yourself or the person you are filling this out for on each of the symptoms listed below on a scale from 0-4. Please use the following scale:

0----- 1 ----- 2 ----- 3 ----- 4  
Never                Rarely                Occasionally                Frequently                Very Frequently

Persons Name \_\_\_\_\_ Date \_\_\_\_\_

Person completing this form \_\_\_\_\_ Relationship \_\_\_\_\_

- \_\_\_\_\_ 1. Depressed or sad mood
- \_\_\_\_\_ 2. Decreased interest in things that are usually fun, including sex
- \_\_\_\_\_ 3. Significant weight gain or weight loss, or marked appetite changes, either increased or decreased
- \_\_\_\_\_ 4. Recurrent thoughts of death or suicide
- \_\_\_\_\_ 5. Sleep changes, lack of sleep or marked increase in sleep
- \_\_\_\_\_ 6. Physically agitated or "slowed down"
- \_\_\_\_\_ 7. Low energy or feelings of tiredness
- \_\_\_\_\_ 8. Feelings of worthlessness, helplessness, hopelessness or guilt
- \_\_\_\_\_ 9. Decreased concentration or memory
- \_\_\_\_\_ 10. Periods of a very high self esteem or grandiose thinking
- \_\_\_\_\_ 11. Periods of elevated, high or irritable mood
- \_\_\_\_\_ 12. Periods of decreased need for sleep without feeling tired
- \_\_\_\_\_ 13. More talkative than usual or pressure to keep talking
- \_\_\_\_\_ 14. Racing thoughts or frequent jumping from one subject to another
- \_\_\_\_\_ 15. Easily distracted by irrelevant things
- \_\_\_\_\_ 16. Marked increase in activity level
- \_\_\_\_\_ 17. Excessive involvement in pleasurable activities which have the potential for painful Consequences (spending money, sexual indiscretions, gambling, foolish business ventures)
- \_\_\_\_\_ 18. Panic attacks, which are period of intense, unexpected fear or emotional discomfort (list number of months \_\_\_\_\_)
- \_\_\_\_\_ 19. Periods of trouble breathing or feeling smothered
- \_\_\_\_\_ 20. Periods of feeling dizzy, faint or unsteady on your feet
- \_\_\_\_\_ 21. Periods of heart pounding or rapid heart beat
- \_\_\_\_\_ 22. Periods of trembling or shaking
- \_\_\_\_\_ 23. Periods of sweating
- \_\_\_\_\_ 24. Periods of choking
- \_\_\_\_\_ 25. Periods of nausea or abdominal upset
- \_\_\_\_\_ 26. Feelings of a situation "not being real"

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- \_\_\_\_\_ 27. Numbness or tingling sensation
  - \_\_\_\_\_ 28. Hot or cold flashes
  - \_\_\_\_\_ 29. Periods of chest pain or discomfort
  - \_\_\_\_\_ 30. Fear of dying
  - \_\_\_\_\_ 31. Fear of going crazy or doing something uncontrolled
  - \_\_\_\_\_ 32. Avoiding everyday places for fear of having a panic attack or having to go with others to feel comfortable
  - \_\_\_\_\_ 33. Excessive fear of being judged or scrutinized by other people which cause you to avoid or panic in everyday situations
  - \_\_\_\_\_ 34. Persistent, excessive phobia (heights, closed spaces, specific animals, etc) please list
- 
- \_\_\_\_\_ 35. Recurrent bothersome thoughts, ideas or images which you try to ignore
  - \_\_\_\_\_ 36. Trouble getting "stuck" on certain thoughts, or having the same thought over and over
  - \_\_\_\_\_ 37. Excessive or senseless worrying
  - \_\_\_\_\_ 38. Other complain that you worry too much or get "stuck" on the same thoughts
  - \_\_\_\_\_ 39. Compulsive behaviors that you must do or you feel very anxious, such as excessive hand washing, checking locks, or counting or spelling
  - \_\_\_\_\_ 40. Needing to have things done a certain way or you become very upset
  - \_\_\_\_\_ 41. Others complain that you do the same things over and over to an excessive degree (such as cleaning or checking)
  - \_\_\_\_\_ 42. Recurrent and upsetting thoughts of a past traumatic event (molest, accident, fire, etc)
- Please list \_\_\_\_\_
- 
- \_\_\_\_\_ 43. Recurrent distressing dreams of a past upsetting event
  - \_\_\_\_\_ 44. A sense of reliving a past upsetting event
  - \_\_\_\_\_ 45. A sense of panic or fear to events that resemble an upsetting past event
  - \_\_\_\_\_ 46. You spend effort avoiding thoughts of feelings associated with past trauma
  - \_\_\_\_\_ 47. Persistent avoidance of activities or situations that cause you to remember a past upsetting event
  - \_\_\_\_\_ 48. Inability to recall an important aspect of a past upsetting event
  - \_\_\_\_\_ 49. Marked decreased interest in important activities
  - \_\_\_\_\_ 50. Feeling detached or distant from others
  - \_\_\_\_\_ 51. Feeling numb or restricted in your feelings
  - \_\_\_\_\_ 52. Feeling that your future is shortened
  - \_\_\_\_\_ 53. Quick startle
  - \_\_\_\_\_ 54. Fell like you're always watching for ad things to happen
  - \_\_\_\_\_ 55. Marked physical response to events that remind you of a past upsetting event i.e. sweating when getting in a car if you have been in a car accident

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- \_\_\_\_\_ 56. Marked irritability or anger outbursts
- \_\_\_\_\_ 57. Unrealistic or excessive worry in at least a couple areas of your life
- \_\_\_\_\_ 58. Trembling, twitching, or feeling shaky
- \_\_\_\_\_ 59. Muscle tension, aches or soreness
- \_\_\_\_\_ 60. Feelings of restlessness
- \_\_\_\_\_ 61. Easily fatigued
- \_\_\_\_\_ 62. Shortness of breath or feeling smothered
- \_\_\_\_\_ 63. Heart pounding or racing
- \_\_\_\_\_ 64. Sweating or cold clammy hands
- \_\_\_\_\_ 65. Dry mouth
- \_\_\_\_\_ 66. Dizziness or lightheadedness
- \_\_\_\_\_ 67. Nausea, diarrhea or other abdominal distress
- \_\_\_\_\_ 68. Hot or cold flashes
- \_\_\_\_\_ 69. Frequent urination
- \_\_\_\_\_ 70. Trouble swallowing or "lump in throat"
- \_\_\_\_\_ 71. Feeling keyed up or on the edge
- \_\_\_\_\_ 72. Quick startle response or feeling jumpy
- \_\_\_\_\_ 73. Difficulty concentrating or "mind going blank"
- \_\_\_\_\_ 74. Trouble falling or staying asleep
- \_\_\_\_\_ 75. Irritability
- \_\_\_\_\_ 76. Trouble sustaining attention or being easily distracted
- \_\_\_\_\_ 77. Difficulty completing projects
- \_\_\_\_\_ 78. Feeling overwhelmed of the tasks of everyday living
- \_\_\_\_\_ 79. Trouble maintaining an organized work or living area
- \_\_\_\_\_ 80. Inconsistent work performance
- \_\_\_\_\_ 81. Lack attention to detail
- \_\_\_\_\_ 82. Makes decisions impulsively
- \_\_\_\_\_ 83. Difficulty delaying what you want, having to have your needs met immediately
- \_\_\_\_\_ 84. Restless, fidgety
- \_\_\_\_\_ 85. Make comments to others without considering their impact
- \_\_\_\_\_ 86. Impatient, easily frustrated
- \_\_\_\_\_ 87. Frequent traffic violations or near accidents
- \_\_\_\_\_ 88. Refusal to maintain body weight above a level most people consider healthy
- \_\_\_\_\_ 89. Intense fear of gaining weight or becoming fat even though underweight
- \_\_\_\_\_ 90. Feeling of being fat, even though you are underweight
- \_\_\_\_\_ 91. Recurrent episodes of binge eating large amounts of food

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- 92. A feeling of lack of control over eating behavior
- 93. Engage in regular activities to purge binges, such as induce vomiting, laxatives, diuretics, strict dieting or strenuous exercise
- 94. Persistent over concern with body shape and weight
- 95. Involuntary physical movement or vocal tics
- 96. Delusional or bizarre thoughts (thoughts you know others would think are false)
- 97. Seeing objects, shadows or movements that are not real
- 98. Hearing voices or sounds that is not real
- 99. Periods of time where your thoughts or speech are not connected or do not make sense to you or others
- 100. Social Isolation or withdrawal
- 101. Severely impaired ability to function at home or at work
- 102. Peculiar behaviors
- 103. Lack of personal hygiene or grooming
- 104. Inappropriate mood for the situation (i.e. laughing at sad events)
- 105. Marked lack of initiative
- 106. Frequent feelings that someone or something is out to hurt you or discredit you
- 107. Periods of extreme irritability, physical or verbal aggression or rage with little provocation
- 108. Periods of confusion
- 109. Periods of "spaciness" or missing brief periods of time
- 110. Periods of fearfulness for no apparent reason
- 111. Periods of de ja vu (the feeling that you've been or experienced something even though you never have)
- 112. Periods of unusual visual (seeing) or auditory (hearing) sensations or illusions
- 113. Periods of forgetfulness or memory problems

## **ADULT SYMPTOM CHECKLIST DIAGNOSTIC ANSWER KEY**

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10 – 17	MANIC EPISODE (at least three with 3+)	_____ of 8
18 – 31	PANIC DISORDER (at least four with 3+)	_____ of 14
32	AGORAPHOBIA (with or without panic disorder) (3+)	_____ of 1
33	SOCIAL PHOBIA (3+)	_____ of 1
34	SIMPLE PHOBIAS (3+)	_____ of 1
35 – 41	OBSESSIVE COMPULSIVE DISORDER (at least three with 3+)	_____ of 7
42 – 57	POST TRAMATIC STRESS DISORDER 42 – 45 (at least one with 3+)	_____ of 4
	46 – 52 (at least three with 3+)	_____ of 7
	53 – 57 (at least two with 3+)	_____ of 5
58 – 75	GENERALIZED ANXIETY DISORDER (at least six with 3+)	_____ of 18
76 – 87	ADULT ATTENTION DEFICIT DISORDER (at least five with 3+)	_____ of 10
88 – 89	ANOREXIA NERVOSA (at least two with 3+)	_____ of 2
91 – 94	BULEMIA NERVOSA (at least two with 3+)	_____ of 4
95	TOURETTE’S OR OTHER TIC DISORDER	_____ of 1
96 – 105	PSYCHOTIC DISORDERS (at least five with 3+)	_____ of 10
106	PARANOIA (3+)	_____ of 1
107 – 113	TEMPORAL LOBE SYMPTOMS (at least three with 3+)	_____ of 7