

Amen Clinics, Inc.

Anxiety and Depression Type Questionnaire

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Please rate yourself on each of the symptoms listed below using the following scale. If possible, to give us the most complete picture, have another person who knows you well (such as a spouse, lover or parent) rate you as well. List other person _____

0	1	2	3	4	NA
Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable/ Not Known

Other Self

- | | | |
|-------|-------|---|
| _____ | _____ | 1. Frequent feelings of nervousness or anxiety |
| _____ | _____ | 2. Panic attacks |
| _____ | _____ | 3. Avoidance places because of fear of having an anxiety attack |
| _____ | _____ | 4. Symptoms of heightened muscle tension (headaches, sore muscles, hand tremor) |
| _____ | _____ | 5. Periods of heart pounding, nausea or dizziness |
| _____ | _____ | 6. Tendency to predict the worst |
| _____ | _____ | 7. Multiple persistent fears or phobias (such as dying, doing something crazy) |
| _____ | _____ | 8. Conflict avoidance |
| _____ | _____ | 9. Excessive fear of being judged or scrutinized by others |
| _____ | _____ | 10. Quick startle or tendency to freeze in anxiety provoking or intense situations |
| _____ | _____ | 11. Seems shy, timid, and easily embarrassed |
| _____ | _____ | 12. Bites fingernails or picks skin |
| _____ | _____ | 13. Persistent sad, or "empty" mood |
| _____ | _____ | 14. Loss of interest or pleasure in activities that are usually fun, including sex |
| _____ | _____ | 15. Restlessness, irritability, or excessive crying |
| _____ | _____ | 16. Feelings of guilt, worthlessness, helplessness, hopelessness, pessimism |
| _____ | _____ | 17. Sleeping too much or too little, early-morning awakening |
| _____ | _____ | 18. Appetite and/or weight loss or overeating and weight gain |
| _____ | _____ | 19. Decreased energy, fatigue, feeling "slowed down" |
| _____ | _____ | 20. Thoughts of death or suicide, or suicide attempts |
| _____ | _____ | 21. Difficulty concentrating, remembering, or making decisions |
| _____ | _____ | 22. Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain |
| _____ | _____ | 23. Persistent negativity or chronic low self-esteem |
| _____ | _____ | 24. Persistent feel of being dissatisfied or bored |
| _____ | _____ | 25. Excessive or senseless worrying |
| _____ | _____ | 26. Upset when things are out of place or things don't go the way you planned |
| _____ | _____ | 27. Tendency to be oppositional or argumentative |
| _____ | _____ | 28. Tendency to have repetitive negative or anxious thoughts |
| _____ | _____ | 29. Tendency toward compulsive behaviors |
| _____ | _____ | 30. Intense dislike for change |
| _____ | _____ | 31. Tendency to hold grudges |
| _____ | _____ | 32. Difficulties seeing options in situations |
| _____ | _____ | 33. Tendency to hold on to own opinion and not listen to others |
| _____ | _____ | 34. Needing to have things done a certain way or you become very upset |

- _____ 35. Others complain that you worry too much
- _____ 36. Tend to say no without first thinking about question
- _____ 37. Periods of abnormally elevated, depressed, or anxious mood
- _____ 38. Periods of decreased need for sleep, feel energetic on dramatically less sleep than usual
- _____ 39. Periods of grandiose notions
- _____ 40. Periods of increased talking or pressured speech
- _____ 41. Periods of too many thoughts racing though the mind
- _____ 42. Periods of markedly increased energy
- _____ 43. Periods of poor judgment that leads to risk-taking behavior (separate from usual behavior)
- _____ 44. Periods of inappropriate social behavior
- _____ 45. Periods of irritability or aggression
- _____ 46. Periods of delusional or psychotic thinking
- _____ 47. Short fuse or periods of extreme irritability
- _____ 48. Periods of rage with little provocation
- _____ 49. Often misinterprets comments as negative when they are not
- _____ 50. Periods of spaciness or confusion
- _____ 51. Periods of panic and/or fear for no specific reason
- _____ 52. Visual or auditory changes, such as seeing shadows or hearing muffled sounds
- _____ 53. Frequent periods of deja vu (feelings of being somewhere you have never been)
- _____ 54. Sensitivity or mild paranoia
- _____ 55. Headaches or abdominal pain of uncertain origin
- _____ 56. History of a head injury or family history of violence or explosiveness
- _____ 57. Dark thoughts, may involve suicidal or homicidal thoughts
- _____ 58. Periods of forgetfulness or memory problems
- _____ 59. Trouble staying focused
- _____ 60. Spaciness or feeling in a fog
- _____ 61. Overwhelmed by tasks of daily living
- _____ 62. Feels tired, sluggish, or slow moving
- _____ 63. Procrastination, failure to finish things
- _____ 64. Chronic boredom
- _____ 65. Loses things
- _____ 66. Easily distracted
- _____ 67. Forgetful
- _____ 68. Poor planning skills
- _____ 69. Difficulty expressing feelings
- _____ 70. Difficulty expressing empathy for others