## BISCHOF ADULT SYMPTOM INVENTORY

**Name: Birth Date: Test Date:**

**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**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 major 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.** | **Difficulty with feeling you are in control of your own life.** | **0** | **1** | **2** | **3** | **4** |
| **18.** | **Difficulty with being yourself, express your feelings.** | **0** | **1** | **2** | **3** | **4** |
| **19.** | **Lack of self-confidence, feeling critical of yourself.** | **0** | **1** | **2** | **3** | **4** |
| **20.** | **Difficulty with being able to pursue and enjoy personal interests and activities.** | **0** | **1** | **2** | **3** | **4** |
| **21.** | **Relationship with family.** | **0** | **1** | **2** | **3** | **4** |
| **22.** | **Being able to get along with others.** | **0** | **1** | **2** | **3** | **4** |
| **23.** | **Feeling lonely even when you are with people.** | **0** | **1** | **2** | **3** | **4** |
| **24.** | **Difficulty with feeling misunderstood or mistreated by others.** | **0** | **1** | **2** | **3** | **4** |
| **25.** | **Function on your job or at school to your full potential.** | **0** | **1** | **2** | **3** | **4** |
| **26.** | **Able to maintain focus on task and get things accomplished.** | **0** | **1** | **2** | **3** | **4** |
| **27.** | **Job/career not going well (e.g., wrong job, no progress, difficulty with co- worker or boss).** | **0** | **1** | **2** | **3** | **4** |
| **28.** | **Maintaining good work / school evaluations (e.g., attendance, evaluations, performance statistics, standards).** | **0** | **1** | **2** | **3** | **4** |
| **29.** | **Volatile, aggressive, violent behavior.** | **0** | **1** | **2** | **3** | **4** |
| **30.** | **Moody, emotional, driven by your feeling.** | **0** | **1** | **2** | **3** | **4** |

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| **31.** | **Overly sensitive, easily hurt or upset.** | **0** | **1** | **2** | **3** | **4** |
| **32.** | **Feeling easily annoyed or irritated.** | **0** | **1** | **2** | **3** | **4** |
| **33.** | **Temper outbursts that you cannot control.** | **0** | **1** | **2** | **3** | **4** |
| **34.** | **Pains in heart and chest.** | **0** | **1** | **2** | **3** | **4** |
| **35.** | **Nausea, upset stomach.** | **0** | **1** | **2** | **3** | **4** |
| **36.** | **Trouble getting your breath.** | **0** | **1** | **2** | **3** | **4** |
| **37.** | **Feeling weakness in part of your body.** | **0** | **1** | **2** | **3** | **4** |
| **RATE DIFFICULTY OVER THE PREVIOUS SIX MONTHS.** |
| **38.** | **Recurrent misuse of prescription or illegal drugs.** | **0** | **1** | **2** | **3** | **4** |
| **39.** | **Diminished effectiveness in major life role; work, school, or home resulting from use of drugs or alcohol.** | **0** | **1** | **2** | **3** | **4** |
| **40.** | **Recurrent use of substances in situations that are hazardous or potentially self-defeating.** | **0** | **1** | **2** | **3** | **4** |
| **41.** | **Recurrent hangovers or withdrawal symptoms when attempting to cut back or stop the use of alcohol or drugs.** | **0** | **1** | **2** | **3** | **4** |

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