

ID #: _____

DATE: ____/____/____

VISIT #: _____

HOPKINS SYMPTOMS CHECKLIST-25

Instructions

Listed below are some symptoms or problems that people sometimes have. Please read each one carefully and decide how much the symptoms bothered or distressed you in the last week, including today. Place a check in the appropriate column.

	1	2	3	4
PART I ANXIETY SYMPTOMS	Not at all	A little	Quite a bit	Extremely
1. Suddenly scared for no reason				
2. Feeling fearful				
3. Faintness, dizziness, or weakness				
4. Nervousness or shakiness inside				
5. Heart pounding or racing				
6. Trembling				
7. Feeling tense or keyed up				
8. Headaches				
9. Spells of terror or panic				
10. Feeling restless, can't sit still				

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	1	2	3	4
PART II DEPRESSION SYMPTOMS	Not at all	A little	Quite a bit	Extremely
11. feeling low in energy, slowed down				
12. Blaming yourself for things				
13. Crying easily				
14. Loss of sexual interest or pleasure				
15. Poor appetite				
16. Difficulty falling asleep, staying asleep				
17. Feeling hopeless about the future				
18. Feeling blue				
19. Feeling lonely				
20. Thoughts of ending your life				
21. Feeling of being trapped or caught				
22. Worrying too much about things				
23. Feeling no interest in things				
24. Feeling everything is an effort				
25. Feelings of worthlessness				