

Multiaxial Assessment

Name: _____

In the last year have you experienced any of the following: (Check for yes answers only)

		Yes	
A	Failed to give close attention to details or make careless mistakes in schoolwork, work, or other activities.		
	Often have difficulty in sustaining attention to tasks or activities.		
	Do not seem to be listening when spoken to directly.		
	Often have difficulty following through with instructions and fail to finish schoolwork, chores, or duties in the workplace.		
	Have difficulty organizing tasks and activities.		
	Often avoid, dislike, or are reluctant to engage in tasks that require sustained mental effort.		
	Often loss things necessary for the completion of tasks or assignments.		
	Often easily distracted by extraneous stimuli.		
	Often forgetful in daily activities.		
	H	Often fidgeting or squirming.	
Often leave your seat in a classroom or other setting in which remaining seated is expected.			
Feelings of restlessness.			
Often have difficulty playing or engaging in leisure activities quietly.			
Often "on the go" or act as if "driven by a motor".			
Often blurt out answers before questions are completed			
Often have difficulty waiting for your turn.			
Often interrupt or intrude on others.			
D		Have you felt depressed most of the day, nearly every day or has someone else thought you appeared to be depressed?	
		Have you or someone else noticed that you have had diminished interest or pleasure in all, or almost all activities?	
	Have you experienced any significant weight loss or weight gain or an increase or decrease in appetite?		
	Have you experienced a change in sleep, sleeping more or having trouble sleeping?		
	Have you or others noticed that you seem unable to sit still or slowed down?		
	Have you felt fatigued or a loss of energy?		
	Have you had any feelings of worthlessness or excessive or inappropriate guilt?		
	Have you or others noticed that you appear to have diminished concentration, or indecisiveness?		
	Have you had any recurrent thoughts of death or dying, thoughts of suicide, a suicide attempt, or a plan to commit suicide?		
	Have you experienced feelings of being helpless or hopeless?		
M	Inflated self esteem, grandiosity, feeling on top of the world?		
	Decreased need for sleep?		
	More talkative than usual or pressure to keep talking?		
	Racing thoughts, flight of ideas, or an inability to keep up with how fast you are thinking?		
	Easily distracted or trouble concentrating on tasks?		
	Increase in goal directed activity or an inability to sit still?		
	Excessive involvement in pleasurable activities that have a high potential for painful consequences such as buying sprees, sexual indiscretions, gambling, drug or alcohol abuse, or foolish business investments?		
	P	Palpitations, pounding heart, or accelerated heart rate?	
Sweating?			
Trembling or shaking?			

	Sensations of shortness of breath or smothering?	
	Feeling of choking?	
	Chest pain or discomfort?	
	Nausea or abdominal distress?	
	Feeling dizzy, unsteady, light headed, or faint?	
	Feeling as if things are unreal or detached from yourself?	
	Fear of losing control or going crazy?	
	Fear of dying?	
	Numbness or tingling sensations?	
	Chills or hot flashes?	
O	Do you experience thoughts, impulses, or images that are intrusive and inappropriate that cause you anxiety or distress?	
	Are the thoughts, impulses, and images more than simple excessive worries about real life problems?	
	Do you find yourself attempting to ignore or control the thoughts, impulses, and images by engaging in some other thought or action?	
	Are the thoughts, impulses, or images coming from your own mind or are they coming from another source?	
C	In response to the thoughts, impulses, or images do you find yourself involved in repetitive behaviors or mental acts to help you resolve a sense of anxiety or distress?	
	Do you have behaviors or mental acts aimed at preventing or reducing distress or preventing some dreaded situation: However, these behaviors or mental acts are either not connected in a realistic way with what they are designed to neutralize or prevent or are clearly excessive?	
G	Restlessness or feeling keyed up or on edge?	
	Being easily fatigued?	
	Difficulty concentrating or mind going blank?	
	Irritability?	
	Muscle tension?	
	Do you have difficulty falling asleep or staying asleep?	
A	Do you find yourself refusing to maintain a body weight at or above a minimally normal weight for your age and height?	
	Do you have an intense fear of becoming fat?	
	Do you find your body weight or shape disturbing?	
B	Do you find yourself at times eating an amount of food that is larger than most people would eat during a similar period of time or under similar circumstances?	
	Do you experience a sense of lack of control during this same period of time?	
	Do you find yourself taking steps to avoid weight gain in relation to your eating behavior? (induce vomiting, use of laxatives, diuretics, fasting, or excessive exercise)	
I	Have you experienced episodes of aggression which have resulted in destruction of property or someone getting hurt?	
	Was the degree of aggression out of proportion to the what caused it?	

Please continue to next page.

Have you ever experienced any events that could be considered traumatic? Yes ___ No ___

If Yes, please check the symptoms that apply to you. No detail is necessary at this time, but a one or two word answer to name the event such as car accident, robbery, rape, etc. would be appreciated.

	Yes
Experienced, witnessed, or confronted an event or events with actual or threatened clear, serious injury of threat to physical integrity. Please name event(s):	
Intense fear; Helplessness; Horror	
Recurrent and intrusive distressing recollections.	
Recurrent distressing dreams of the event(s).	
Acting or feeling as if the traumatic event were recurring.	
Intense distress at exposure to events that symbolize or resemble an aspect of the traumatic event (including anniversary.)	
Physiological reactivity on exposure to internal or external cues that symbolize or resemble the event	
Efforts to avoid thoughts/feelings/conversations associated. w/ trauma	
Efforts to avoid activities/places/people that arouse recollections	
Inability to recall an important aspect of the trauma	
Marked diminished interest in significant activity	
Feeling detachment or estranged from others	
Restricted range of affect (Ex: unable to express feelings such as love or other emotions)	
Sense of foreshortened future: (Thoughts that your life may be shortened from a normal life span.)	
Difficulty falling or staying asleep	
Irritability or outburst of anger	
Difficulty concentrating	
Hyper-vigilance	
Exaggerated startle response	
Physiologic reactivity upon exposure to events that symbolize trauma	
Symptoms have caused me problems with work, school, relationships, etc.	
Symptoms have lasted for more than a month.	
My symptoms started immediately following the event(s).	
<i>My symptoms had a delayed onset.</i>	

Other Comments: