

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.

| | | Yes |
|---|---|-----|
| P | I have no proof, but suspect others are Exploiting, harming or deceiving me. | |
| | I am preoccupied with doubts about the loyalty of friends. | |
| | I am reluctant to confide in others for fear that the information will be used against me. | |
| | I find hidden demeaning and threatening meaning in the remarks or actions of others. | |
| | I hold a grudge and am unforgiving of insults, injuries or slights. | |
| | I perceive attacks on my character or reputation that are not apparent to others. | |
| | I suspect or have a reoccurring feeling, but without justification that my spouse or sexual partner have been unfaithful to me. | |
| S | I prefer to be alone instead of in a close relationship, including being part of a family. | |
| | When given a choice, I almost always choose solitary activities. | |
| | I have little, if any, interest in having sexual experiences with another person. | |
| | I take pleasure in few, if any, activities. | |
| | I lack close friends or confidants other than first degree relatives. | |
| | I generally appear to react to praise or criticism of others with indifference. | |
| | People have described me as being emotionally detached or cold. | |
| A | I have been involved in illegal activities that could lead to my arrest. | |
| | At times I will lie, use aliases, or con others to get what I want. | |
| | I can be impulsive or fail to plan ahead. | |
| | I have gotten into physical fights or assaulted people. | |
| | I have acted in a manner that has shown a disregard for the safety of myself and others. | |
| | I can be irresponsible. I have had poor work ethics or have failed to honor financial obligations. | |
| | I have been indifferent to, or rationalized having hurt, mistreated, or stolen from another. | |
| B | I have gone to great lengths to avoid being abandoned by a spouse or significant other. | |
| | I often have unstable and intense relationships. | |
| | I have trouble with myself image. | |
| | I can be impulsive (Spending, Sex, substance abuse, reckless driving, binge eating, etc.) | |
| | I have threatened suicide, attempted suicide, had suicidal gestures or behavior, or I have engaged in self mutilation behavior. | |
| | I have intense mood changes. | |
| | I often feel empty. | |
| | I experience anger that is inappropriate or intense. I have trouble controlling anger. | |
| | When stressed I can sometimes feel paranoid or as if things are not real. | |
| H | I like to be the center of attention and feel uncomfortable in situations when I am not. | |
| | I often flirt with others or act in a seductive/provocative manor. | |
| | My emotions appear to shift rapidly or may seem shallow at times. | |
| | My physical appearance is important to me as it draws the attention of others. | |
| | I can be dramatic or emotional at times. | |
| | I can easily be influenced by others or circumstances. | |
| | I often invest in relationships to quickly or consider relationships to be more intimate then they really are. | |
| N | I have exaggerated my achievements and talents. | |
| | I often think about unlimited success, power, brilliance, beauty, or ideal love. | |
| | I consider myself special or unique, and can only be understood by people like me. | |
| | I like to be admired. People should admire my accomplishments. | |
| | People should treat me with a great amount of respect; give me special consideration and do what I say. | |

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: