

**BRIEF SYMPTOM SCREENING QUESTIONNAIRE:**

Over the past two weeks, have you been: (check all that apply)

- 1) Persistently sad or lost interest in many things that you usually enjoy?  Yes  No
- 2) Frequently anxious, worried, tense, or unable to relax?  Yes  No
- 3) Persistently irritable, angry, hostile, or having mood swings?  Yes  No
- 4) Persistently overjoyed, exuberant, giddy, feeling on top of the world?  Yes  No
- 5) Wished you were dead or had suicidal thoughts?  Yes  No
- 6) Wanted very much to hurt someone else?  Yes  No
- 7) Using alcohol or drugs excessively or felt out of control with them?  Yes  No
- 8) Having recurrent thoughts or nightmares about a traumatic event?  Yes  No
- 9) Feeling suspicious or preoccupied with things others that didn't believe were true?  Yes  No
- 10) Hearing voices or having visual hallucinations?  Yes  No
- 11) Having recurring obsessive thoughts that felt silly but unshakable?  Yes  No
- 12) Engaging in any compulsive behaviors that are hard to stop?  Yes  No
- 13) Having memory problems, difficulty with tasks you used to be able to do, getting lost or confused?  Yes  No