



INTERACTIONS COUNSELING P.C.

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Hopkins Symptom Checklist

Name _____ Date _____

Location _____ Rater _____

INSTRUCTIONS: Below is a List of problems and complaints that people sometimes have. Please read each one carefully. After you have done so, please put a check (✓) in one of the four boxes to the right that best describes **how much that problem has bothered you during the last week (7 days), including today** .

Check only one box for each problem and do not skip any items. Make your checks carefully . If you change your mind, erase your first mark completely . Read the example below before beginning.

EXAMPLE:

1. Backaches

1 Not At All	2 A Little Bit	3 Quite A Bit	4 Extremely
	✓		

If the symptom is "backaches" and backaches have bothered you *not at all*, put a check mark in the box under **1, Not At All**.

If backaches have bothered you *a little bit*, put a check mark in the box under **2, A Little Bit** (see example above).

If backaches have been bothering you *quite a bit*, put a check mark in the box under **3, Quite A Bit**.

If backaches have been bothering you *extremely*, put a check mark in the box under **4, Extremely**.

HOW MUCH ARE YOU BOTHERED BY:	1 Not At All	2 A Little Bit	3 Quite A Bit	4 Extremely
1. Headaches				
2. Nervousness or shakiness inside				
3. Being unable to get rid of bad thoughts or ideas				
4. Faintness or dizziness				
5. Loss of sexual interest or pleasure				
6. Feeling critical of others				
7. Bad dreams				
8. Difficulty in speaking when you are excited				
9. Trouble remembering things				
10. Worried about sloppiness or carelessness				
11. Feeling easily annoyed or irritated				
12. Pains in the heart or chest				
13. Itching				
14. Feeling low in energy or slowed down				
15. Thoughts of ending your life				
16. Sweating				
17. Trembling				
18. Feeling confused				

HOW MUCH ARE YOU BOTHERED BY:	1 Not At All	2 A Little Bit	3 Quite A Bit	4 Extremely
19. Poor appetite				
20. Crying easily				
21. Feeling shy or uneasy with the opposite sex				
22. A feeling of being trapped or caught				
23. Suddenly scared for no reason				
24. Temper outbursts you could not control				
25. Constipation				
26. Blaming yourself for things				
27. Pains in the lower part of your back				
28. Feeling blocked in getting things done				
29. Feeling lonely				
30. Feeling blue				
31. Worrying too much about things				
32. Feeling no interest in things				
33. Feeling fearful				
34. Your feelings being easily hurt				
35. Having to ask others what you should do				
36. Feeling others do not understand you or are unsympathetic				
37. Feeling that people are unfriendly or dislike you				
38. Having to do things very slowly to insure correctness				
39. Heart pounding or racing				
40. Nausea or upset stomach				
41. Feeling inferior to others				
42. Soreness of your muscles				
43. Loose bowel movements				
44. Trouble falling asleep				
45. Having to check and double check what you do				
46. Difficulty making decisions				
47. Wanting to be alone				
48. Trouble getting your breath				
49. Hot or cold spells				
50. Having to avoid certain things, places or activities because they frighten you				
51. Your mind going blank				
52. Numbness or tingling in parts of your body				
53. A lump in your throat				
54. Feeling hopeless about the future				
55. Trouble concentrating				
56. Feeling weak in parts of your body				
57. Feeling tense or keyed up				
58. Heavy feelings in your arms or legs				