

# Lunden Psychological Services, Inc.

## Brief Symptom Inventory:

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please briefly describe the reason you are accessing care at this time?

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Please mark with an "X" any of the following symptoms that have contributed to your access of care (mark all that apply):

- Poor work performance, tardiness, absenteeism, or low productivity/morale
- Problems with co-workers or supervisors at the workplace
- Conflicts with family members, partners, significant others, or loved ones
- Stress, Anxiety, Tension, Worrying, or Feeling Overwhelmed
- Headaches, Stomachaches, Problems Sleeping, Changes in Appetite
- Confusion, Forgetfulness, Difficulties with Organization, or Memory Problems
- Sadness, Feeling "Down or Blue," Isolation, Decreased Energy or Interest Level
- Increased Alcohol, Drug Use, or Other Addictive Behaviors
- Anger Control Problems, Irritability, or Violence
- Thoughts of Hurting Yourself or Others
- Legal Problems
- Financial Problems
- Medical Illness or Physical Problems/Disability
- Psychiatric or Psychological Treatment History
- Other: \_\_\_\_\_

**Check the column that best describes how much the difficulty bothers you:**

	Not at All	A Little	Moderately	Quite a Bit	Extremely
1. In the past week, how much has emotional distress affected your physical health?					
2. In the past week, how much has emotional distress caused you to stay home in bed?					

PHONE

FAX

WEB

	Not at All	A Little	Moderately	Quite a Bit	Extremely
3. In the past week, how much has emotional distress affected your ability to do your usual work?					
4. At the present time, how upset or distressed are you feeling?					
5. At the present time, how well do you feel you are getting along emotionally and physically?					
6. In the past week, how much discomfort has feelings of loneliness caused you?					
7. In the past week, how much discomfort has depressed or blue feelings caused you?					
8. In the past week, how much discomfort has fearful feelings caused you?					
9. In the past week, how much discomfort was experienced, by feeling that other people were unfriendly or disliked you?					
10. In the past week, how much discomfort was experienced, by having trouble getting your breath?					
11. In the past week, how much discomfort has feelings of weakness in parts of your body caused you?					
12. In the past week, how much discomfort was experienced, by feeling suddenly scared for no reason?					