

General Emotional Disposition Scale

Please answer each of the questions to the best of your ability as to how you have been feeling for most of the time, more days than not. This is totally confidential and will help us make progress quickly, so please be as honest as you can.

Give each question a number rating according to the following scale:

Rating - 0=Absent; 1=Minimal; 2=Mild; 3=Moderate; 4=Moderately Severe; 5=Severe; 6=Extreme;

How long? - If your answer is 3 or above, under "How Long?", put "W" (weeks), M (months), or Y (years), or A (always or as long as I can remember), or "O" (Occasionally) to indicate how long the symptom has been a problem for you. Put a number if you think it would help (e.g., 1.5Y)

| Question | QID | Rating | How long? |
|--|-----|--------|-----------|
| 1. I am sad to the point of tears (or almost to tears) | 1 | | |
| 2. I am anxious or fearful | 2 | | |
| 3. I have strange thoughts I've kept secret | 3 | | |
| 4. I "lose time" where I didn't know what happened | 4 | | |
| 5. My eating habits are poor | 5 | | |
| 6. My sleeping habits are poor | 6 | | |
| 7. I don't care about things that used to be fun | 7 | | |
| 8. I see or hear things that I believe might not be there | 8 | | |
| 9. My relationships are chaotic and difficult | 9 | | |
| 10. Sometimes I wish I was dead | 10 | | |
| 11. I have planned my own death | 11 | | |
| 12. I can't sit still, as if driven by a motor I can't control | 12 | | |
| 13. My thoughts race around in my head, I can't stop them | 13 | | |
| 14. I am a pushover, I can't say 'no' | 14 | | |
| 15. I feel a heaviness in my chest | 15 | | |
| 16. I feel tremendous internal emotional pressure | 16 | | |
| 17. I am a people-pleaser | 17 | | |
| 18. I am afraid of failure | 18 | | |
| 19. I am a perfectionist | 19 | | |
| 20. People tell me I drink too much alcohol, or I use drugs | 20 | | |
| 21. People tell me I over-react, or I know I do | 21 | | |
| 22. I have trouble concentrating | 22 | | |
| 23. My memory is worse than normal | 23 | | |
| 24. I feel deep guilt | 24 | | |
| 25. I feel angry or irritable, or become so very easily | 25 | | |
| 26. I am easily offended or become defensive | 26 | | |
| 27. I am bitter and resentful | 27 | | |
| 28. I am easily hurt | 28 | | |
| 29. I am physically exhausted or in pain | 29 | | |
| 30. I feel worthless | 30 | | |
| 31. I can't make a decision | 31 | | |
| 32. I spend way too much money | 32 | | |

| | | | | |
|-----|---|----|--|--|
| 33. | I do too many risky things (drive too fast, sex, drugs) | 33 | | |
| 34. | I hate (people, things, circumstances) easily | 34 | | |
| 35. | I don't forgive easily | 35 | | |
| 36. | I feel emotionally numb, I don't care about things | 36 | | |
| 37. | I am easily frightened or startled | 37 | | |
| 38. | Sometimes I feel like I'm having a heart attack | 38 | | |
| 39. | I have habits people tell me are strange | 39 | | |
| 40. | I have habits that seem to control me | 40 | | |
| 41. | I have terrible nightmares | 41 | | |
| 42. | I avoid certain places or situations out of fear | 42 | | |
| 43. | People tell me that I am too focused on how I look | 43 | | |
| 44. | People tell me I say or do things I don't remember | 44 | | |
| 45. | I know I am selfish and "it's all about me." | 45 | | |
| 46. | I feel unworthy of love | 46 | | |
| 47. | I pretend to be sick or hurt to get attention or love | 47 | | |
| 48. | I am afraid to leave the house | 48 | | |
| 49. | I am easily confused | 49 | | |
| 50. | I am easily frustrated | 50 | | |

Situations we need to discuss

Put a checkmark in the column to the right. **Do not check a situation you do not want to share or would rather not discuss at this time.**

| | |
|--|--|
| Emotional problems | |
| I was or may have been abused as a child | |
| I have abused others | |
| I have experienced a traumatic incident (death, rape, accident) | |
| My marriage is in trouble | |
| Abortion | |
| School or career problems | |
| Adultery (perpetrator or betrayed spouse) | |
| Relationship or social problems | |
| Anger issues | |
| Anxiety or fear | |
| Sexual issues | |
| Life circumstance issues (decisions about marriage, school, etc) | |
| Problems with parents or other authorities | |
| Weight | |
| Loneliness or isolation | |
| Alcohol or drug issues or any substance abuse problem | |
| Other (please provide): | |