

772-208-7834

Please complete the following questionnaire in its entirety.

Over the last two weeks, how often have you been bothered by the following problems?

1. Feeling nervous, anxious, or on edge
Not at all Several days More than half the days Nearly every day
2. Worrying too much about different things
Not at all Several days More than half the days Nearly every day
3. Becoming easily annoyed or irritable
Not at all Several days More than half the days Nearly every day
4. Not being able to sleep or control worrying
Not at all Several days More than half the days Nearly every day
5. Feeling afraid, as if something awful might happen
Not at all Several days More than half the days Nearly every day
6. Feeling down, depressed, or hopeless
Not at all Several days More than half the days Nearly every day
7. Little interest or pleasure in doing things
Not at all Several days More than half the days Nearly every day
8. Feeling tired or having little energy
Not at all Several days More than half the days Nearly every day
9. Poor appetite or overeating
Not at all Several days More than half the days Nearly every day
10. Thoughts that you would be better off dead, or of hurting yourself
Not at all Several days More than half the days Nearly every day

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you...

11. Have had nightmares about it or thought about it when you did not want to? No Yes
12. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it? No Yes
13. Were constantly on guard, watchful, or easily startled? No Yes
14. Felt numb or detached from others, activities, or your surroundings? No Yes

Over the last two weeks, have you been bothered by the following problems?

15. Do you often find yourself preoccupied with sexual thoughts? No Yes
16. Do you feel that your sexual behavior is not normal? No Yes
17. Do you ever feel bad about your sexual behavior? No Yes
18. Has your sexual behavior ever created problems for you and your family? No Yes
19. Are you experiencing any sexual difficulties? No Yes
20. Do you have any sexual concerns? No Yes