

Client Name: _____

Date: _____

SA-46 Questionnaire

Depression

	1-Not at all	2-A little bit	3-Moderately	4-
Feeling low in energy or slowed down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Poor Appetite (or over eating)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Feeling no interest in things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Feeling everything is an effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Thoughts of death or dying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Thoughts of ending your life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Loss of pleasure or sexual interest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Trouble concentrating or remembering	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Crying easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Worrying too much about things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Trouble falling asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Awakening in the early morning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sleep that is restless or disturbed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Feeling hopeless about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Feelings of guilt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Feelings of worthlessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Sub-Score Total

Anxiety-Panic

	1-Not at all	2-A little bit	3-Moderately	4-
Nervousness or shakiness inside	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Suddenly scared or fearful for no reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Heart pounding or racing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Feeling tense or keyed up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Spells of terror or panic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Feeling so restless you couldn't sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Sub-Score Total

Comments

Phobia-Fear

	1-Not at all	2-A little bit	3-Moderately	4-
Feeling afraid to go out of your house alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Feeling afraid in open spaces or on the streets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Having to avoid certain things, places, or activities because they frighten you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Feeling uneasy in crowds, such as shopping or at a movie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Feeling afraid to travel on buses, subways, or trains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Client Name: _____

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Anger-Irritability

	1-Not at all	2-A little bit	3-Moderately	4
Feeling easily annoyed or irritated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Temper outburst that you could not control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Shouting or throwing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Getting into frequent arguments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Having urges to beat, injure, or harm someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Having urges to break or smash things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Sub-Score Total

Comments

Psychotic-Like

	1-Not at all	2-A little bit	3-Moderately	4
Hearing voices that other people do not hear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
The idea that someone else can control your thoughts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Having thoughts that are not your own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other people being aware of your private thoughts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
The idea that something is wrong with your mind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Feeling that you are watched or talked about by others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Sub-Score Total

Comments

Obsessive-Compulsive

	1-Not at all	2-A little bit	3-Moderately	4
Unwanted thoughts, words or ideas that won't leave your mind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Having to check and double-check what you do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Having to repeat the same actions-touching, counting, washing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Difficulty making decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	