

Progress Monitor (Patient 18+ years)

Name: _____ Date: _____

Please answer the questions based on how it is going since your last appointment. This progress monitoring tool helps you and the counselor know how you are doing. The counselor will discuss the results with you.

1. Little interest or pleasure in doing things.
 Not at all Several days More than half the days Nearly every day
2. Feeling down, depressed, or hopeless.
 Not at all Several days More than half the days Nearly every day
3. Trouble falling or staying asleep, or sleeping too much.
 Not at all Several days More than half the days Nearly every day
4. Feeling tired or having little energy.
 Not at all Several days More than half the days Nearly every day
5. Poor appetite or overeating.
 Not at all Several days More than half the days Nearly every day
6. Feeling bad about yourself or that you are a failure or have let yourself or your family down.
 Not at all Several days More than half the days Nearly every day
7. Trouble concentrating on things, such as reading the newspaper or watching television.
 Not at all Several days More than half the days Nearly every day
8. Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual.
 Not at all Several days More than half the days Nearly every day
9. Thoughts that you would be better off dead or of hurting yourself in some way.
 Not at all Several days More than half the days Nearly every day
10. Feeling nervous, anxious or on edge.
 Not at all Several days More than half the days Nearly every day
11. Not being able to stop or control worrying.
 Not at all Several days More than half the days Nearly every day

CONTINUE ON REVERSE SIDE

12. Repeated, disturbing dreams of the stressful experience.
 Not at all A little bit Moderately Quite a bit Extremely
13. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it).
 Not at all A little bit Moderately Quite a bit Extremely
14. Avoiding memories, thoughts, or feelings related to the stressful experience.
 Not at all A little bit Moderately Quite a bit Extremely
15. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)
 Not at all A little bit Moderately Quite a bit Extremely
16. Being “super alert” or watchful or on guard.
 Not at all A little bit Moderately Quite a bit Extremely
17. Feeling jumpy or easily startled.
 Not at all A little bit Moderately Quite a bit Extremely