



Progress Monitoring Checklist (Patient 13-17 years)

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

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things.	0	1	2	3
2. Feeling down, depressed, or hopeless.	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much.	0	1	2	3
4. Feeling tired or having little energy.	0	1	2	3
5. Poor appetite or overeating.	0	1	2	3
6. Feeling bad about yourself--or that you are a failure or have let yourself or your family down.	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television.	0	1	2	3
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.	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way.	0	1	2	3
10+				
10. Feeling nervous, anxious or on edge.	0	1	2	3
11. Not being able to stop or control worrying.	0	1	2	3

3+

	Never	Once in a while	Half the time	Almost always
12. Bad dreams reminding you of what happened.	0	1	2	3
13. Feeling as if what happened is happening all over again.	0	1	2	3
14. Trying not to think about what happened, or to not have feelings about it.	0	1	2	3
15. Staying away from people, places, things or situations that remind you of what happened.	0	1	2	3
16. Being overly careful (checking to see who is around you).	0	1	2	3
17. Being jumpy.	0	1	2	3

4+