Progress Monitoring Checklist (18+ 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. Feeling down, depressed, or	0	1	2	3
2.	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 yourselfor 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 oppositebeing 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+	0	4	2	2
10. 11.	Feeling nervous, anxious or on edge. Not being able to stop or control worrying.	0	1 1	2 2	3 3
11.	3+	U	1	2	3
	JT				

		Never	Once in a while	Half the time	Almost always
12.	Bad dreams related to a stressful event that feels like it is				
	happening in a dream.	0	1	2	3
13.	Acting or feeling as if the stressful event is happening right now.	0	1	2	3
14.	Trying not to remember, talk about or have feelings about an				
	event.	0	1	2	3
15.	Avoiding activities, people, places or things that remind you of a				
	stressful event.	0	1	2	3
16.	Being overly alert or on guard.	0	1	2	3
17.	Being jumpy or easily startled.	0	1	2	3
	4+				