

**Larry L. Hanselka, Ph.D.**  
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**Functioning and Symptom Scale**  
*Robert F. Mehl III, Ph.D.*

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Person completing form: \_\_\_\_ Self      \_\_\_\_ Parent/Guardian

Please mark the extent to which each item has applied to you during the past seven (7) days.

If you are a parent or guardian completing the form on behalf of your minor child, please mark the extent to which you believe each item has applied to your child during the past seven (7) days.

Please mark only one response per item. Please answer every item.

	None	A little bit	Moderate	Quite a bit	Extreme	
Feeling overwhelmed with too much to do to get things done.....						[1]
Loss of interest in normal activities.....						[2]
Feeling unappreciated.....						[3]
Feeling tired.....						[4]
Problems attending work or school .....						[5]
Loss of appetite.....						[6]
Feeling blamed by family members.....						[7]
Difficulties with memory or concentration.....						[8]
Wanting to avoid being around people.....						[9]
Loss of interest in sex or romance.....						[10]
Feeling that no matter what I do, I still seem to get into trouble.....						[11]
Feeling nervous or agitated inside.....						[12]
Problems in completing normal household chores.....						[13]
Sudden or general feelings of fear or panic. ....						[14]
Feeling others complain too much about drinking, drugs, or prescription use.....						[15]
Shortness of breath.....						[16]
Feeling unhappy.....						[17]
Trouble sleeping.....						[18]
Physical health has interfered with ongoing activity.....						[19]

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Feeling tense.....							[20]
Problems concentrating on work or school.....							[21]
Feelings of weakness.....							[22]
Wanting to break, smash, or destroy things.....							[23]
Suicidal feelings or actions.....							[24]
Not feeling close to family members.....							[25]
Feelings are frequently or easily hurt.....							[26]
Lack of exercise.....							[27]
Feeling that something is wrong with my mind.....							[28]
Feeling angry at others.....							[29]
Feeling unliked by others.....							[30]
Feeling that authorities are to blame for some of my problems.....							[31]

	None	A little bit	Moderate	Quite a bit	Extreme	
Neglecting hygiene, cleanliness, or neatness.....						[33]
Feeling hopeless about the future.....						[34]
Using prescription medications for pain, tranquilizing, or sleeping (whether prescribed or not) .....						[35]
Feeling lonely.....						[36]
Feeling distressed.....						[37]
Specific fears (such as spiders, snakes, closed spaces, heights, etc.)...						[38]
Getting sick quite easily.....						[39]
Feeling unsafe outside of home.....						[40]
Problems working as carefully as usual.....						[41]
Guilty feeling.....						[42]
Feeling out of control of my temper.....						[43]
Not feeling worthwhile.....						[44]
Feeling angry or irritated at family members.....						[45]
Preoccupied with sex.....						[46]
Not taking time to relax.....						[47]
Feeling unable to control thoughts or activities.....						[48]
						[49]

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Not as able to participate in regular social activities.....						[50]
Feeling unable to control feelings.....						[51]
Having to take orders from those who know less than I do...						[52]
Concerned with weight.....						[53]
Spending more money than is available.....						[54]
Problems with thoughts going too fast.....						[56]
Using illegal drugs.....						[57]
Feeling dissatisfied with things.....						[58]
Having disturbing thoughts.....						[59]
Having difficulty with ongoing pain.....						[60]
Seeing or hearing things others do not.....						[61]
Problems finishing work or schoolwork.....						[62]
Feeling that others are out to get me.....						[63]
Feeling like injuring or hurting myself.....						[64]
Unable to complete tasks.....						[65]
Feeling family members are just out for themselves.....						[66]
Feeling depressed.....						[67]
Difficulty allowing leisure time for myself.....						[68]
Feeling anger.....						[69]
Sensing increasing conflict with others.....						[70]
Feeling others get in the way of my happiness.....						[71]
Getting into trouble with authorities.....						[72]
Feeling others are in control of my mind.....						[73]
Not eating regular meals.....						[74]
Having frequent aches and pains.....						[75]
Drinking alcohol.....						[76]
Having difficulty making decisions.....						[77]
Fears of abusing children.....						[78]
Feeling physically unhealthy.....						[79]
Avoiding open spaces.....						[80]
Feeling like injuring, beating, or hurting someone else.....						[81]
Avoiding crowds.....						[82]