

## AGAPE Client Symptom Rating Scale

Rate all symptoms below based on **the past month**. **Rate each symptom 0 - 5 according to symptom severity; 0 = symptom absent, 5 = symptom is extreme.** Your counselor will review and discuss your responses with you during the intake interview. (Parents should complete form for child clients.)

Name of **client**: \_\_\_\_\_ Today's date: \_\_\_\_\_

### Emotional symptoms (Rate each symptom; circle 0 - 5)

anger	0 1 2 3 4 5	anxiety	0 1 2 3 4 5	extreme mood shifts	0 1 2 3 4 5
irritability	0 1 2 3 4 5	frustration	0 1 2 3 4 5	helplessness	0 1 2 3 4 5
hopelessness	0 1 2 3 4 5	fear	0 1 2 3 4 5	apathy	0 1 2 3 4 5
lack of emotions	0 1 2 3 4 5	guilt feelings	0 1 2 3 4 5	depression	0 1 2 3 4 5
worry	0 1 2 3 4 5	others (specify) _____			0 1 2 3 4 5

### Mental symptoms: (Rate each symptom; circle 0 - 5)

problems with concentration	0 1 2 3 4 5	inattention	0 1 2 3 4 5	memory problems	0 1 2 3 4 5
difficulty making decisions	0 1 2 3 4 5	distractibility	0 1 2 3 4 5	racing thoughts	0 1 2 3 4 5
repeated unwanted thoughts	0 1 2 3 4 5	other (specify) _____			0 1 2 3 4 5

### Physical symptoms: (Rate each symptom; circle 0 - 5)

increase or decrease in appetite	0 1 2 3 4 5	sleep difficulties		0 1 2 3 4 5
tearfulness/crying spells	0 1 2 3 4 5	increased heart rate/pounding heart		0 1 2 3 4 5
sweating/chills	0 1 2 3 4 5	stomach or intestinal distress		0 1 2 3 4 5
frequent or severe headaches	0 1 2 3 4 5	body pain/numbness		0 1 2 3 4 5
muscle tension	0 1 2 3 4 5	other (specify): _____		0 1 2 3 4 5

### Behavioral symptoms: (Rate each symptom; circle 0 - 5)

hyperactivity	0 1 2 3 4 5	impulsivity	0 1 2 3 4 5	withdrawal	0 1 2 3 4 5
arguing	0 1 2 3 4 5	disorganized	0 1 2 3 4 5	self-injury	0 1 2 3 4 5
binge eating/ over eating	0 1 2 3 4 5	suicidal gesture/attempt	0 1 2 3 4 5	induced vomiting	0 1 2 3 4 5
increased alcohol use	0 1 2 3 4 5	fighting/ aggression	0 1 2 3 4 5	oppositional defiant	0 1 2 3 4 5
lying/ deceitfulness	0 1 2 3 4 5	avoidance of school or job			0 1 2 3 4 5
other (specify) _____					0 1 2 3 4 5

**Notes (for counselor's use):**