

Warning Signs Checklist

Your therapist will help you choose the correct response to each of the following statements.

	Rarely	Just Before I Get Sick Or Relapse	Frequently
1. I have no interest in doing things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have no interest in the way I look or dress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel discouraged about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have trouble concentrating about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My thoughts go so fast I can't keep up with them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I feel distant from friends and family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Religion is very meaningful to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have trouble making everyday decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am bothered by thoughts I can't get rid of.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I have trouble sleeping.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I seldom see my friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I feel bad for no reason.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I feel tense and nervous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I feel depressed or worthless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I have trouble remembering things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I eat very little.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I have trouble getting along with family members or friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I feel people are making fun of me; they laugh and talk about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I don't enjoy things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I feel too excited.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I talk in ways that don't make sense to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I have bad dreams.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I am too aggressive or pushy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I feel angry about little things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I have thoughts of hurting or killing myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I have frequent aches or pains.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. I have fears of going crazy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. I have thoughts of hurting or killing others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. I drink a lot of alcohol or use a lot of drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. I think that parts of my body are changing or somewhat are different.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. I feel that my surroundings are strange or unreal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. I sleep a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. People tell me I look or act different.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. I am preoccupied with sexual thoughts.	_____	_____	_____
35. I get into a lot of arguments.	_____	_____	_____
36. I feel frightened in situations that used to feel comfortable.	_____	_____	_____
37. I lose weight.	_____	_____	_____
38. I gain weight.	_____	_____	_____
39. I feel that others don't care about me.	_____	_____	_____
40. I feel that others are trying to hurt me or make me ill.	_____	_____	_____
41. I experience feelings or sensations other than the ones listed above.	_____	_____	_____

If you experience other sensations or feelings, please describe them:

Severity of Warning Signs

Warning Sign

Severity

1. _____

Severe is _____

Moderate is _____

Mild is _____

2. _____

Severe is _____

Moderate is _____

Mild is _____

3. _____

Severe is _____

Moderate is _____

Mild is _____

4. _____

Severe is _____

Moderate is _____

Mild is _____
