

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SS-77

PLEASE USE THE FOLLOWING  
GUIDELINES TO ANSWER EACH  
QUESTION

- 0 Not at all bothered
- 1 Slightly bothered
- 2 More than occasionally bothered
- 3 Moderately bothered
- 4 Frequently bothered
- 5 Constantly bothered
- 6 Severely bothered

- 1. Pain in my shoulders . . . . . 0 1 2 3 4 5 6
- 2. Headaches. . . . . 0 1 2 3 4 5 6
- 3. Neck or chest pains. . . . . 0 1 2 3 4 5 6
- 4. Not knowing of where I am. . . . . 0 1 2 3 4 5 6
- 5. Troubling thoughts that repeat themselves. . . 0 1 2 3 4 5 6
- 6. Feeling dizzy. . . . . 0 1 2 3 4 5 6
- 7. Dry mouth. . . . . 0 1 2 3 4 5 6
- 8. Feeling restless . . . . . 0 1 2 3 4 5 6
- 9. Less interest in things I used to enjoy. . . . 0 1 2 3 4 5 6
- 10. Feeling nervous. . . . . 0 1 2 3 4 5 6
- 11. Problems from alcohol or taking drugs. . . . . 0 1 2 3 4 5 6
- 12. A need to count unimportant items. . . . . 0 1 2 3 4 5 6
- 13. Feeling sick to my stomach . . . . . 0 1 2 3 4 5 6
- 14. My mind going blank. . . . . 0 1 2 3 4 5 6
- 15. Feeling guilty about alcohol or drug use . . . 0 1 2 3 4 5 6
- 16. Increase in sleepwalking . . . . . 0 1 2 3 4 5 6
- 17. Trying too hard to help others . . . . . 0 1 2 3 4 5 6

- 18. Back pain. . . . . 0 1 2 3 4 5 6
- 19. Needing to block out impulsive thoughts. . . . 0 1 2 3 4 5 6
- 20. Sudden fears of dying. . . . . 0 1 2 3 4 5 6
- 21. Drinking or using drugs too often. . . . . 0 1 2 3 4 5 6
- 22. Problems reading my own handwriting. . . . . 0 1 2 3 4 5 6
- 23. Feeling helpless . . . . . 0 1 2 3 4 5 6
- 24. Nightmares about something bad that  
happened to me. . . . . 0 1 2 3 4 5 6
- 25. Talking in my sleep more than usual. . . . . 0 1 2 3 4 5 6
- 26. Fears of going outside alone . . . . . 0 1 2 3 4 5 6
- 27. Feeling like I am having a heart attack. . . . 0 1 2 3 4 5 6
- 28. Having to repeat certain things I do to  
avoid getting nervous . . . . . 0 1 2 3 4 5 6
- 29. Feeling sensitive about my faults. . . . . 0 1 2 3 4 5 6
- 30. Crying a lot . . . . . 0 1 2 3 4 5 6
- 31. Trouble thinking of the names of family  
members or close friends. . . . . 0 1 2 3 4 5 6
- 32. Shortness of breath. . . . . 0 1 2 3 4 5 6
- 33. Feeling anxious. . . . . 0 1 2 3 4 5 6
- 34. Flashbacks of something bad that  
happened to me. . . . . 0 1 2 3 4 5 6
- 35. Needing to use alcohol or drugs to get high. . 0 1 2 3 4 5 6
- 36. Being too unselfish for my own good. . . . . 0 1 2 3 4 5 6
- 37. Feeling hopeless . . . . . 0 1 2 3 4 5 6
- 38. Feelings of terror . . . . . 0 1 2 3 4 5 6
- 39. Fear of going crazy. . . . . 0 1 2 3 4 5 6

- 40. Feeling detached from others . . . . . 0 1 2 3 4 5 6
- 41. Problems falling asleep or staying asleep. . . 0 1 2 3 4 5 6
- 42. Stomach problems . . . . . 0 1 2 3 4 5 6
- 43. A pounding or racing heart . . . . . 0 1 2 3 4 5 6
- 44. Thoughts of hurting or killing myself. . . . . 0 1 2 3 4 5 6
- 45. Thoughts about something bad that  
happened to me. . . . . 0 1 2 3 4 5 6
- 46. The need to keep things extra tidy . . . . . 0 1 2 3 4 5 6
- 47. Not remembering when or where I was born . . . 0 1 2 3 4 5 6
- 48. Problems remembering bad things in my life . . 0 1 2 3 4 5 6
- 49. Feeling that things aren't real. . . . . 0 1 2 3 4 5 6
- 50. Needing to repeatedly wash hands . . . . . 0 1 2 3 4 5 6
- 51. Stress at work (or school) or at home. . . . . 0 1 2 3 4 5 6
- 52. Arguments with family or friends about  
my alcohol or drug use. . . . . 0 1 2 3 4 5 6
- 53. Feeling keyed up or "edgy". . . . . 0 1 2 3 4 5 6
- 54. Trying too hard. . . . . 0 1 2 3 4 5 6
- 55. Feeling worthless. . . . . 0 1 2 3 4 5 6
- 56. Sudden fear for no good reason . . . . . 0 1 2 3 4 5 6
- 57. Fear of being in a crowded place . . . . . 0 1 2 3 4 5 6
- 58. Sadness. . . . . 0 1 2 3 4 5 6
- 59. Muscle and body soreness . . . . . 0 1 2 3 4 5 6
- 60. Needing to retrace my steps. . . . . 0 1 2 3 4 5 6
- 61. Being too honest for my own good . . . . . 0 1 2 3 4 5 6

- 62. Using too much alcohol or drugs. . . . . 0 1 2 3 4 5 6
- 63. Feeling self conscious . . . . . 0 1 2 3 4 5 6
- 64. Feeling down or "blue" . . . . . 0 1 2 3 4 5 6
- 65. Seeing things I know aren't real . . . . . 0 1 2 3 4 5 6
- 66. Problems concentrating . . . . . 0 1 2 3 4 5 6
- 67. Worry about the future . . . . . 0 1 2 3 4 5 6
- 68. Hot or cold feelings in my body. . . . . 0 1 2 3 4 5 6
- 69. Needing to drink or use drugs  
to feel better. . . . . 0 1 2 3 4 5 6
- 70. Being too polite to other people . . . . . 0 1 2 3 4 5 6
- 71. Feeling ashamed from using drugs or alcohol. . 0 1 2 3 4 5 6
- 72. Problems seeing things in color. . . . . 0 1 2 3 4 5 6
- 73. Repeated checking of doors or window locks . . 0 1 2 3 4 5 6
- 74. Startling easy or feeling jumpy. . . . . 0 1 2 3 4 5 6
- 75. Being reminded of something bad  
that happened to me . . . . . 0 1 2 3 4 5 6
- 76. Having to do something many times to keep  
from getting nervous. . . . . 0 1 2 3 4 5 6
- 77. Spending too much time reading or studying . . 0 1 2 3 4 5 6