

C O M P A S S	Intensity <i>How bad is this symptom, problem, or issue?</i>			Frequency <i>How often do you experience this symptom, problem, or issue?</i>			Duration <i>How long have you had this symptom, problem, issue?</i>			
	Mild	Moderate	Severe	Sometimes Monthly	Mostly Weekly	Always Daily	Days	Weeks	Months	Years
I. Category A - Emotions										
2. Frustrated, annoyed, irritated										
3. Angry										
4. Rage, enraged, or unusually strong or "intense" anger										
5. Sad, down, or "blue"										
6. Inadequate or worthless										
7. Empty, difficult to feel enjoyment or pleasure										
8. Frightened, fearful, or scared										
9. Happier or cheerful, much more than usual										
10. Euphoric, very joyous or elated										
11. Guilty or ashamed										
12. Jealous or envious										
13. Embarrassed or humiliated										
14. Category B - Feelings & Physical Symptoms										
15. Feeling anxious, tense, "edgy"										
16. Feeling nervous or restless										
17. Feeling empty										
18. Feeling panicky, having episodes of "panic"										
19. Feeling more hungry than normal										
20. Loss of appetite, loss of interest in food										
21. Feeling tired, lethargic, sluggish, fatigued										
22. Skipping, pounding, or racing heart										
23. Shortness of breath or hyperventilating										
24. Pain or tightness in chest										
25. Shaking in hands or knees, or just feeling "shaky"										
26. Feeling like I'm choking, difficulty swallowing										
27. Sweating, hot-cold flashes, chills, cold sweat										
28. Butterflies in stomach, nausea, upset stomach										
29. Numbness or tingling in hands, feet										
30. Feeling light-headed or like I'm going to faint, pass-out										

C O M P A S S	Intensity <i>How bad is this symptom, problem, or issue?</i>			Frequency <i>How often do you experience this symptom, problem, or issue?</i>			Duration <i>How long have you had this symptom, problem, issue?</i>				
	Issue	Mild	Moderate	Severe	Sometimes Monthly	Mostly Weekly	Always Daily	Days	Weeks	Months	Years
31. Dryness in eyes or mouth											
32. Acid reflux, Constipation, Diarrhea											
33. Category C - Senses & Perceptions											
34. Feeling like I'm going to go crazy or lose my mind											
35. Feeling like I'm going to have a heart attack or stroke											
36. Feeling like I'm going to lose control											
37. Feeling like things around me are not real											
38. Feeling like part of me is unreal or detached from me											
39. Feeling like I am not in my body but I know I am											
40. Feeling like I can't trust people around me											
41. Feeling like people close to me are like strangers											
42. Feeling disconnected from people I should feel close to											
43. Feeling responsible for things that are not in my control											
44. Feeling hopeless about the future											
45. Feeling very worthwhile, "on top of the world"											
46. Feeling completely worthless											
47. Feeling like things are "out of control"											
48. Feeling restricted or like I'm "in prison"											
49. Feeling like I know nothing or "stupid"											
50. Feeling like something is abnormal or ugly how I look											
51. Feeling like I have special powers											
52. Feeling like I have additional "selves" or personalities											
53. Feeling like other people can read my mind											
54. Feeling like I don't fit in with other people											
55. Feeling like I am "dirty," "evil," or "bad"											
56. Feeling very important or special											
57. Feeling like I am an awkward, weird, or strange person											
58. Category D - Motivation											
59. I have the urge to kill myself											
60. I have the urge to kill someone else											

C O M P A S S	Intensity <i>How bad is this symptom, problem, or issue?</i>			Frequency <i>How often do you experience this symptom, problem, or issue?</i>			Duration <i>How long have you had this symptom, problem, issue?</i>			
	Issue	Mild	Moderate	Severe	Sometimes Monthly	Mostly Weekly	Always Daily	Days	Weeks	Months
61. I have the urge to cut myself but not kill myself										
62. Loss of motivation to do my daily routines										
63. I have the urge to damage property or belongings										
64. Loss of motivation to maintain my personal hygiene										
65. Loss of interest in doing activities that I usually do										
66. Loss of self-control or more impulsive than usual										
67. Have urges to do a certain behavior										
68. Urges to repeat certain behaviors										
69. Have urges to do lots of different behaviors										
70. Feeling driven to do things, can't sit still and relax										
71. Difficulty controlling a certain behavior or impulse										
72. Difficult controlling many behaviors										
73. Have urges to use drugs										
74. Have urges to use alcohol										
75. Have no motivation, just want to lay around or sleep										
76. Feel motivated only to do fun things										
77. Have the urge to binge on food										
78. Have the urge to purge food, usually after binging										
79. Have the urge to resist eating or restrict my diet										
80. Have the urge to exercise a lot										
81. Category E - Thoughts, Beliefs, and "Thinking"										
82. I think that I life is not worth living										
83. Thoughts come into my head about killing myself										
84. I think about killing myself or imagine killing myself										
85. Thoughts come into my head about killing someone										
86. I think about or imagine myself killing someone										
87. I worry about my health										
88. I worry about having a panic attack										
89. I worry about work, finances, school, family										
90. I have racing thoughts										

C O M P A S S	Intensity <i>How bad is this symptom, problem, or issue?</i>			Frequency <i>How often do you experience this symptom, problem, or issue?</i>			Duration <i>How long have you had this symptom, problem, issue?</i>			
	Mild	Moderate	Severe	Sometimes Monthly	Mostly Weekly	Always Daily	Days	Weeks	Months	Years
91. I have been flooded with creative thoughts										
92. I have difficulty concentrating or focusing										
93. I am easily distracted										
94. I am afraid of gaining weight										
95. I am afraid to leave home										
96. I am afraid to be in crowded places, stores, restaurants										
97. I am afraid of being on bridges, elevators, trains										
98. I have fears or phobias, like dogs, heights, needles										
99. Dentistry, flying, blood, insects, storms or other things										
100. I get nervous before or during new social situations										
101. I get nervous before or during most social situations										
102. I get nervous before public speaking or performing										
103. I get nervous before I have to take at test										
104. I am afraid of being abandon or rejected										
105. Disturbing or upsetting thoughts go through my head										
106. Disturbing or upsetting images go through my head										
107. I worry that I'm going to lose control or breakdown										
108. I worry that I'll be responsible for something terrible										
109. Like a fire, illness, or accident.										
110. I worry that something bad will happen if I don't do a certain behavior or routine										
111. I have terrible or annoying perverse sexual thoughts										
112. I worry about my appearance										
113. I worry that I am overweight										
114. I worry about what other people think about me										
115. I worry about germs and cleanliness										
116. I am having more difficulty making decisions										
117. I think about death and dying										
118. Perfection is important to me										
119. I believe that others can read my mind										
120. I receive messages from radio or TV										

C O M P A S S	Intensity <i>How bad is this symptom, problem, or issue?</i>			Frequency <i>How often do you experience this symptom, problem, or issue?</i>			Duration <i>How long have you had this symptom, problem, issue?</i>			
	Mild	Moderate	Severe	Sometimes Monthly	Mostly Weekly	Always Daily	Days	Weeks	Months	Years
I21. I think that people can't be trusted										
I22. I doubt the loyalty of friends										
I23. I think that most people are insulting or aggressive										
I24. I don't desire or enjoy close relationships with others										
I25. I prefer to do things alone										
I26. I have experiences that I think are supernatural										
I27. I think about achieving power, fame, or wealth										
I28. I think others are envious of my talents or achievements										
I29. Category F - Behavior										
I30. I have been sleeping more than usual										
I31. I have been sleeping less than usual										
I32. I have been isolating myself										
I33. I have been less talkative than usual										
I34. I have been more talkative than usual										
I35. I have been more outgoing than usual										
I36. I am involved in much more projects than usual										
I37. I have been working on things constantly										
I38. I avoid going places because of anxiety or panic										
I39. I avoid socializing because of my nervousness										
I40. I avoid being around things that make me nervous										
I41. I hoard things or save things										
I42. I arrange things in certain ways										
I43. I do things in a certain way or a particular order										
I44. I check things repeatedly to be sure of something										
I45. I spend more time grooming myself than I need to										
I46. I am late to work or school										
I47. I don't go to work or school										
I48. I go gambling										
I49. I drink alcohol										
I50. I use drugs										

C O M P A S S	Intensity <i>How bad is this symptom, problem, or issue?</i>			Frequency <i>How often do you experience this symptom, problem, or issue?</i>			Duration <i>How long have you had this symptom, problem, issue?</i>				
	Issue	Mild	Moderate	Severe	Sometimes Monthly	Mostly Weekly	Always Daily	Days	Weeks	Months	Years
I51. I binge on food or overeat											
I52. I buy a lot merchandise at department stores or malls											
I53. I intentionally vomit after I eat											
I54. In order to avoid gaining weight, I use enemas or laxatives, skip meals, restrict calories, or exercise a lot											
I55. I avoid making friends											
I56. I avoid social situations											
I57. I break or have broken the law											
I58. I con other people for pleasure or profit											
I59. I avoid getting a job or going to school											
I60. I get into physical fights with people											
I61. I get into verbal fights or altercations with people											
I62. I have been arrested for making threats or violence											
I63. I have been arrested for stealing											
I64. I find myself lying about things											
I65. I make threats to kill myself											
I66. I like to wear sexy or provocative clothing											
I67. I am very expressive of my feelings											
I68. I try to remain calm or very calm during conflicts											
I69. I tend to avoid conflicts or like to "keep the peace"											
I70. I am hyperactive, fidgety, or find it hard to keep still											
I71. I avoid conflicts or arguments											
I72. I involve others to help me make decisions											
I73. I go out of my way to get approval or "fit in"											
I74. I go out of my way to annoy people or "stand out"											
I75. I work hard to achieve perfect results or outcomes											
I76. Category - Relationships											
I77. I'm having problems with my child(ren) or parenting											
I78. I'm having problems with my "significant other"											
I79. I'm having problems with my spouse											

C O M P A S S	Intensity <i>How bad is this symptom, problem, or issue?</i>			Frequency <i>How often do you experience this symptom, problem, or issue?</i>			Duration <i>How long have you had this symptom, problem, issue?</i>			
	Mild	Moderate	Severe	Sometimes Monthly	Mostly Weekly	Always Daily	Days	Weeks	Months	Years
I80. I'm having problems with my siblings										
I81. I'm having problems with friends or peers										
I82. I'm having problems because of a family illness										
I83. I'm having problems because of the death of a loved one										
I84. I'm having problems because of life's demands										
I85. Category I - Functioning										
I86. The symptoms, problems, or issues that I am experiencing are upsetting or distressing to me										
I87. The symptoms, problems, or issues that I am experiencing have lead to problems at my work or school										
I88. The symptoms, problems, or issues that I am experiencing have lead to problems in my social life										
I89. Category G - Life Events	Yes	No	Describe:							
I90. I have been the victim of a non-violent crime										
I91. I have been the victim of a violent crime										
I92. I have been the victim of physical or sexual abuse										
I93. I have been the victim of mental or emotional abuse										
I94. I have been the victim of neglect										
I95. I have been in or witnessed a traumatic event										
I96. I have or have suffered from a terrible illness										
I97. Someone close to me has died or is very ill										
I98. I have been through a family break-up or divorce										
I99. I have been in a natural disaster										

Instructions for completing the

C O M P A S S

- When filling out the survey, use a sheet of paper to guide you down the list, so that your responses in the check-boxes are lined up correctly to the symptom, problem or issue statements.
- If the intensity of a symptom is “mild,” then check “mild” and move on to the next item. **However, if the intensity is moderate or severe, then fill out the Frequency and Duration information for that symptom, too.** This information is very important to us, so, please takes the time to check each box.
- Start at Category A and check the response to each statement as it applies to you.
 - If you feel stuck between “moderate” or “severe” for example, just check the box that applies to your life most of the time. So, if most of the time when you are sad, it feels “severe,” the check severe, even though sometimes it may not be severe.
 - Another way to respond to the statements is to choose the “average response.” If sometimes the symptom is “severe” and sometimes it is “mild,” then choose “moderate.”
- Most of the symptoms, issues, or problems will not apply to you or will be mild in their intensity, and probably not a priority. So, try not to feel overwhelmed by this survey. It takes most people about 10 to 20 minutes to fill it out.
- This survey is for persons ages 16 and older. Teens will need guidance to get started on the survey, but otherwise should be given privacy. Illinois law requires therapists to treat teens like adults when it comes to the privacy of their mental health records.
- This survey is maintained in your own file for a minimum of 2 years if you have no insurance and 5 years if you use insurance. It is entirely confidential and will never be released to anyone without your consent.
- Please call 815-806-9300 with any questions.