

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

- | | | | |
|---|-------|-------|-------|
| 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 _____
