## Psychiatric University Hospital Zurich, Division of Clinical Psychiatry SYMPTOM CHECK LIST

## SCL 90

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STUDY	[]	1-4
GROUP	[]	5-6
PATIENT	[]	7-9
RATING DAY	[]	10-12
CARD NUMBER	[]	13-14
Sex (1=male, 2=female)	[_]	15
Birthday (dd.mm.yyyy)	[::]	16-23
Date of hospitalization (dd.mm.yyyy)	[:_:]	24-31
First diagnosis	[]	32-36
Second diagnosis	[]	37-41
Diagnostic system (1=ICD9, 2=ICD10, 3=DSM3-R, 4=DSM4)	[_]	42
Age at onset	[]	43-44
Course (1=first manifestation, 2=intermittent, 3=progredient, 4=chronic)	[_]	45
Duration of Current Episode Prior to Hospitalization (days)	[]	46-48
Medication Prior to Hospitalization (0=none, 1=antidepr., 2=neuroleptics,	3=other) [_]	49
Current Medication (cf. list of codes)	[]	50-52
Educational level (1=remedial, 2=junior high, 3=high, 4=college)	[_]	53
DATE (dd.mm.yyyy)	[::]	54-61
INTERVIEWER	[]	62-64
HOSPITAL	[]	65-66
PATIENT ID (the hospital's internal PID)	]	67-78



Attached is a list of problems and complaints that people have. Please read each one carefully. After you have done so, please fill in the number (0 to 4, see below) which best describes how much that problem has bothered or distressed you during the past 4 weeks including today. Choose only one number for each problem and do not skip any items. If you change your mind, erase your first answer and fill in the new one. All questionnaires will be treated confidentially!

0 = not	at all; 1 = a little	bit; 2 = moderately; 3 = quite a bit; 4 = extremely;	
Please fill in the appropriate number within the brackets!			

		1-12 du	ıpl
Card	number	[]	13-14
How	much were you bothered or distressed over the past 4 weeks by		
1	Headaches	[_]	15
2	Nervousness or shakiness inside	[_]	16
3	Unwanted thoughts or ideas that won't leave your head	[_]	17
4	Faintness or dizziness	[_]	18
5	Loss of sexual interest or pleasure	[_]	19
6	Feeling critical of others	[_]	20
7	The idea that someone else can control your thoughts	[_]	21
8	Feeling others are to blame for most of your troubles	[_]	22
9	Trouble remembering things	[_]	23
10	Worried about sloppiness or carelessness	[_]	24
11	Feeling easily annoyed or irritated	[_]	25
12	Pains in heart or chest	[_]	26
13	Feeling afraid in open spaces or on the street	[_]	27
14	Feeling low in energy or slowed down	[_]	28
15	Thoughts of ending life	[_]	29
16	Hearing voices that other people do not hear	[_]	30
17	Trembling	[_]	31
18	Feeling that most people cannot be trusted	[_]	32
19	Poor appetite	[_]	33
20	Crying easily	[_]	34
21	Feeling shy or uneasy with the opposit sex	[_]	35
22	Feeling of being trapped or caught	[_]	36
23	Suddenly scared for no reason	[_]	37
24	Temper outbursts that you could not control	[_]	38

25	Feeling afraid to go out of your house alone	[_]	39
26	Blaming yourself for things	[_]	40
27	Pains in lower back	[_]	41
28	Feeling blocked in getting things done	[_]	42
29	Feeling lonely	[_]	43
30	Feeling blue	[_]	44
31	Worrying too much about things	[_]	45
32	Feeling no interest in things	[_]	46
33	Feeling fearful	[_]	47
34	Your feelings being easily hurt	[_]	48
35	Other people being aware of your private thoughts	[_]	49
36	Feeling others do not understand you or are unsympathetic	[_]	50
37	Feeling that people are unfriendly	[_]	51
38	Having to do things very slowly	[_]	52
39	Heart pounding or racing	[_]	53
40	Nausea or upset stomach	[_]	54
41	Feeling inferior to others	[_]	55
42	Soreness of your muscles	[_]	56
43	Feeling that you are watched or talked about by others	[_]	57
44	Trouble falling asleep	[_]	58
45	Having to check and double check what you do	[_]	59
46	Difficulty making decisions	[_]	60
47	Feeling afraid to travel on buses, subways or trains	[_]	61
48	Trouble getting your breath	[_]	62
49	Hot or cold spells	[_]	63
50	Having to avoid certain things, places or activities	[_]	64
51	Your mind going blank	[_]	65
52	Numbness or tingling in parts of your body	[_]	66
53	A lump in your throat	[_]	67
54	Feeling hopeless about the future	[_]	68
55	Trouble concentrating	[_]	69
56	Feeling weak in parts of your body	[_]	70
57	Feeling tense or keyed up	[_]	71
58	Heavy feelings in your arms or legs	[ ]	72

		1-12 du	ıpl
Card	number	[]	13-14
59	Thoughts of death or dying	[_]	15
60	Overeating	[_]	16
61	Feeling uneasy when people are watching or talking about you	[_]	17
62	Having thoughts that are not your own	[_]	18
63	Having urges to beat, injure or harm someone	[_]	19
64	Awakening in the early morning	[_]	20
65	Having to repeat the same actions such as touching, counting, washing	[_]	21
66	Sleep that is restless or disturbed	[_]	22
67	Having urges to break or smash things	[_]	23
68	Having ideas or beliefs that others do not share	[_]	24
69	Feeling very self-conscious with others	[_]	25
70	Feeling uneasy in crowds such as shopping or at a movie	[_]	26
71	Feeling everything is an effort	[_]	27
72	Spells of terror or panic	[_]	28
73	Feeling uncomfortable about eating or drinking in public	[_]	29
74	Getting into frequent arguments	[_]	30
75	Feeling nervous when you are left alone	[_]	31
76	Others not giving you proper credit for your achievments	[_]	32
77	Feeling lonely even when you are with people	[_]	33
78	Feeling so restless you couldn't sit still	[_]	34
79	Feeling of worthlessness	[_]	35
80	Feeling that familiar things are strange or unreal	[_]	36
81	Shouting or throwing things	[_]	37
82	Feeling afraid you will faint in public	[_]	38
83	Feeling that people will take advantage of you if you let them	[_]	39
84	Having thoughts about sex that bother you a lot	[_]	40
85	The idea that you should be punished for your sins	[_]	41
86	Feeling pushed to get things done	[_]	42
87	The idea that something serious is wrong with your body	[_]	43
88	Never feeling close to another PERSONAL	[_]	44
89	Feelings of guilt	[_]	45
90	The idea that something is wrong with your mind	[_]	46