

Sadek Adult Assessment Questionnaire (SAAQ) © Sadek J

Please Circle true if the statement applies to you	True	False	Unsure
1. I am often afraid that others will abandon on leave me, so I will make excessive efforts to avoid this abandonment (even when it's not real). If I am abandoned, I become very anxious or suicidal.	True	False	Unsure
2. My mood can shift between extreme periods of depression, irritability, anxiety, or happiness within the same day.	True	False	Unsure
3. I have engaged in self-harm or suicidal thinking, behaviours, or threats for years.	True	False	Unsure
4. I cannot keep friends and my relationships are unstable lasting for short times, usually 6 month and rarely 2 years.	True	False	Unsure
5. I find that I often do two or more of the following impulsive acts : drive recklessly, engage in unplanned or unsafe sex, abuse alcohol or drugs, and binge eat, gamble, or spend money recklessly.	True	False	Unsure
6. I have long standing chronic issues with my anger. I frequently get very angry, and I have a hard time controlling this anger.	True	False	Unsure
7. I often experience a sudden shift in the way I look at myself, my life, or my identity , and completely change my goals, values, and career focus.	True	False	Unsure
8. I worry about what others think of me, or I have suspicious ideas, or can become paranoid (believe that others hate me); or experience episodes under stress when I " dissociate " or feel that I, other people, or the situation is somewhat unreal.	True	False	Unsure
9. I always feel " empty " and unfulfilled.	True	False	Unsure
Over the past 2 weeks, how often have you been bothered by the following problems? Circle the answer True if happens majority of the time, more days than not:			
10. Little interest or pleasure in things you used to enjoy like going to a movie or going on a trip	True	False	Unsure
11. Feeling down, depressed, sad or hopeless	True	False	Unsure
12. Trouble falling asleep, staying asleep, or sleeping too much	True	False	Unsure
13. Feeling tired or having little energy	True	False	Unsure
14. Poor appetite or losing weight or overeating	True	False	Unsure
15. Feeling guilty or feeling bad about yourself – or that you're a failure or have let yourself or your family down	True	False	Unsure
16. Trouble concentrating on things such as reading newspaper, or watching television	True	False	Unsure
17. Moving or speaking slowly that other people could notice or the opposite being very restless	True	False	Unsure
Over the past 6 months or more, how often have you been bothered by the following problems? Circle the answer true if happens majority of the time, more days than not:			

18. <i>Feeling nervous, anxious, or on edge and worrying too much about different things</i>	True	False	Unsure
19. <i>Not being able to stop or control worrying</i>	True	False	Unsure
20. <i>Being so restless that it is hard to sit still</i>	True	False	Unsure
21. <i>Becoming easily annoyed or irritable</i>	True	False	Unsure
22. <i>Trouble sleeping</i>	True	False	Unsure
23. <i>fatigue</i>	True	False	Unsure
24. <i>Feeling tension in muscles. Example tense neck, shoulders, back)</i>	True	False	Unsure
25. <i>Having difficulty with concentration</i>	True	False	Unsure
Please Circle true if the statement applies to you			
26. <i>I was arrested or charged more than once</i>	True	False	Unsure
27. <i>I set up fires on purpose as a child</i>	True	False	Unsure
28. <i>I stole before age 10</i>	True	False	Unsure
29. <i>I stole after age 10</i>	True	False	Unsure
30. <i>I started many physical fights</i>	True	False	Unsure
31. <i>I bullied other kids when I was younger</i>	True	False	Unsure
32. <i>I do not care about the law, I have my own laws</i>	True	False	Unsure
33. <i>I do not plan ahead</i>	True	False	Unsure
34. <i>I am cruel to animals</i>	True	False	Unsure
35. <i>I ran away from home or school in younger years</i>	True	False	Unsure
Please Circle true if the statement applies to you			
36. <i>I was a defiant and spiteful child</i>	True	False	Unsure
37. <i>I never respected authorities</i>	True	False	Unsure
38. <i>I was angry and resentful child</i>	True	False	Unsure
39. <i>I drink heavily now</i>	True	False	Unsure
40. <i>I use street drugs</i>	True	False	Unsure
Please Circle true if the statement applies to you for the majority of your life and since you were a child			
DETAILS often missed or makes careless mistakes <i>in schoolwork, work, other activities</i>	True	False	Unsure
EASILY distracted by stimuli (<i>e.g. noise, movement, day dreaming a lot</i>)	True	False	Unsure
TASK AVOIDANCE (<i>that requires attention such as homework, completing reports, forms</i>)	True	False	Unsure
INSTRUCTIONS missed because mind elsewhere Or not listening when spoken to directly	True	False	Unsure
LOSE things (e.g. wallet, keys, books, toy, homework)	True	False	Unsure
SUSTAINING attention is problematic (<i>during reading, lectures or other activities</i>)	True	False	Unsure
ORGANIZATIONAL problems (<i>messy, disorganized work, difficulty organizing time</i>)	True	False	Unsure
Fails to FINISH activities, schoolwork, chores or duties in the workplace or not following through on instructions.	True	False	Unsure
FORGETFUL in daily activities (e.g. doing homework, remembering appointments, paying bills)	True	False	Unsure
Total /9			
Hyperactivity Impulsivity			
RUNS about or climbs excessively in inappropriate situation	True	False	Unsure

ANSWERS blurted before question is complete or blurt out rude comments	True	False	Unsure
PLENTY of talk in social situation or play	True	False	Unsure
INTERRUPTS OR INTRUDES on others (e.g. butts in conversations or games, cut through traffic)	True	False	Unsure
DIFFICULTY awaiting turn (e.g. waiting to speak in turn, waiting on line)	True	False	Unsure
GOING non-stop or cannot unwind and relax	True	False	Unsure
IMPATIENCE with prolonged seating (leaves seat in classroom or long meeting)	True	False	Unsure
RESTLESS; always fidgets or squirms (e.g. taps legs or fingers)	True	False	Unsure
LOUD or noisy	True	False	Unsure
Total /9	True	False	Unsure
I hear voices during the day	T	F	Unsure
I feel I am not in control of my thoughts or actions	T	F	Unsure
People want to kill me	T	F	Unsure
I binge eat on very large amount of food that I cannot control	T	F	Unsure
I eat alone	T	F	Unsure
I eat when not physically hungry	T	F	Unsure
I feel guilty and disgusted after I eat	T	F	Unsure
I eat more rapidly than usual	T	F	Unsure
I eat until I am uncomfortably full	T	F	Unsure
Do you have unwanted ideas, images, or impulses that seem silly, nasty, or horrible?	T	F	Unsure
Do you worry excessively about dirt, germs, or chemicals?	T	F	Unsure
Do you wash yourself or things around you excessively?	T	F	Unsure
Are there things you feel you must do excessively or thoughts you must think repeatedly to feel comfortable or ease anxiety?	T	F	Unsure
Do you have to check things over and over or repeat actions many times to be sure they are done properly?	T	F	Unsure
Are you concerned about orderliness or symmetry	T	F	Unsure
Are you troubled by repeated or unexpected "attacks" during which you suddenly are overcome by intense fear or discomfort for no apparent reason	T	F	Unsure
If yes, during an attack did you experience 3 of the following symptoms: sweating, shaking, shortness of breath, pounding heart, dizziness, chest pain, numbness, fear of dying, fear of losing control, nausea	T	F	Unsure