

Modified Colorado Symptom Index

Below is a list of problems that people sometimes have. Please think about how often you experienced certain problems and how much they bothered or distressed you during the past month. For each problem, please pick one answer choice that best describes how often you have had the problem in the past month (30 days).

Date (MM/DD/YYYY): _____

How often have you experienced these problems?								
		Not at all	Once during the month	Several times during the month	Several times a week	At least every day	NR	DK
1	How often have you felt nervous, tense, worried, frustrated, or afraid?	0	1	2	3	4		
2	How often have you felt depressed?	0	1	2	3	4		
3	How often have you felt lonely?	0	1	2	3	4		
4	How often have others told you that you acted "paranoid" or "suspicious"?	0	1	2	3	4		
5	How often did you hear voices, or hear and see things that other people didn't think were there?	0	1	2	3	4		

How often have you experienced these problems?								
		Not at all	Once during the month	Several times during the month	Several times a week	At least every day	NR	DK
6	How often did you have trouble making up your mind about something, like deciding where you wanted to go or what you were going to do, or how to solve a problem?	0	1	2	3	4		
7	How often did you have trouble thinking straight or concentrating on something you needed to do (like worrying so much or thinking about problems so much that you can't remember or focus on other things)?	0	1	2	3	4		
8	How often did you feel that your behavior or actions were strange or different from that of other people?	0	1	2	3	4		
9	How often did you feel out of place or like you did not fit in?	0	1	2	3	4		
10	How often did you forget important things?	0	1	2	3	4		

How often have you experienced these problems?								
		Not at all	Once during the month	Several times during the month	Several times a week	At least every day	NR	DK
11	How often did you have problems with thinking too fast (thoughts racing)?	0	1	2	3	4		
12	How often did you feel suspicious or paranoid?	0	1	2	3	4		
13	How often did you feel like hurting yourself or killing yourself?	0	1	2	3	4		
14	How often have you felt like seriously hurting someone else?	0	1	2	3	4		

Scoring [remove this scoring section is client is self-reporting on this scale]

Each item is scored on a 0-4 scale (not at all = 0; at least every day =4) and added together to give a score between 0-56, with higher scores indicating greater emotional distress.

If a person has “no response” (NR) or states, “don’t know” (DK), do not add that number to the total score.