

No.

Outcome Inventory-21

Name.....

Gender ...Female ...Male

Age.....years

For the last week - including today, please describe your feelings in response to the statements, in terms of <u>how often</u> you experience them (Circle the number that matches your feeling)	Never	Rarely	Occasionally	Frequently	Almost Always
There is a total of 21 statements	1	2	3	4	5

1) I experience physical pain across many parts of my body	1	2	3	4	5
2) I believe that I cannot have a happy life - as others do	1	2	3	4	5
3) I get bored with things easily	1	2	3	4	5
4) I find it difficult to get to know other people	1	2	3	4	5
5) I feel hopeless about my life	1	2	3	4	5
6) I feel discomfort in my head and/or nose	1	2	3	4	5
7) I feel pressured by the people or things around me	1	2	3	4	5
8) I feel numbness or a tickling sensation	1	2	3	4	5
9) I feel unhappy due to fear of specific things or situations	1	2	3	4	5
10) I do not get along with others	1	2	3	4	5
11) I am unable to concentrate while doing tasks	1	2	3	4	5
12) I experience headaches	1	2	3	4	5
13) I feel uncomfortable with people that are not family	1	2	3	4	5
14) I feel I have no goals in my life	1	2	3	4	5
15) I worry about almost everything	1	2	3	4	5
16) I like to be alone instead of being social	1	2	3	4	5
17) I experience the shivers	1	2	3	4	5
18) I feel depressed	1	2	3	4	5
19) I hear a ringing/humming sound in my ears	1	2	3	4	5
20) I cannot work or study as well as I should	1	2	3	4	5
21) I have suicidal ideas	1	2	3	4	5