

No.

Outcome Inventory-10

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 feelings)	Never	Rarely	Occasionally	Frequently	Almost Always
There is a total of 10 statements	0	1	2	3	4

1) I experience physical pain across many parts of my body	0	1	2	3	4
2) I believe that I cannot have a happy life - as others do	0	1	2	3	4
3) I get bored with things easily	0	1	2	3	4
4) I find it difficult to get to know other people	0	1	2	3	4
5) I feel hopeless about my life	0	1	2	3	4
6) I feel discomfort in my head and/or nose	0	1	2	3	4
7) I feel pressured by the people or things around me	0	1	2	3	4
8) I feel numbness or a tickling sensation	0	1	2	3	4
9) I feel unhappy due to fear of specific things or situations	0	1	2	3	4
10) I do not get along with others	0	1	2	3	4
11) I am unable to concentrate while doing tasks	0	1	2	3	4
12) I experience headaches	0	1	2	3	4
13) I feel uncomfortable with people that are not family	0	1	2	3	4
14) I feel I have no goals in my life	0	1	2	3	4
15) I worry about almost everything	0	1	2	3	4
16) I like to be alone instead of being social	0	1	2	3	4
17) I experience the shivers	0	1	2	3	4
18) I feel depressed	0	1	2	3	4
19) I hear a ringing/humming sound in my ears	0	1	2	3	4
20) I cannot work or study as well as I should	0	1	2	3	4
21) I have suicidal ideas	0	1	2	3	4