PREFRONTAL SYMPTOMS INVENTORY - SHORT FORM (PSI-20)

INSTRUCTIONS

Twenty statements about daily-life issues are presented below, that you may or may not experience. Mark the option that best represents you. Put an "X" in the box NEVER OR ALMOST NEVER if you think that statement is incorrect about you; RARELY if this is something that happens to you, but not often; SOMETIMES YES AND SOMETIMES NO, if it happens or does not happen with the same frequency; MANY TIMES, if it is something that happens often; and ALWAYS OR ALMOST ALWAYS if the statement defines your usual way of thinking or acting.

PLEASE ANSWER ALL THE QUESTIONS

		NEVER OR ALMOST NEVER	RARELY	SOMETIMES YES, SOMETIMES NO	MANY TIMES	ALWAYS OR ALMOST ALWAYS
1	I have trouble starting an activity. I lack initiative					
2	I find it hard to concentrate on something					
3	I cannot do two things at the same time (for example, prepare food and talk)					
4	I laugh or cry too easily					
5	I get very angry over insignificant things. I get irritated very easily					
6	I find it hard to change the subject in conversations					
7	I am lethargic, as if asleep					
8	I have difficulty making decisions					
9	I forget that I have to do things but I remember them when somebody reminds me					
10	I do not do things until someone tells me that I have to do them					
11	I have difficulties following the plot of a film or a book					
12	I have difficulty thinking or planning ahead					
13	I can go from laughter to tears easily					
14	I tell inappropriate jokes in inappropriate situations					
15	I find it hard to get going. I lack energy					
16	I find it hard to plan things in advance					
17	I mention very personal issues in front of others					
18	I do or say embarrassing things					
19	I have emotional outbursts without an important reason					
20	I make inappropriate sexual comments					