

Symptoms Checklist

Are you experiencing any of the following symptoms? If so, please describe and include frequency.

Depression _____

Crying Spells _____

Moodiness, Changeable Moods _____

Sleep Disturbance _____

Loss of Appetite _____

Lack of Energy _____

Loss of Interest _____

Loss of or Decreased Sex Drive _____

Thoughts of Suicide _____

Feelings of Doom or Death _____

Restlessness _____

Anxiety or Nervousness _____

Recurrent Thoughts or Worries _____

Repetitive Behaviors _____

Fears or Phobias _____

Fear of Being Alone _____

Fear of "Going Insane" _____

Poor Memory _____

Periods of "Going Blank" _____

Confusion _____

Indecision _____

Shyness _____

Loneliness _____

Sensitivity to Criticism _____

Jealousy _____

Temper Outbursts _____

Violent Behavior _____

Trouble Getting Along With Others _____

Suspiciousness (Feeling Someone is Watching You, Following You, or "Out to Get You") _____

Hallucinations (Seeing or Hearing Things that Other People Don't See or Hear) _____

Guilty Conscience _____

Unusual Habits _____

Work Problems _____

Headaches _____

Stomach Problems _____

Heart Irregularities _____

Chest Pain _____

Seizures or Convulsions _____

Dizziness _____

Other symptoms you think are important _____