

Symptom Checklist

Please mark those symptoms you are currently experiencing or you have experienced in the past 2-3 weeks.

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|--|---|
| <input type="checkbox"/> Agitated mood/irritable | <input type="checkbox"/> Worries about social situations |
| <input type="checkbox"/> Appetite change | <input type="checkbox"/> Easily distracted |
| <input type="checkbox"/> Depressed mood | <input type="checkbox"/> Avoid tasks that take time/effort |
| <input type="checkbox"/> Excessive guilt | <input type="checkbox"/> Poor attention to details |
| <input type="checkbox"/> Excessive time in bed | <input type="checkbox"/> Restless, fidget |
| <input type="checkbox"/> Fatigue, energy decrease | <input type="checkbox"/> Short attention |
| <input type="checkbox"/> Frequent crying | <input type="checkbox"/> Talk excessively |
| <input type="checkbox"/> Loss of interest in activities/hobbies | <input type="checkbox"/> Have difficulty with organization |
| <input type="checkbox"/> Low concentration | <input type="checkbox"/> Have difficulty listening |
| <input type="checkbox"/> Low self-esteem | <input type="checkbox"/> Changes in sexual desire, arousal or performance |
| <input type="checkbox"/> Sleep disturbance | |
| <input type="checkbox"/> Weight change | Concern for self or partner regarding: |
| <input type="checkbox"/> More talkative than usual, pressure to keep talking | <input type="checkbox"/> Gambling |
| <input type="checkbox"/> Elevated mood | <input type="checkbox"/> Alcohol Use |
| <input type="checkbox"/> Decreased need for sleep | <input type="checkbox"/> Pornography |
| <input type="checkbox"/> Racing thoughts | <input type="checkbox"/> Prescription/non-prescription drug use |
| <input type="checkbox"/> Excessive/unreasonable enthusiasm | |
| <input type="checkbox"/> Nervousness | |
| <input type="checkbox"/> Shortness of breath | |
| <input type="checkbox"/> Chest pain | |
| <input type="checkbox"/> Heart palpitations | |
| <input type="checkbox"/> Sweating | |
| <input type="checkbox"/> Nausea | |
| <input type="checkbox"/> Dizziness | |
| <input type="checkbox"/> Frequent need for reassurance | |
| <input type="checkbox"/> Panic attacks | |