

SYMPTOM REVIEW

PLEASE CHECK ALL SYMPTOMS THAT DESCRIBE YOU OVER THE LAST FEW WEEKS:

- | | |
|---|---|
| <input type="checkbox"/> down mood | <input type="checkbox"/> not interested in activities |
| <input type="checkbox"/> feel irritated or angry | <input type="checkbox"/> less interested in sex |
| <input type="checkbox"/> feel worthless | <input type="checkbox"/> decreased appetite |
| <input type="checkbox"/> increased appetite | <input type="checkbox"/> can't concentrate |
| <input type="checkbox"/> feel tired | <input type="checkbox"/> feel hopeless |
| <input type="checkbox"/> crying spells | <input type="checkbox"/> suicidal feelings |
| <input type="checkbox"/> unable to have fun | <input type="checkbox"/> guilty feelings |
| <input type="checkbox"/> fast heartbeat | <input type="checkbox"/> feelings easily hurt |
| <input type="checkbox"/> Frequent sweating | <input type="checkbox"/> don't like being alone |
| <input type="checkbox"/> dizziness | <input type="checkbox"/> nightmares |
| <input type="checkbox"/> diarrhea | <input type="checkbox"/> overly ambitious |
| <input type="checkbox"/> stomach trouble | <input type="checkbox"/> impulsive |
| <input type="checkbox"/> chest pain | <input type="checkbox"/> feel like hurting someone |
| <input type="checkbox"/> muscles twitching or jumping | <input type="checkbox"/> feel like smashing things |
| <input type="checkbox"/> nausea or vomiting | <input type="checkbox"/> not listening to people |
| <input type="checkbox"/> headaches | <input type="checkbox"/> can't sit still |
| <input type="checkbox"/> panic attacks | <input type="checkbox"/> hop from task to task |
| | <input type="checkbox"/> easily distracted |

How long does it take you to fall asleep? (in minutes) _____

How many times do you wake up per night? _____ For how long? (minutes) _____

How much weight have you gained/lost (circle one) recently? _____

How many drinks of alcohol do you average per week? _____

What other recreational drugs do you use? _____

What other recreational drugs have you ever used? _____

Have you ever made any suicide attempts? _____