

Please check the box in front of any and all symptoms you are currently experiencing.

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| <input type="checkbox"/> Always Tired | <input type="checkbox"/> Trouble swallowing |
| <input type="checkbox"/> Poor Appetite | <input type="checkbox"/> Confused spiritually |
| <input type="checkbox"/> Trouble getting to sleep | <input type="checkbox"/> Numbness or tingling |
| <input type="checkbox"/> Waking up during night | <input type="checkbox"/> Obsessive thoughts or fears |
| <input type="checkbox"/> Lack of energy | <input type="checkbox"/> Compulsive behaviors |
| <input type="checkbox"/> Crying spells | <input type="checkbox"/> Shy with people |
| <input type="checkbox"/> Unable to have fun | <input type="checkbox"/> Muscle chills or hot flashes |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Can't concentrate | <input type="checkbox"/> Frequent diarrhea |
| <input type="checkbox"/> Can't get going | <input type="checkbox"/> Muscles twitching |
| <input type="checkbox"/> Loss of sexual interest | <input type="checkbox"/> Fainting spells |
| <input type="checkbox"/> Can't make decisions | <input type="checkbox"/> Frequent headaches |
| <input type="checkbox"/> Lacking motivation | <input type="checkbox"/> Poor circulation |
| <input type="checkbox"/> Thoughts of hurting myself | <input type="checkbox"/> Worried about health |
| <input type="checkbox"/> Feeling worthless | <input type="checkbox"/> Sexual problems |
| <input type="checkbox"/> Loss of meaning to life | <input type="checkbox"/> Avoiding crowds |
| <input type="checkbox"/> Lacking in confidence | <input type="checkbox"/> Racing thoughts |
| <input type="checkbox"/> Unresolved grief | <input type="checkbox"/> Frequent daydreaming |
| <input type="checkbox"/> Feelings of guilt | <input type="checkbox"/> Hear voices/difficulty telling what's real |
| <input type="checkbox"/> Avoid contact with friends | <input type="checkbox"/> Impatient with people |
| <input type="checkbox"/> Feeling inferior | <input type="checkbox"/> Feeling angry |
| <input type="checkbox"/> Not enjoying usual activities | <input type="checkbox"/> Quick tempered |
| <input type="checkbox"/> Feeling easily hurt | <input type="checkbox"/> Feel like hurting someone |
| <input type="checkbox"/> Tendency to put off doing things | <input type="checkbox"/> Feel like smashing things |
| <input type="checkbox"/> Don't feel like being alone | <input type="checkbox"/> Can't make friends |
| <input type="checkbox"/> Losing weight | <input type="checkbox"/> Excessive spending of money |
| <input type="checkbox"/> Sleep whenever I can | <input type="checkbox"/> Difficulties at work |
| <input type="checkbox"/> Frequent thoughts about death | <input type="checkbox"/> Difficulties with school (past or present) |
| <input type="checkbox"/> Loneliness | <input type="checkbox"/> Full of energy |
| <input type="checkbox"/> Troubled by childhood events | <input type="checkbox"/> Financial problems |
| <input type="checkbox"/> Nightmares | <input type="checkbox"/> Unable to keep a job |
| <input type="checkbox"/> Reliving past issues | <input type="checkbox"/> Excessive drinking |
| <input type="checkbox"/> Feeling fearful | <input type="checkbox"/> Use of pornography |
| <input type="checkbox"/> Quick to startle | <input type="checkbox"/> Marital problems |
| <input type="checkbox"/> Unable to relax | <input type="checkbox"/> Excessive use of drugs |
| <input type="checkbox"/> Feeling irritable or on edge | <input type="checkbox"/> Problems with children |
| <input type="checkbox"/> Angry outbursts | <input type="checkbox"/> Problems with parents |
| <input type="checkbox"/> Restless, tense | <input type="checkbox"/> Problems responding to others in authority |
| <input type="checkbox"/> Fast heartbeat | <input type="checkbox"/> Excessive use of medication |
| <input type="checkbox"/> Feeling panicky | <input type="checkbox"/> Recent loss of someone close to you |
| <input type="checkbox"/> Frequent sweating | <input type="checkbox"/> Unable to forgive |
| <input type="checkbox"/> Shaky hands | <input type="checkbox"/> Unable to feel forgiven |
| <input type="checkbox"/> Dizzy, lightheaded | <input type="checkbox"/> Feeling distant |
| <input type="checkbox"/> Nausea, stomach problems | <input type="checkbox"/> Always worried |