



From the list provided, please check off UP TO 10 of your most troubling symptoms.
These symptoms will be tracked throughout your program.

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|--|--|
| <input type="checkbox"/> 1. Addictive behaviors | <input type="checkbox"/> 36. Headaches or migraine |
| <input type="checkbox"/> 2. Aggression/hostility | <input type="checkbox"/> 37. Hear/see/feel things others do not |
| <input type="checkbox"/> 3. Agitation | <input type="checkbox"/> 38. Hyper focused (difficulty shifting attention) |
| <input type="checkbox"/> 4. Anger | <input type="checkbox"/> 39. Impulsive |
| <input type="checkbox"/> 5. Angry outbursts | <input type="checkbox"/> 40. Irritability |
| <input type="checkbox"/> 6. Anxiety | <input type="checkbox"/> 41. Lack of motivation |
| <input type="checkbox"/> 7. Chronic pain | <input type="checkbox"/> 42. Long term memory |
| <input type="checkbox"/> 8. Compulsive behaviors | <input type="checkbox"/> 43. Low self-esteem |
| <input type="checkbox"/> 9. Confusion | <input type="checkbox"/> 44. Manic episodes |
| <input type="checkbox"/> 10. Crying easily | <input type="checkbox"/> 45. Nausea |
| <input type="checkbox"/> 11. Depressed/sad/blue | <input type="checkbox"/> 46. Negative thoughts |
| <input type="checkbox"/> 12. Difficulty in breathing or taking deep breaths | <input type="checkbox"/> 47. Overly talkative |
| <input type="checkbox"/> 13. Difficulty concentrating | <input type="checkbox"/> 48. Mind wandering |
| <input type="checkbox"/> 14. Difficulty falling asleep (insomnia) | <input type="checkbox"/> 49. Panic attacks |
| <input type="checkbox"/> 15. Difficulty following instructions | <input type="checkbox"/> 50. Paranoia |
| <input type="checkbox"/> 16. Difficulty making decisions | <input type="checkbox"/> 51. Physical tension in body |
| <input type="checkbox"/> 17. Difficulty managing obligations of daily life | <input type="checkbox"/> 52. Poor balance |
| <input type="checkbox"/> 18. Difficulty paying attention | <input type="checkbox"/> 53. Pressure in chest |
| <input type="checkbox"/> 19. Difficulty regulating emotions/rapid mood changes | <input type="checkbox"/> 54. Racing thoughts |
| <input type="checkbox"/> 20. Difficulty sitting still/staying in seat | <input type="checkbox"/> 55. Rage |
| <input type="checkbox"/> 21. Disorganization | <input type="checkbox"/> 56. Repetitive behaviors |
| <input type="checkbox"/> 22. Disrupted sleep (waking often) | <input type="checkbox"/> 57. Restlessness |
| <input type="checkbox"/> 23. Dizziness | <input type="checkbox"/> 58. Sensitivity to light |
| <input type="checkbox"/> 24. Dull/slow to learn | <input type="checkbox"/> 59. Sensitivity to sound |
| <input type="checkbox"/> 25. Easily distracted | <input type="checkbox"/> 60. Short term memory |
| <input type="checkbox"/> 26. Emotional eating | <input type="checkbox"/> 61. Slowed memory recall |
| <input type="checkbox"/> 27. Fatigue/drowsy | <input type="checkbox"/> 62. Slowed motor function |
| <input type="checkbox"/> 28. Fearful | <input type="checkbox"/> 63. Spaciness/brain fog |
| <input type="checkbox"/> 29. Feeling "numb" | <input type="checkbox"/> 64. Stomach ache |
| <input type="checkbox"/> 30. Feeling "on edge" | <input type="checkbox"/> 65. Suicidal thoughts |
| <input type="checkbox"/> 31. Feeling hopeless or helpless | <input type="checkbox"/> 66. Teeth grinding/jaw tension |
| <input type="checkbox"/> 32. Feelings easily hurt/vulnerable | <input type="checkbox"/> 67. Tinnitus (ringing in ears) |
| <input type="checkbox"/> 33. Fidgeting with hands/feet | <input type="checkbox"/> 68. Trauma flashbacks |
| <input type="checkbox"/> 34. Forgetful | <input type="checkbox"/> 69. Uncontrolled muscle movement |
| <input type="checkbox"/> 35. Frequent feelings of guilt | <input type="checkbox"/> 70. Worry/rumination |