

# LIST OF SYMPTOMS

Please check off all that apply:

<input type="checkbox"/> Headaches	<input type="checkbox"/> Crying often	<input type="checkbox"/> Fears of losing self-control
<input type="checkbox"/> Dizziness	<input type="checkbox"/> Unable to enjoy anything	<input type="checkbox"/> Unwanted thoughts
<input type="checkbox"/> Bowel trouble	<input type="checkbox"/> Restlessness	<input type="checkbox"/> Always worried
<input type="checkbox"/> Pain	<input type="checkbox"/> Decreased need for sleep	<input type="checkbox"/> Concentration problems
<input type="checkbox"/> Tremors or tics	<input type="checkbox"/> Mood swings	<input type="checkbox"/> Hearing voices
<input type="checkbox"/> Drug/alcohol cravings	<input type="checkbox"/> Excess energy	<input type="checkbox"/> Seeing things others do not
<input type="checkbox"/> Eating problems	<input type="checkbox"/> Confusion	<input type="checkbox"/> Strange experiences
<input type="checkbox"/> Binge eating	<input type="checkbox"/> Elated/euphoric mood	<input type="checkbox"/> Feel others are against you
<input type="checkbox"/> Sleep problems	<input type="checkbox"/> Excessive spending	<input type="checkbox"/> Constant suspicion/distrust
<input type="checkbox"/> Weight loss	<input type="checkbox"/> Racing thoughts	<input type="checkbox"/> Unusual thoughts
<input type="checkbox"/> Weight gain	<input type="checkbox"/> Irritability	<input type="checkbox"/> Violent behavior
<input type="checkbox"/> Loss of appetite	<input type="checkbox"/> Impulsive behavior	<input type="checkbox"/> Thoughts to harm others
<input type="checkbox"/> Feeling apart from others	<input type="checkbox"/> Grandiose thoughts/plans	<input type="checkbox"/> Physical abuse