

# NOVA NeuroIntegrative Medicine Symptom Checklist

Please place a number by each of the following symptoms using the following rating scale:

0            1            2            3            4            5  
Not at all   Rarely   Occasionally   About ½ the time   Quite often   All the time

- Feeling depressed or down
- Feeling tired or fatigued
- Having decreased interest in things that you usually like to do
- Having a change in weight or appetite (up or down)
- Having difficulties in falling or staying asleep
- Waking up before you need to
- Feeling restless or unable to sit still
- Feeling like you have no energy or overwhelming tiredness
- Feeling worthless, helpless, hopeless or guilty (circle which ones)
- Having decreased ability to concentrate or remember things
- Having moods that are incredibly good
- Being irritated by things that are not usually a problem
- Having decreased need for sleep without feeling tired
- Feeling very talkative or pressured to talk
- Having thoughts that move much faster than those of people around you
- Having thoughts that change subject faster than those of people around you
- Being easily distracted
- Having your activity level go up or down rapidly
- Finding yourself over involved in activities that you know are not good for you (like gambling and spending money)
- Having panic attacks (periods of intense anxiety that interfere with your ability to do your regular activities)
- Feeling that you can't get enough air to breathe
- Having periods of dizziness or light-headedness
- Feeling your heart pounding for no obvious physical reason
- Feeling shaky or trembling
- Sweating in situations where other people don't seem to be sweating
- Having choking sensations
- Feelings that a situation is not real
- Having numbness or tingling in your hands, feet or lips
- Having hot or cold flashes
- Having episodes of chest pain or heaviness
- Feeling like you are about to die
- Having fears that you are about to go crazy or "lose it"
- Having fear about doing everyday activities or going to ordinary places
- Being worried enough about what other people think to be really anxious or avoid certain situations

- \_\_\_ Having overwhelming fear (phobia) of certain things (please list \_\_\_\_\_)
- \_\_\_ Having thoughts or ideas that you don't want coming into your mind
- \_\_\_ Having thoughts get stuck in your mind
- \_\_\_ Feeling like you worry too much
- \_\_\_ Having certain behaviors that you must do so that you won't feel anxious (compulsions)
- \_\_\_ Needing to do things in a certain way to feel normal and calm
- \_\_\_ Having recurrent thoughts or dreams about past events
- \_\_\_ Feeling decreased interest in important events
- \_\_\_ Feeling detached or distant from other people
- \_\_\_ Feeling like your emotions are numbed
- \_\_\_ Having outbursts of irritability or anger (like when driving a car in heavy traffic)
- \_\_\_ Feeling like your muscles are tense, sore, or achy
- \_\_\_ Feeling like you are dizzy or lightheaded
- \_\_\_ Feeling like your mouth is dry
- \_\_\_ Feeling of an upset stomach, abdominal discomfort, or uncontrolled need to use the bathroom
- \_\_\_ Having your mind go blank
- \_\_\_ Having difficulty finishing tasks
- \_\_\_ Having an inconsistent work or school performance
- \_\_\_ Having problems dealing with details
- \_\_\_ Making decisions without thinking the consequences through thoroughly
- \_\_\_ Having difficulty putting off reward or gratification
- \_\_\_ Speaking before you really mean to or want to
- \_\_\_ Feeling impatient or easily frustrated
- \_\_\_ Having problems because of your driving, driving accidents, or other behaviors
- \_\_\_ Feeling that you are too fat or too thin
- \_\_\_ Having episodes of binge eating or drinking
- \_\_\_ Feeling a lack of control over eating behaviors
- \_\_\_ Feeling upset with yourself about your eating behaviors
- \_\_\_ Using vomiting, laxatives, strenuous exercise, or starvation to control your weight
- \_\_\_ Having tics (involuntary movements)
- \_\_\_ Making sounds that you don't intend to make (like throat clearing, swearing, and coughing)
- \_\_\_ Having thoughts that you know other people would think are strange or not real
- \_\_\_ Seeing things that other people do not see
- \_\_\_ Hearing voices or sounds in your head or that other people do not hear
- \_\_\_ Having thoughts that don't make sense to you or to other people
- \_\_\_ Feeling socially isolated or withdrawn
- \_\_\_ Having significant problems functioning at home, work, or school
- \_\_\_ Not taking proper care of personal grooming and hygiene
- \_\_\_ Having headaches
- \_\_\_ Having physical symptoms that your doctors cannot account for

It can be very helpful to have 1 or 2 people, who are close to you, also rate you on this form.