SE Checklist V20

In the LAST WEEK, have you experienced or been concerned about each of the following things?
Check all that apply:

- ☐ Irritability
- ☐ Agitation
- ☐ Hostility
- ☐ Irregular heartbeat or palpitations
- ☐ Increased heart rate
- ☐ Chest pain
- ☐ Depressed mood
- ☐ Nausea
- ☐ Vomiting
- ☐ Abdominal pain
- ☐ Constipation
- ☐ Diarrhea
- ☐ Dry mouth
- ☐ Indigestion
- ☐ Gas or flatulence
- ☐ Anxiety
- ☐ Skin swelling
- ☐ Rash or skin redness (not sunburn)
- ☐ Headache
- ☐ Dizziness
- ☐ Insomnia
- ☐ Abnormal dreams
- ☐ Sleepwalking
- ☐ Other sleep problems
- ☐ Other
- ☐ None of the above

Yes, I have experienced or been concerned about ...

	but does not interfere with daily activities	and interferes with some activities	no normal activities are possible
Irritability	○	○	○
Agitation	○	○	○
Hostility	○	○	○
Irregular heartbeat or palpitations	○	○	○
Increased heart rate	○	○	○
Chest pain	○	○	○
Depressed mood	○	○	○
Nausea	○	○	○
Vomiting	○	○	○
Abdominal pain	○	○	○
Constipation	○	○	○
Diarrhea	○	○	○
Dry mouth	○	○	○

Indigestion	◯	◯	◯
Gas or flatulence	◯	◯	◯
Anxiety	◯	◯	◯
Skin swelling	◯	◯	◯
Rash or skin redness (not sunburn)	◯	◯	◯
Headache	◯	◯	◯
Dizziness	◯	◯	◯
Insomnia	◯	◯	◯
Abnormal dreams	◯	◯	◯
Sleepwalking	◯	◯	◯
Other sleep problems	◯	◯	◯

You checked that you have some other concern(s) or problem(s). Please describe all other concerns or problems below:

This other concern or experience...

(If you listed more than one concern, please respond with the highest level of interference of activities of those listed.)

◯ does not interfere with daily activities
◯ interferes with some activities
◯ makes normal activities impossible