

AUSTIN BIOFEEDBACK AND EEG NEUROTHERAPY CENTER  
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 512.794.9355 or fax: 512.794.0076

Symptom Checklist

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Over the past week, how have you felt? Please rate the following symptoms with the scale provided (circle):**  
 1. Did not notice. 2. Weak (1-2 times). 3. Low moderate (3-4 times). 4. High moderate (4-5 times). 5. Severe (every day).

1.	Nausea .....	1	2	3	4	5	_____
2.	Headache.....	1	2	3	4	5	_____
3.	Constipation.....	1	2	3	4	5	_____
4.	Temper Outburst/Irritability.....	1	2	3	4	5	_____
5.	Chills.....	1	2	3	4	5	_____
6.	Chronic Pain.....	1	2	3	4	5	_____
7.	Restlessness/Fidgety.....	1	2	3	4	5	_____
8.	Frequent Urination.....	1	2	3	4	5	_____
9.	Change in Appetite.....	1	2	3	4	5	_____
10.	Acid Stomach/Indigestion.....	1	2	3	4	5	_____
11.	Difficulty with Sleep.....	1	2	3	4	5	_____
12.	Jaw Clenching/Teeth Grinding.....	1	2	3	4	5	_____
13.	Rapid Heartbeat.....	1	2	3	4	5	_____
14.	Feelings of Foreboding or Doom.....	1	2	3	4	5	_____
15.	Dizziness.....	1	2	3	4	5	_____
16.	Muscle Tension.....	1	2	3	4	5	_____
17.	Clammy/Sweaty Hands.....	1	2	3	4	5	_____
18.	Hot Flashes.....	1	2	3	4	5	_____
19.	Fatigue.....	1	2	3	4	5	_____
20.	Depressed/Listless.....	1	2	3	4	5	_____
21.	Crying Easily/Crying Spells.....	1	2	3	4	5	_____
22.	Difficulty Concentrating.....	1	2	3	4	5	_____
23.	Confusion.....	1	2	3	4	5	_____
24.	Dry Mouth.....	1	2	3	4	5	_____
25.	Difficulty Swallowing.....	1	2	3	4	5	_____
26.	Spasms, Twitches, Tics.....	1	2	3	4	5	_____
27.	Cold Hands/Feet.....	1	2	3	4	5	_____
28.	Stomach/Intestinal Problems.....	1	2	3	4	5	_____
29.	Diarrhea.....	1	2	3	4	5	_____
30.	Trembling/Nervousness .....	1	2	3	4	5	_____
31.	Forgetfulness.....	1	2	3	4	5	_____
32.	Neck/Back Pain.....	1	2	3	4	5	_____
33.	Itching.....	1	2	3	4	5	_____
34.	Skin Problems/Rashes/Acne.....	1	2	3	4	5	_____
35.	Increased Perspiration.....	1	2	3	4	5	_____
36.	Chest Pain.....	1	2	3	4	5	_____
37.	Breathing Difficulties.....	1	2	3	4	5	_____
38.	Tingling/Numbness.....	1	2	3	4	5	_____
39.	Stammering/Speech Difficulties.....	1	2	3	4	5	_____
40.	Feeling Hurried/Harried.....	1	2	3	4	5	_____
41.	Sexual Difficulties.....	1	2	3	4	5	_____
42.	Other.....	1	2	3	4	5	_____
43.	Other.....	1	2	3	4	5	_____

