

Subject ID _____

Date _____

Behavior Rating Scale
Self-Report
2/20

Please rate yourself for the period for the last _____

0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe

DSM-5 Symptoms

Angry, irritable, frustrated	0	1	2	3	4
Anxious, nervous	0	1	2	3	4
Depressed mood, sad	0	1	2	3	4
Difficulty concentrating	0	1	2	3	4
Increased appetite, hungry, weight gain	0	1	2	3	4
Insomnia, sleep problems, awakening at night	0	1	2	3	4
Restless	0	1	2	3	4
Impatient	0	1	2	3	4

Other Possible Symptoms

Cheerful/elated	0	1	2	3	4
Constipation	0	1	2	3	4
Coughing	0	1	2	3	4
Craving to smoke	0	1	2	3	4
Decreased pleasure from events	0	1	2	3	4
Dizziness	0	1	2	3	4
Drowsy	0	1	2	3	4
Impulsive	0	1	2	3	4
Mouth ulcers	0	1	2	3	4

Heart rate _____ bpm

Weight _____ kg