

Checklist for Anxiety, Excessive Worry and Thoughts of Suicide

The student asks the following questions:

- Have you recently been treated with corticosteroids?
 - Have you recently stopped drinking, smoking, or taking a medication?
 - Are you taking any over-the-counter medication or herbal product?
 - Have you ever been treated for these symptoms before?
 - Do you have any other physical complaints?
 - Are you experiencing constipation or diarrhea?
 - Have you recently gained or lost weight? If so, how much?
 - Have you experienced periods of a rapid or irregular heart rate?
 - Have you been having headaches, recent vision changes, unsteady gait, or dizziness?
 - Have you ever had a panic attack or a persistent fear that kept you from functioning?
 - What do you do to manage your anxiety? Describe the things that are worrying you.
 - Have you ever had a head trauma or a time that you have lost consciousness?
 - Do your symptoms of anxiety occur after meals?
 - Have you ever acted on feelings to harm yourself? If so, please describe the circumstances.
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- Describe when your suicidal thoughts occur. Do you feel that you have control over these thoughts? How do you manage not to act on these feelings?