

## COMPLAINTS CHECKLIST

Below is a list of symptoms that people sometimes experience. Rate on a four-point scale how often in the last three weeks that you have experienced each of these signs. A “0” on the scale means that you have not experienced the symptoms, and a “3” means that you experience them very often.

FOR OFFICE USE ONLY

\_\_\_\_\_ Study

\_\_\_\_\_ ID

\_\_\_\_\_ Point

\_\_\_\_\_ Date

\_\_\_\_\_ Raid

COC000-- Revised 9/12/95 2 Pages

Circle only one.	Never	Sometime s	Often	Very Often
1. Unable to breathe deeply enough.	0	1	2	3
2. Suffocating feeling.	0	1	2	3
3. Rapid heartbeat.	0	1	2	3
4. Feeling or unrest; panic.	0	1	2	3
5. Tingling in feet.	0	1	2	3
6. Nausea.	0	1	2	3
7. Confused or dreamlike feeling.	0	1	2	3
8. Feeling of heat.	0	1	2	3
9. Pounding heart.	0	1	2	3
10. Toe or leg cramps.	0	1	2	3
11. Shivering.	0	1	2	3
12. Fits of crying.	0	1	2	3
13. Irregular heartbeat.	0	1	2	3
14. Tingling in legs.	0	1	2	3
15. Feeling anxious.	0	1	2	3
16. Chest pains around the heart region.	0	1	2	3
17. Stiffness in fingers or arms.	0	1	2	3
18. Cold hands or feet.	0	1	2	3
19. Feeling of head warmth.	0	1	2	3
20. Pressure on chest.	0	1	2	3
21. Stomach feels blown up.	0	1	2	3

<b>Circle only one.</b>	<b>Never</b>	<b>Sometime s</b>	<b>Often</b>	<b>Very Often</b>
<b>22. Pressure or knot in throat.</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>23. Tingling in arms.</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>24. Faster and deeper breathing than normal.</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>25. Hands tremble.</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>26. Dizziness.</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>27. Belly gripes.</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>28. Blacking out.</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>29. Tenseness.</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>30. Need for air.</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>31. Fainting.</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>32. Tingling in fingers.</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>33. Tiredness.</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>34. Headaches.</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>35. Tingling in face.</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>