

Question List

Anxiety –

1. Have you been feeling unusually nervous or worried lately?
2. Do you find it difficult to control your worrying?
3. Do you experience physical symptoms like a racing heart, sweating, or trembling when you're anxious?
4. Do you avoid certain situations or activities because they make you feel anxious?
5. Has your anxiety affected your daily activities, work, or relationships?

Schizophrenia –

1. Have you ever heard voices that other people don't seem to hear?
2. Do you ever feel like people are watching you or plotting against you?
3. Do you have difficulty distinguishing between what is real and what isn't?
4. Have you noticed significant changes in your ability to think clearly or concentrate?
5. Do you find it hard to keep up with daily activities or maintain relationships because of unusual thoughts or behaviors?

Depression –

1. Have you been feeling sad or down most of the time?
2. Have you lost interest or pleasure in activities that you usually enjoy?
3. Do you have trouble sleeping, or do you sleep too much?
4. Do you feel fatigued or have low energy nearly every day?
5. Do you have feelings of worthlessness or excessive guilt?

Mania –

1. Have you felt unusually happy or euphoric, or had an abnormally elevated mood for an extended period?
2. Do you feel excessively energetic or restless, even when you haven't had much sleep?
3. Have you noticed an increase in your activity levels or taking on many new projects at once?
4. Do you find yourself talking very quickly or feeling like your thoughts are racing?
5. Have you engaged in risky behaviors, such as excessive spending, reckless driving, or impulsive decisions?

Bipolar Disorder –

1. Have you experienced periods of extreme happiness or euphoria, followed by periods of deep sadness or hopelessness?
2. Do you have times when you feel incredibly energetic and active, but other times when you feel very fatigued and low on energy?
3. Have you noticed significant changes in your sleep patterns, such as needing very little sleep during certain periods and sleeping excessively during others?
4. Do you have episodes where you engage in risky behaviors or make impulsive decisions, followed by times when you are overly cautious or feel guilty?
5. Do you find that your mood swings significantly affect your ability to function in daily life, such as at work or in relationships?

Stress –

1. Do you often feel overwhelmed or unable to manage your responsibilities and daily tasks?
2. Do you experience frequent headaches, muscle tension, or other physical symptoms related to stress?
3. Have you noticed changes in your eating habits, such as eating too much or too little due to stress?
4. Do you find it difficult to relax or unwind, even when you have time to yourself?
5. Have you been feeling more irritable, anxious, or emotionally unstable than usual?

Addiction –

1. Do you find yourself frequently thinking about or craving a substance or behavior even when you try to focus on other things?
2. Have you experienced negative consequences in your life, such as problems with work, relationships, or health, due to your substance use or behavior?
3. Do you often feel a need to increase the amount of the substance or frequency of the behavior to achieve the same level of satisfaction?
4. Have you tried to cut down or stop using the substance or behavior but found that you are unable to do so?
5. Do you spend a significant amount of time obtaining, using, or recovering from the effects of the substance or behavior?