

Behavior Rating Scale
Self-Report
09/05

Please rate yourself for the period for the last _____

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

1. Angry, irritable, frustrated	0	1	2	3	4
2. Anxious, nervous	0	1	2	3	4
3. Depressed mood, sad	0	1	2	3	4
4. Desire or craving to smoke	0	1	2	3	4
5. Difficulty concentrating	0	1	2	3	4
6. Increased appetite, hungry, weight gain	0	1	2	3	4
7. Insomnia, sleep problems, awakening at night	0	1	2	3	4
8. Restless	0	1	2	3	4
9. Impatient	0	1	2	3	4
10. Constipation	0	1	2	3	4
11. Dizziness	0	1	2	3	4
12. Coughing	0	1	2	3	4
13. Dreaming or nightmares	0	1	2	3	4
14. Nausea	0	1	2	3	4
15. Sore throat	0	1	2	3	4

Heart rate _____bpm

Weight _____kg