

Serotonin Discontinuation Scale

Name _____

Date _____

DIRECTIONS If you've experienced any of the symptoms below over the past week, circle how unpleasant they've been, regardless of their cause.

	NONE	SOMEWHAT	VERY	EXTREMELY		NONE	SOMEWHAT	VERY	EXTREMELY
Nervousness or anxiety	0	1	2	3	Blurred vision	0	1	2	3
Elevated mood, feeling high	0	1	2	3	Sore eyes	0	1	2	3
Irritability	0	1	2	3	Uncontrollable mouth or tongue movements	0	1	2	3
Sudden worsening of mood	0	1	2	3	Difficulty talking clearly	0	1	2	3
Sudden anger outbursts	0	1	2	3	Headache	0	1	2	3
Sudden panic or anxiety attacks	0	1	2	3	Increased saliva in mouth	0	1	2	3
Bouts of crying or tearfulness	0	1	2	3	Dizziness, light-headedness, or sensation of spinning (vertigo)	0	1	2	3
Agitation	0	1	2	3	Runny nose	0	1	2	3
Feeling unreal or detached	0	1	2	3	Shortness of breath, gasping for air	0	1	2	3
Confusion or trouble concentrating	0	1	2	3	Chills	0	1	2	3
Forgetfulness or memory problems	0	1	2	3	Fever	0	1	2	3
Mood swings	0	1	2	3	Vomiting	0	1	2	3
Trouble sleeping or insomnia	0	1	2	3	Nausea	0	1	2	3
Increased dreaming or nightmares	0	1	2	3	Diarrhea	0	1	2	3
Sweating more than usual	0	1	2	3	Stomach cramps	0	1	2	3
Shaking or trembling	0	1	2	3	Stomach bloating	0	1	2	3
Muscle tension or stiffness	0	1	2	3	Unusual visual sensations (lights, colors, geometric shapes, etc.)	0	1	2	3
Muscle aches or pains	0	1	2	3	Burning, numbness, tingling sensations	0	1	2	3
Restless feeling in legs	0	1	2	3	Unusual sensitivity to sound	0	1	2	3
Muscle cramps, spasms, or twitching	0	1	2	3	ringing or noises in the ears	0	1	2	3
Fatigue or tiredness	0	1	2	3	Unusual tastes or smells	0	1	2	3
Unsteady gait or poor coordination	0	1	2	3					