

Mental Health Recovery Survey

PAWS (Post Acute Withdrawal Symptoms): *Skip this section if drugs/alcohol are not involved*

- Difficulty thinking clearly (loss of concentration, trouble with abstract ideas, rigid or circular thoughts, confusion, etc.)
- Memory problems (short-term memory not working well, sometimes unable to recall important events, learning new things are harder than usual)
- Emotional overreaction or Numbness (angered easily, moodiness, or feelings go dead)
- Sleep problems (unusual or disturbing dreams, can't fall asleep and/or stay asleep)
- Clumsiness (loss of coordination, slow reflexes, appears "drunk" but not)
- Low tolerance for stress (all stress seems to be high stress, all above problems are magnified by stress, easily confused or overwhelmed when stressed, confused and chaotic thinking that "makes me feel crazy")
- (Other symptoms) _____

Emotional/Behavioral/Cognitive Complications related to:

- | | |
|--|--|
| <input type="checkbox"/> Current suicidal thoughts. | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Current homicidal thoughts. | <input type="checkbox"/> Fear(s) |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Nervousness |
| <input type="checkbox"/> Shame | <input type="checkbox"/> Isolating |
| <input type="checkbox"/> Shyness | <input type="checkbox"/> Confusion |
| <input type="checkbox"/> Embarrassment | <input type="checkbox"/> Problem-solving skills need improvement. |
| <input type="checkbox"/> Sadness | <input type="checkbox"/> Negative self-image |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Self-esteem problems |
| <input type="checkbox"/> Lonely | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Loss of motivation | <input type="checkbox"/> Conflict(s) in important relationships. |
| <input type="checkbox"/> Boundaries (too passive, or too aggressive) | <input type="checkbox"/> Abuse history (physical, emotional, sexual) |
| <input type="checkbox"/> Grief and/or Loss. | <input type="checkbox"/> Numb (no emotional life) |
| <input type="checkbox"/> Phobias/paranoia/delusions | <input type="checkbox"/> Hostility/Violence |
| <input type="checkbox"/> Loss of appetite | <input type="checkbox"/> Hallucinations (Auditory/Visual/Tactile) |

The above feelings/behaviors are related to the following events in my life (past or present).

I am having trouble with other compulsive behaviors, such as:

- | | |
|---|---|
| <input type="checkbox"/> Returning to alcohol and other drug use | <input type="checkbox"/> Spending/shopping compulsively |
| <input type="checkbox"/> Cross-addicting (switching from old addiction to new ones) | <input type="checkbox"/> Abusive or unhealthy relationships |
| <input type="checkbox"/> Gambling | <input type="checkbox"/> High-risk behaviors (dangerous, illegal, etc.) |
| <input type="checkbox"/> Compulsive with food/eating (or not eating) | <input type="checkbox"/> Anger/raging |
| <input type="checkbox"/> Sexually compulsive | <input type="checkbox"/> Workaholism |
| <input type="checkbox"/> High drama and chaos (multiple crises in my life) | |

How do the above mental health symptoms and addiction behaviors affect each other?

Name: _____ Date: _____