

## CARBON MONOXIDE SYMPTOM CHECKLIST

Your Name: \_\_\_\_\_ Date \_\_\_\_\_

<b>COGNITIVE PROBLEMS</b>	Ongoing	Resolved	<b>EMOTIONAL SYMPTOMS</b>	Ongoing	Resolved
Attention and/or Concentration Problems			Increased or Decreased Emotions		
Short term Memory Loss			Crying Spells		
Trouble Remembering Things in the Past			Suicidal Feelings		
Word Finding Problems			Depression or sadness		
Trouble Understanding What is Said			Low Motivation		
Making Decisions or Solving Problems			Change in Sex Drive		
Slower Speed of Thinking			Irritable and Easily Frustrated		
Getting Lost or Disoriented			Feelings of Anxiety or Fear		
Trouble Multi-Tasking					
Disorganized or Confused Thinking					
Stuttering or Slurring					
Difficulty with Reading Comprehension					

<b>PHYSICAL SYMPTOMS</b>	Ongoing	Resolved	<b>POST-TRAUMATIC STRESS SYNDROME (PTSD)</b>	Ongoing	Resolved
Headaches			Recurrent or Intrusive Thoughts re the Exposure Incident		
Dizziness			Nightmares		
Coordination of Hands, Feet, Legs			Flashbacks		
Ringling in the Ears			Anxiety or Panic Attacks		
Fatigue			Fear		
Digestive Issues-Stomach Pain, Inability to Control Bowel or Bladder			Hypervigilance-enhanced state of sensory sensitivity		
Jaw Pain			Any of the above symptoms affecting social activities or relationships		