Name: _____ Date: _____

# Symptom Management

O F C M O O D S W I N G S M S D S
E N I A G T H G I E W D C E V W T
H Q G Z G N I T A E R E V O U J H
I A T Y T E I X N A C C N V R P G
I R R A T I B I L I T Y P A S O U
Q A E S U A N X J N O A P N L O O
Y I S O L A T I N G R I O J V R H
Y R Z V C V Q Q M A D I M S A J T
A F N O W B L A N H S M E G K U E
Q I O H R A N O E U P C I V Y D V
Y A N B D I I A L D I T A O R G I
W W K M A A R E D O A Q V A O M T
Q P W B O T D Z V T W M E K T E A
U A B N B S Z H I W Y F T U Q N G
M N D E A G N O B X C P U L Y T E
L I A T U E N I K P U W Y N V K N
K T S N O I T A N I C U L L A H L

negative thoughts
Irratibility
isolating
Paranoia
Mania
rapid heart beat
weight gain
Delusions
anxiety
fear
Hallucinations
Mood Swings
Agitation
nausea
poor judgment
overeating
insomnia
Voices