**Abstinence chart for psychiatric drugs**

Score each day the severity of the symptoms you have (1 to 5, where 5 is worst)

You may add more symptoms on the blank lines

Month: \_\_\_\_\_\_\_\_\_\_\_\_\_ Year :\_\_\_\_\_\_ (Write the day of the month in the first line)

*It can be dangerous to withdraw too quickly.*

*Consult your doctor if the symptoms become untolerable.*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of the month** |  |  |  |  |  |  |  |  |  |  |
| **Psychological symptoms** |  |  |  |  |  |  |  |  |  |  |
| Anxiety/ panic |  |  |  |  |  |  |  |  |  |  |
| Depression /sadness |  |  |  |  |  |  |  |  |  |  |
| Psychosis/ delusions |  |  |  |  |  |  |  |  |  |  |
| Mania or hypomani a/ euphoria |  |  |  |  |  |  |  |  |  |  |
| Hallucinations (vision or hearing) |  |  |  |  |  |  |  |  |  |  |
| Agitation and restlessness / cannot sit still |  |  |  |  |  |  |  |  |  |  |
| Irritability/ aggression/ bursts of anger |  |  |  |  |  |  |  |  |  |  |
| Suicidal thoughts |  |  |  |  |  |  |  |  |  |  |
| Vivid dreams/ nightmares |  |  |  |  |  |  |  |  |  |  |
| Insomnia, difficulty falling asleep |  |  |  |  |  |  |  |  |  |  |
| Mood swings/ emotional instability |  |  |  |  |  |  |  |  |  |  |
| Sense of unreality |  |  |  |  |  |  |  |  |  |  |
| Being inside a cheese-dish cover |  |  |  |  |  |  |  |  |  |  |
| I am not myself |  |  |  |  |  |  |  |  |  |  |
| Confusion |  |  |  |  |  |  |  |  |  |  |
| Lack of energy |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Neurological symptoms** |  |  |  |  |  |  |  |  |  |  |
| Electric shocks/ head zaps |  |  |  |  |  |  |  |  |  |  |
| Convulsions |  |  |  |  |  |  |  |  |  |  |
| Tremor/ shaking |  |  |  |  |  |  |  |  |  |  |
| Senses changed or disturbed |  |  |  |  |  |  |  |  |  |  |
| Prickling or tingling feeling |  |  |  |  |  |  |  |  |  |  |
| Light or sound hypersensitivity |  |  |  |  |  |  |  |  |  |  |
| Smelling or tasting changed |  |  |  |  |  |  |  |  |  |  |
| Problems with balance |  |  |  |  |  |  |  |  |  |  |
| Headache |  |  |  |  |  |  |  |  |  |  |
| Dizziness |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Other symptoms** |  |  |  |  |  |  |  |  |  |  |
| Influenza-like symptoms |  |  |  |  |  |  |  |  |  |  |
| Stomach problems, nausea, lack of appetite |  |  |  |  |  |  |  |  |  |  |
| Sweating |  |  |  |  |  |  |  |  |  |  |
| Palpitations |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
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The chart is based on several sources, see [www.deadlymedicines.dk](http://www.deadlymedicines.dk)