



DEVOTED CARE WITH GRACIOUS HANDS

2501 STIRRUP LANE ALEXANDRIA VA 22308 | TEL: (571) 336-2287 | FAX: (877) 543-9437

### SYMPTOMS QUESTIONNAIRE

<p>Please answer each question as honestly as possible, even if it does not apply to you. This questionnaire is designed to help me understand your symptoms and to develop a treatment plan that is tailored to help you meet your treatment goals. I do not share this information with anyone.</p>	<p>Name: _____</p> <p>DOB: _____ Age _____</p>
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What are the reason(s) for you seeking treatment at this time?

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	Yes	No	N/A
<b>Panic Attack</b>			
Did you experience a fast heart rate or heart palpitations or pounding heart?			
Were you sweating?			
Did you experience shaking or trembling?			
Did you experience shortness of breath or difficulty breathing or sensations of smothering?			
Did you feel like you were choking or like you couldn't swallow?			
Did you feel pain or discomfort or tightness in your chest?			
Did you feel sick to your stomach or nauseous or feel other abdominal distress?			
Did you feel dizzy, unsteady, lightheaded, or faint?			
Did you experience feelings of unreality (derealization) or feelings of being detached from yourself (depersonalization)?			
Did you fear that you would lose control or go crazy?			
Were you afraid that you were dying?			
Did you feel numbness or tingling sensations (paresthesias)?			
Did you feel chills or hot flashes?			
<b>Generalized Anxiety</b>			
Do you worry continually almost every day about both big and small problems, situations, events, and/or activities?			
Do you have difficulty controlling your worries or anxieties?			
Do you have trouble keeping your mind on one thing?			
Do you feel restless or keyed up or on edge much of the time?			
Do you have headaches and/or other aches and pains for no apparent reason?			
Do you feel irritable or easily angered frequently?			
Do you have difficulty falling or staying asleep?			
Do you feel tired a lot or are you easily fatigued?			
Do you sometimes sweat or have hot flashers?			
Do you sometimes have a lump in your throat when you're worried?			



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Do you sometimes feel like you might throw up when you're worried?			
Do you feel like you can't concentrate or that our mind goes blank at times?			
Does your worrying interfere with our normal routines, work or school, and/or social activities?			
<b>Social Anxiety/Social Phobia</b>			
Do you have an intense fear that you will do or say something that will embarrass you in front of other people? Are you continually afraid of making a mistake in front of other people?			
Do you constantly feel you are being watched or judged by other people?			
Does your fear of embarrassment or humiliation keep you from doing things you really want to do?			
Does your fear of embarrassment keep you from speaking to people?			
When you have to go to a feared social situation or event do you worry about it for days or even weeks ahead of time?			
Do you have an intense fear of meeting new people or being in situations where you don't know people well?			
Before or during any kind of feared social situation, do you experience any physical symptoms such as nausea, trembling, blushing or sweating?			
Have you ever had a panic attack before or during a feared social situation as a result of your anxiety about the situation?			
<b>Depression</b>			
Over the past two weeks, have you been feeling low in energy or slowed down?			
Over the past two weeks, have you been blaming yourself for things?			
Over the past two weeks, have you had poor appetite?			
Over the past two weeks, have you had difficulty falling asleep or staying asleep?			
Over the past two weeks, have you been feeling hopeless about the future?			
Over the past two weeks, have you been feeling blue?			
Over the past two weeks, have you been feeling no interest in things?			
Over the past two weeks, have you had feelings of worthlessness?			
Over the past two weeks, have you thought about wanting to commit suicide?			
Over the past two weeks, have you had difficulty concentrating or making decisions?			
<b>OCD (Obsessive Compulsive Disorder)</b>			
Do you have upsetting or distressing thoughts, impulses, or images that happen in your mind over and over again?			
Do you feel like you can't stop or ignore these thoughts or images even when you try?			
Do you have a hard time stopping yourself from doing certain things repeatedly, such as: counting, checking on things, washing your hands, re-arranging objects, repeating things until it feels "right" collecting useless objects, and/or repeating words silently?			