

ADULT INITIAL SCREENING QUESTIONNAIRE

William T. Goldman, M.D.

NAME: _____ TODAY'S DATE: _____
AGE: _____ MARITAL STATUS: _____ EMPLOYMENT STATUS: _____
DATE SYMPTOMS BEGAN RECENTLY: _____ DATE SYMPTOMS WORSENERD: _____
STRESSFULL EVENTS/SITUATIONS: _____

SYMPTOM CHECKLIST

= Past Issue

= Present Issue

- Depressed or Sad Mood
- Irritability/Short Tempered
- Lack of Motivation/Drive
- Poor Concentration
- Can't Sleep Well
- Appetite Changes Weight Change?
- Loss of Pleasure in Activities/Hobbies
- Diminished Self-Esteem
- Hopeless/Helpless
- Decreased Energy/Always Fatigued
- Excessive Guilt or Shame
- Crying Spells
- Decreased Sexual Drive/Pleasure
- Intense Fear of Being Fat

- Spending Sprees/Wasting Money
- Special Abilities/Increased Self Esteem
- Decreased Need for Sleep
- Too Many Great Ideas to Get Out at Once
- Racing Thoughts/Can't Keep Up
- Increased Energy/Hyperactive
- Increased Sex Drive
- Making Lots of Plans/Schemes/Ideas
- Rapid Speech
- Talking Nonstop/Can't Interrupt
- Day-to-Day Mood Swings

- Suspiciousness/Paranoia
- Hallucinations (Seeing or Hearing things)
- Unusual Facial Expressions
- Strange Posturing/Gestures
- Disorganized Thoughts/Confusion
- Bizarre Behaviors
- Unusual or Unwanted Beliefs/Thoughts
- Washes Hands Constantly

- Always Nervous
- Obsessive Worrying
- Fear of Going Crazy/Losing Control
- Chills/Hot Flashes
- Abdominal Distress/Nausea
- Chest Discomfort/Choking
- Dizziness/"Foggy"-headed
- Numbness/Tingling
- Jumpy/On Edge/Easily Startled
- Constantly Alert/Vigilant
- Nightmares/Reliving Traumas
- Avoidance of Stressors/Situations
- Heart Racing/Palpitations
- Sweating/Trembling
- Counts Things Constantly
- Shortness of Breath/Smothering
- "Lump in Throat"/Can't Swallow
- Attacks of Intense Anxiety/Fear/Panic
- Unable to Leave Home
- Fear of Dirt/Germs/Contamination

- Impaired Intellect/Thinking
- Language/Speech Difficulties
- Poor Judgment/Impulsivity
- Unusual Sleep Pattern
- Disorganized/Confused
- Poor Memory

SUBSTANCE ABUSE

- Amphetamines/Stimulants
- Cocaine/Crack
- Marijuana/Cannabis
- Alcohol
- Sedatives/Hypnotics
- Opiates/Narcotic Pain Pills/Heroin
- Treatment/Detox Program?

SUICIDAL THOUGHTS Yes No

- Passing Thoughts/No Intent
- Persistent Thoughts
- Current Plans/Definite Intent
- Recent Attempts
- Past Attempts

- Pulling Hair Out/Picking Skin
- Anger/Emotional Outbursts
- Binge Eating/Stress Eating
- Uncontrolled Gambling
- Chronically Bites Nails
- Poor Tolerance of Change or Frustration

- Very Rigid Personality
- Childhood Delinquency
- Attention/Concentration Difficulties
- Impulsivity/Can't Wait
- Hyperactivity/Always moving/Restless

- Poor Self Care/Bathing/Dressing
- Can't Perform at Work/Home/School
- Aggressive/Assaultive to People/Objects
- Isolative/Withdrawn from Others
- Truancy from School/Work
- Difficulty Maintaining Relationships
- Self-Mutilation/Self-Harm
- Sleeping all the Time
- Staring Spells
- Chronic Pain
- Multiple Unexplained Bodily Complaints
- Self-Induced Vomiting
- Constant Agitation
- Intense Fear of Rejection/Abandonment
- Bowel/Bladder Control Problems
- Legal Troubles

III. MEDICATIONS:

CURRENT: _____
PAST MEDS TRIED/EFFECTS: _____

IV. ALLERGIES TO MEDICATIONS: _____

V. PERSONAL PAST PSYCHIATRIC HISTORY: Counseling Psychiatrist Visits Hospitalization Suicide Attempts

VI. CURRENT MEDICAL ISSUES: _____

VIII. FAMILY HISTORY: Psychiatric/Emotional Illness Medical Diseases Suicide Attempts Drug/Alcohol Problems

THANK YOU.