Synergique Healing, PA

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SYMPTOMS EXPERIENCED

Patient Name:_____ Date:_____

Symptoms of inattention that have persisted for at least six months and represent your usual functioning:

☐ Often fails to give close attention to details or makes careless mistakes in school work,work or other activities

☐ Often has difficulty sustaining attention in tasks or play activities

☐ Often does not seem to listen when spoken to directly

☐ Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)

☐ Often has difficulty organizing tasks and activities

☐ Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)

☐ Often loses things necessary for tasks or activities (eg, toys, school assignments, pencils, books, or tools)

☐ Is often easily distracted by extraneous stimuli

☐Is often forgetful in daily activities

Symptoms of hyperactivity-impulsivity that have persisted for at least six months and represent your usual functioning:

☐ Often fidgets with hands or feet or squirms in seat

☐ Often leaves seat in classroom or in other situations in which remaining seated is expected

☐ Often runs about or climbs excessively in situations in which it is inappropriate

☐ Often has difficulty playing or engaging in leisure activities quietly Is often "on the go" or often acts as if "driven by a motor"

☐ Often talks excessively

☐ Often blurts out answers before questions have been completed

☐ Often has difficulty awaiting turn

☐ Often interrupts or intrudes on others

Symptoms of persistent or repetitive thoughts OR behaviors that you may feel compelled to do and distressed if you stop them. The symptoms represent a CHANGE from your usual functioning and occurred at ANYTIME in your life:

Thoughts, impulses or images:

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☐ Recurrent and persistent thoughts, impulses, or images that are intrusive and cause marked anxiety or distress

☐ The thoughts, impulses, or images are not simply excessive worries about real-life problems

☐ You make attempts to ignore or suppress such thoughts, impulses, or images, or to neutralize them with some other thought or action

Behaviors or mental acts:

☐ Repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that you feel driven to perform in response to intrusive thoughts/ impulses/ images, or according to rules that must be applied rigidly

☐ The behaviors or mental acts are aimed at preventing or reducing distress or preventing some dreaded event or situation

☐ You have recognized that the thoughts, impulses, images, behaviors, or mental acts are excessive, unreasonable, or seem silly to you

☐ The thoughts, impulses, images, behaviors, or mental acts cause distress, are time consuming (take more than one hour a day), or significantly interfere with your normal routine, occupational (or academic) functioning, or usual social activities or relationships

Did the symptoms occur during a period of illicit drug, alcohol or prescription drug abuse or addiction?
☐ Yes ☐No

Did the symptoms occur after a throat infection or physical illness with fever?
☐ Yes ☐No

Symptoms that occurred after you were exposed to a traumatic event at ANYTIME in your life:

☐ You experienced, witnessed, or were confronted with an event that involved actual or threatened death or serious injury to yourself or others

☐ You responded with intense fear, helplessness, or horror.

The traumatic event is persistently re-experienced in any of the following ways:

☐ Recurrent, intrusive, or distressing recollections of the event

☐ Recurrent distressing dreams or nightmares of the event

☐ Acting or feeling as if the traumatic event were recurring, such as a sense of reliving the experience or having flashbacks of the event.

☐ Anxiety or fear when you see or hear something in the environment that reminds you of the traumatic event (TV, radio, etc.) or when you think about the event on your own Heart pounding, sweating, trembling or fast breathing when you see or hear something in the environment that reminds you of the traumatic event (TV, radio, etc.) or when you think about the event on your own

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Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by any of the following:

☐ Efforts to avoid thoughts, feelings, or conversations associated with the trauma

☐ Efforts to avoid activities, places, or people that arouse recollections of the trauma

☐ Inability to recall an important aspect of the trauma

☐ Markedly diminished interest or participation in significant activities

☐ Feeling of detachment or estrangement from others

☐ Restricted range of affect (e.g., unable to have loving feelings)

☐ Sense of a foreshortened future (e.g., you do not expect to have a career, marriage, children,or a normal life span)

Persistent symptoms of increased arousal (not present before the trauma), as indicated by any of the following:

☐ Difficulty falling or staying asleep

☐ Irritability or outbursts of anger

☐ Difficulty concentrating

☐ Hypervigilance - constant scanning of the environment for threats, or feeling "on edge"

☐ Exaggerated startle response

Symptoms of depression that have been present during the same 2-week (or more) period and represent a CHANGE from your usual functioning at ANYTIME in your life:

☐ Depressed mood, irritable mood or feeling "empty" most of the day, nearly every day. Diminished interest or lack of pleasure in all, or almost all, activities most of the day, nearly every day

☐ Significant change in appetite that resulted in weight gain/loss, or your clothes fitting differently than before

☐ Significant change in your sleep habits — either trouble sleeping despite feeling tired, or sleeping too much

☐ Feelings of restlessness/anxiety or being slowed down physically/mentally nearly every day

☐ Fatigue or loss of energy nearly every day

☐ Feelings of worthlessness or excessive/ inappropriate guilt nearly every day

☐ Diminished ability to think or concentrate, or indecisiveness, nearly every day

☐ Recurrent thoughts of death, recurrent suicidal thoughts, or a suicide attempt or a specific plan for committing suicide

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Did the symptoms occur during a period of illicit drug, alcohol or prescription drug abuse or addiction?
☐Yes ☐ No

Did the symptoms occur after the death of a loved one or loss of an important relationship?
☐Yes ☐No

Symptoms of euphoria/elation that have been present during the same period of at least 4-7 days and represent a CHANGE from your usual functioning at ANYTIME in your life:

☐ Unusually and persistently elevated, irritable mood, for several days in a row

☐ Inflated self-esteem, grandiosity or feeling more outgoing/extroverted

☐ Decreased need for sleep or feeling rested/energized after only a few hours of sleep

☐ More talkative than usual or feel like you just need to keep talking

☐ Feel like your thoughts are racing — so fast that it is hard for you to keep up with them. Others point out that you are talking fast or jumping from subject to subject or are difficult to follow

☐ Distractible, or your attention is too easily drawn to unimportant or irrelevant external stimuli

☐ Increase in goal-directed activity, either socially, at work or school, such as cleaning/rearranging the house, starting new projects that are out of character for you (writing a novel/ garden) or increase in your sex drive

☐ Excessive involvement in pleasurable activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments)

Did the symptoms occur during a period of illicit drug, alcohol or prescription drug abuse or addiction?
☐ Yes ☐ No

Symptoms of excessive or hard to control worry and anxiety that represent a CHANGE from your usual functioning at ANYTIME in your life:

☐ Excessive anxiety and worry, occurring more days than not about any number of events or activities (such as work or school performance)

☐ You find it difficult to control your worrying

The anxiety and worry are associated with any of the following symptoms:

☐ Restlessness, or feeling "keyed up" or "on edge"

☐ Being easily fatigued or feeling exhausted from worrying so much

☐ Difficulty concentrating or mind going blank

☐ Irritability

☐ Muscle tension or headaches

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☐ Sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep)

☐ You catch yourself not worrying, and then worry because you're not worrying

☐ You do a lot of "what if" thinking (e.g. what if the bridge collapses, what if I get hurt and miss work and can't pay bills)

Did the symptoms occur during a period of illicit drug, alcohol or prescription drug abuse or addiction?
☐ Yes ☐ No

Symptoms of intense anxiety of sudden onset and brief duration that represent a CHANGE from your usual functioning and occurred at ANYTIME in your life:

A discrete period of intense fear or discomfort, in which any of the following symptoms developed abruptly and reached a peak within 10 minutes:

☐ Palpitations, pounding heart, or accelerated heart rate

☐ Sweating

☐ Trembling or shaking

☐ Sensations of shortness of breath or smothering

☐ Feeling like you're choking

☐ Chest pain or discomfort

☐ Nausea or abdominal distress

☐ Feeling dizzy, unsteady, lightheaded, or faint

☐ Derealization (feelings of unreality) or depersonalization (being detached from oneself)

☐ Fear of losing control or going crazy

☐ Fear of dying or that something bad is going to happen

☐ Numbness or tingling sensations in your fingertips or around your mouth

☐ Chills or hot flashes

Do you have anxiety about being in places or situations from which escape might be difficult (or embarrassing) or in which help may not be available in the event of having another anxiety attack?
☐ Yes ☐ No

Did the symptoms occur during a period of illicit drug, alcohol or prescription drug abuse or addiction?
☐ Yes ☐ No