JCE Health
Psychiatry & Functional Medicine
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Name: _____

DOB:_____

Please Check all that Apply:

- ☐ I have a depressed mood or excessive sadness
- ☐ I feel hopeless or helpless
- ☐ I don't do pleasure or leisure activities like I used to
- ☐ I have feelings of guilt
- ☐ I have feelings of worthlessness
- ☐ I have low self-esteem
- ☐ I feel decreased energy and low motivation
- ☐ I have decreased concentration, memory or focus
- ☐ I've had appetite or weight changes recently
- ☐ I am moving slower or speaking slowly
- ☐ Feeling fidgety or having feelings of inner restlessness
- ☐ Sex drive changes
- ☐ Feel fatigued / tired most days
- ☐ Feel irritable often for no reason
- ☐ I find it harder to make decisions than I used to
- ☐ Sleep problems
  - o Hard to fall asleep, but can sleep fine once I do
  - o Hard to remain asleep, but I can fall asleep fine
  - o Hard to fall asleep and hard to remain asleep
- ☐ Ideas of suicide or death
- ☐ Anxious or Panic attacks
- ☐ Fear of social situations
- ☐ Obsessions
- ☐ Compulsions

- ☐ I often feel threatened or scared
- ☐ I often feel like people are out to get me
- ☐ I can read other people's thoughts
- ☐ The TV or Radio often speak directly to me
- ☐ I can hear voices others cannot
- ☐ I can see things others cannot
- ☐ I have intrusive thoughts that are not my own
- ☐ I have special abilities or powers others do not have
- ☐ Thoughts are put inside my head by others
- ☐ I sometimes have out of body experiences
- ☐ I often have mood swings or irritability
- ☐ I often have anger outbursts that are hard to control
- ☐ I sometimes feel a decreased need for sleep
- ☐ I can be more talkative than others
- ☐ I often have racing thoughts that I cannot control
- ☐ At times, I become overly distracted where even small things pull me away from important things.
- ☐ At times, I do more risky things than usual or I spend money out of control or get involved in sex or other adventures that often turn out badly.
- ☐ At times, I am more impulsive than usual and do things that are totally out of character for me.
- ☐ At times, I start many projects or get into so many activities that I cannot complete, and I jump from one to another rapidly.
- ☐ At times, I am unusually irresponsible and take action that causes moderate to severe problems (legal, financial, relationship) for me and my family.

- ☐ I have experienced a traumatic event
- ☐ I often have the same nightmare or have bad dreams
- ☐ Memories come into my mind when I don't want them
- ☐ Sometimes, I feel numb all over when I have specific memories
- ☐ I avoid certain people and/or specific places
- ☐ Sometimes I feel so much fear that I detach myself or feel disassociation from people or places
- ☐ I am hyper-vigilant / hyper-aware even when no danger is present
- ☐ I have many body aches and pains
- ☐ I have neck, back and other chronic pains
- ☐ I have headaches / migraines often
- ☐ I have had a head injury in the past