Psychosocial History

This questionnaire is designed to elicit detailed information about many aspects of human behavior. It is critical that you take your time and answer the questions as frankly as possible. Because it is quite long, many people find it easier to divide the questions into different sets for different days. You are an important person and your care in filling this out will be of great value in helping us to diagnose problems and to understand the role of genetic factors in controlling how people behave. *If you feel that you cannot carefully and accurately complete the questionnaire, we prefer that you not start.*

The questionnaire is designed for a wide range of purposes. It is used to help us evaluate people coming to the clinic for possible Tourette syndrome, attention deficit disorder, learning disorders, and a wide range of behavior problems. It is also designed for the parents, siblings and other family members. Finally, it is for controls - that is, people who may have none of the above.

There are two versions of this questionnaire - An adult version and a child version. The adult version is for people 14 years of age or older. If you have the adult version you should answer the questions yourself. Feel free, however, to consult your parents or others if necessary to answer the questions about your childhood.

The child version is for children less than 14 years of age. Parents or some other adult very familiar with the child should fill it out. You should consult with the child or read him or her the questions, as necessary.

Note: Since the child version is the same as the adult version except for a number of questions that have been removed, do not worry if the numbers seem non-consecutive.

Again, please take your time and answer all the questions carefully. Whenever you are in doubt please write out a narrative description or explanation of what you think the question asks. In this questionnaire there is no such thing as wrong answers or too much information. It is easy to condense answers; it is impossible to work with answers that are incorrect or not answered.

Some of the questions may seem a little unusual. Please bear with us as they all have an important meaning. All the information in the questionnaire will be treated as confidential material.

PERSONAL DATA

1. Name:_____ First
   Last MI
2. Address:_____
3. City_____State_____Zip_____
4. Phone: (Home)_____(cell)_____
5. (Work)_____
6. Today's date_____
7. Date of birth_____
8. Male ☐ Female ☐
9. Your age:_____
10. Weight:_____lbs.
11. Height_____ft._____inches.
13. Race: White ☐ Black ☐ Hispanic ☐ Asian ☐

    Other ☐ please specify_____
14. Are you adopted? No ☐ yes ☐

15.1. I live: At home with my parents ☐ 1

With my wife/husband/children ☐ 2

With someone of the opposite sex ☐ 3

With relatives not my parents ☐ 4

Alone ☐ 5

Other, specify_____ ☐ 6

In a treatment facility. ☐ 7

Specify: _____

22. Are you right or left handed? Right handed ☐ left handed ☐

    Use both equally ☐

EMPLOYMENT

12. What is your parents present income?

0-$10,000	☐ 1	$30,100 - $40,000	☐ 4
$10,000-$20,000	☐ 2	$40,100 - $50,000	☐ 5
$20,100 -$30,000	☐ 3	more than $50,000	☐ 6

EARLY HISTORY

1. How old were you when you first talked?
   a. First words? Years_____ Months_____
   b First sentences? Years_____ Months_____
2. How old were you when you first walked? Years_____ Months_____
3. How old were you when you were first toilet trained?
   a. For daytime? Years_____ Months_____
   b. For nighttime Years_____ Months_____
4. What is the oldest age that you frequently wet the bed at night (more than 2 times a month)?
   Years_____ Months_____ Still do_____
5. What is the oldest age that you frequently had a bowel movement in your pants?
   Years_____ Months_____ Still do_____
6. After you were two years of age did you ever play with or handle your bowel movement more than was necessary for regular hygiene? NO ☐ yes ☐
   If yes, give latest age_____
   If yes, give details _____
   _____
7. When you first went to school (nursery school, kindergarten) was there a problem separating from your mother (or father)? No ☐ Moderate ☐ Severe ☐
8. What were the teacher's general comments about you in nursery school and kindergarten?
   _____
   _____

SLEEP

1. Do or did you ever have any problems getting to sleep at night?
   Rarely ☐ 1-2 times a month ☐ 1-2 times a week ☐ Daily or almost daily ☐
2. Do or did you ever walk in your sleep?
   Rarely ☐ 1-2 times a month ☐ 1-2 times a week ☐ Daily or almost daily ☐
3. Do or did you ever have night terrors, that is wake up at night screaming and terrified?
   Rarely ☐ 1-2 times a month ☐ 1-2 times a week ☐ Daily or almost daily ☐
4. Do or did you have problems waking up early and not being able to get back to sleep?
   Rarely ☐ 1-2 times a month ☐ 1-2 times a week ☐ Daily or almost daily ☐
5. Do or did you ever talk in your sleep?
   Rarely ☐ 1-2 times a month ☐ 1-2 times a week ☐ Daily or almost daily ☐
6. Do or did you ever have nightmares?
   Rarely ☐ 1-2 times a month ☐ 1-2 times a week ☐ Daily or almost daily ☐
7. If yes, did they have a particular theme played over and over?
   No ☐ Occasionally ☐ Often ☐
8. When you were a child, between the ages of first born and 5 years of age, did you have problems with being unable to take an afternoon nap and unable to sleep in the evening?
   Rarely ☐ 1-2 times a month ☐ 1-2 times a week ☐ Daily or almost daily ☐
9. As a child, did you ever have a period of time when you were afraid to sleep alone and wanted to sleep with a parent or other person?
   Rarely ☐ 1-2 times a month ☐ 1-2 times a week ☐ Daily or almost daily ☐
10. Are you or were you ever afraid of the dark?
    No ☐ Occasionally ☐ Often ☐
11. If you have or had significant sleep problems, how old were you? From_____to_____
12. If you feel your sleep problems have not been covered by the above, please describe them:

_____

ACTIVITY

THE FOLLOWING QUESTIONS APPLY TO YOU BETWEEN THE TIME YOU WERE BORN AND 16 YEARS OF AGE. IF YOU ARE A PARENT FILLING OUTO THE FORM FOR A CHILD, ASSUME THE QUESTIONS SAY "DOES HE/SHE… OR "DID HE/SHE…"

Inattention	No or don't know	Occasionally	Often
1. Do you fail to finish things you started?	☐	☐	☐
2. Do you seem to not listen to your parents or teachers?	☐	☐	☐
3. Are you easily distracted?	☐	☐	☐
4. Do you have difficulty concentrating in school or elsewhere?	☐	☐	☐
5. Do you have difficulty sticking to play activities?	☐	☐	☐
6. Do you have difficulty following instructions, or fail to finish chores?	☐	☐	☐
7. Do you often lose things necessary for school, home or work activities?	☐	☐	☐
Impulsivity			
1. Do you often act before thinking?	☐	☐	☐
2, Do you shift excessively from one activity to another?	☐	☐	☐
3. Do you have trouble organizing your work?			
4. Do you need a lot of supervision?	☐	☐	☐
5. Do you frequently call out in class or blurt out answers to questions?	☐	☐	☐
6. Do you have difficulty waiting your turn in games or other situations?	☐	☐	☐
7. Do you often do dangerous things without considering the consequences?	☐	☐	☐
Hyperactivity			
1. Do you run about or climb on things excessively?	☐	☐	☐
2. Do you have difficulty sitting still?	☐	☐	☐
3. Do you have difficulty staying seated?	☐	☐	☐
4. Do you move about excessively in your sleep?	☐	☐	☐
5. Do you often interrupt others or butt into their activities?	☐	☐	☐
6. Are you always on the go?	☐	☐	☐
7. Do you often talk excessively?	☐	☐	☐
8. Do you have difficulty playing quietly?	☐	☐	☐

Other

1. If many of the above are answered "often" at what age did these things first begin?_____
2. Has a physician, psychologist or any other professional ever made any of the following diagnoses?

a.	Minimal brain damage (MBD)	NO ☐	YES ☐
b.	Hyperactive	NO ☐	YES ☐
c.	Attention deficit disorder(ADD)	NO ☐	YES ☐
d.	Severely emotionally disturbed (SED)	NO ☐	YES ☐

If any of the above are answered yes, what is the physician or professional's name and address?

3. Were any of the following medications ever prescribed and taken? If yes, give the dose and ages given.

a.	Ritalin	NO ☐	YES ☐	DOSE_____	AGES_____
b.	Cylert	NO ☐	YES ☐	DOSE_____	AGES_____
c.	Dexedrine (amphetamine)	NO ☐	YES ☐	DOSE_____	AGES_____
d.	Mellaril	NO ☐	YES ☐	DOSE_____	AGES_____
e.	Focalin	NO ☐	YES ☐	DOSE_____	AGES_____
f.	Provigil	NO ☐	YES ☐	DOSE_____	AGES_____
g.	Adderall	NO ☐	YES ☐	DOSE_____	AGES_____
h.	other (name)_____	NO ☐	YES ☐	DOSE_____	AGES_____

4. If Ritalin, Cylert, or amphetamines were taken, what affect did they have on the following?

		NO EFFECT	SOME BETTER	MUCH BETTER	WORSE
a.	Hyperactivity	☐	☐	☐	☐
b.	Ability to concentrate	☐	☐	☐	☐
c.	School performance	☐	☐	☐	☐
d.	Behavior or mood	☐	☐	☐	☐

5. If Ritalin, Cyldert, Dexedrine (amphetamines), or Focalin were taken and then stopped, why were they stopped?

Didn't help ☐ 1

Just didn't want to take them anymore ☐ 2
They made the symptoms worse ☐ 3
Symptoms got better and didn't need the medications anymore ☐ 4
Stopped during the summer and never started them again ☐ 5
Other, describe_____ ☐ 6

ANSWER THE FOLLOWING IF YOU EVER HAD MUSCLE TICS OR VOCAL NOISES.
(For a definition of muscle tics and vocal noises see page 26)
IF YOU NEVER HAD TICS SKIP TO NEXT SECTION ON TESTS

6. Did the tics and/or vocal noises start before, at the same time, or after you took Ritalin, Cylert or amphetmines?

I had tics before I took these medications ☐ 1
The tics came on at the same time that I took these medications ☐ 2
The ticks came on after I took these medications ☐ 3

7. If you had tics or vocal noises before taking these medications, how did these medications affect the tics?

NO EFFECT ☐ 1 BETTER ☐ 2 SLIGHTLY WORSE ☐ 3 MUCH WORSE ☐ 4

8. If you had tics or vocal noises after taking these medications, what was the duration of time between starting the medication and the onset of the tics or vocal noises?

Years_____ Months_____

TESTS

1. Have you ever had a brain wave test (EEG)? NO ☐ YES ☐
   If yes, what was the result? Normal☐ Borderline ☐ Abnormal ☐
2. Have you ever had a CT or MRI scan? NO ☐ YES ☐
   If yes, what was the result? Normal☐ Borderline ☐ Abnormal ☐
3. Have you ever had an I.Q. test? NO ☐ YES ☐
   If yes, what was the score?_____

SCHOOL

1. What is the highest grade you reached in school? _____
   (grade school 1-6, junior high 7-9,senior high (10-12)
2. Are you now a full time student? NO ☐ YES ☐

3. Was there ever a period of time, even a day or two, when you refused to go to school?
NO ☐ YES ☐
4. Was there ever a period of time, even a day or two, when you didn't want to go to school because you had a headache, stomachache, or other problems, even though you know you were not really ill?
NO ☐ YES ☐
5. If either question #3 or #4 were answered "yes", how many days all together did you stay out of school for these reasons?_____
6. Was there a period of time when you really disliked school? NO ☐ YES ☐
7. If yes, what age did it start?_____

8. Have you ever been placed in any of the following classes?
   a. Educationally handicapped (EH), learning handicapped (LH), learning disorder (LD)? NO ☐ YES ☐
   b. Resource classes? NO ☐ YES ☐
   c. Severely emotionally disturbed classes (SED)? NO ☐ YES ☐
   d. Aphasia or speech classes? NO ☐ YES ☐
   e. Gifted class? NO ☐ YES ☐
   f. Other - please describe _____

_____

9. Were you ever assigned a special teacher? NO ☐ YES ☐
10. Were you ever assigned a teacher to come to your home because of behavior problems? NO ☐ YES ☐
11. If yes, state why_____

_____

12. Were you ever held back a grade? NO ☐ YES ☐
13. Have you ever skipped a grade? NO ☐ YES ☐

14. For grades 1 to 6, was your school performance on the whole below average, average, or above average in the following?

	Below Average	Average	Above Average
a. Math	☐ 1	☐ 2	☐ 3
b. Reading	☐ 1	☐ 2	☐ 3
c. Writing	☐ 1	☐ 2	☐ 3
d. Physical Education	☐ 1	☐ 2	☐ 3

15. For junior and senior high school, was your school performance on the whole AVERAGE, BELOW AVERAGE or ABOVE AVERAGE in the following?

	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE
a. Math	☐ 1	☐ 2	☐ 3
b. Reading	☐ 1	☐ 2	☐ 3
c. Writing	☐ 1	☐ 2	☐ 3
d. Physical education	☐ 1	☐ 2	☐ 3

16. Were you ever told that had a learning disorder? NO ☐ YES ☐
17. Do you feel like your school performance was up to your potential? NO ☐ YES ☐
18. Do you or did you have test anxiety?
NEVER ☐ Occasionally ☐ Frequently ☐ Always ☐
19. Were you ever suspended or expelled from school? NO ☐ Yes ☐
20. If yes, explain why and how often
_____

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21. Is your memory for things: Very poor ☐ Poor ☐ About Average ☐ Excellent ☐

READING

1. Did you ever have frequent problems with any of the following?
   a. Letter reversal (p for q, b for d, etc.) NO ☐ YES ☐

b. Number reversal (for 3, for 7, etc.) NO ☐ YES ☐
c. Word reversal (saw for was, etc.) NO ☐ YES ☐
d. Drop out or insert words while reading? NO ☐ YES ☐
e. Read very slow, word by word when your peers were reading normal speed?
NO ☐ YES ☐
f. Unable to retain the meaning of what you just read? NO ☐ YES ☐

2. What is the greatest number of years you were felt to be behind your peers in reading, if any? For example, if when you were in the 6th grade you were only reading at 4th grade level you would have been 2 years behind.

Not behind ☐ 1 **1 year** ☐ 2 **2 years** ☐ 3 **3 or more** ☐ 4

3. What is the greatest number of years you were felt to be behind your peers in math, if any?

Not behind ☐ 1 **1 year** ☐ 2 **2 years** ☐ 3 **3 or more** ☐ 4

4. My handwriting is:

Beautiful ☐ 1 Average☐ 2 Terrible ☐ 3

SPEECH

1. Have you ever had problems with stuttering? NO ☐ YES ☐
2. If yes, what age did it start?_____
   What age did it stop_____ Still present ☐
3. Have you ever had problems with speaking so fast or so erratically that people had difficulty understanding you?
4. If yes, what age did it start?_____
   What age did it stop? _____ Still present ☐
5. Was there ever a time, after you knew how to talk, when you refused to speak in school or other social situations, for a period of several weeks or months? NO ☐ YES ☐
6. If yes, what age did it start?_____
   What age did it stop? _____ Still present ☐

SOCIAL AND OTHER HISTORY

1. Have you ever stolen anything from family, peers, or stores, without confronting the victim?
   NEVER ☐ ONCE ☐ 2-5 TIMES ☐ OFTEN ☐
2. Have you ever forged a check?
   NEVER ☐ ONCE ☐ 2-5 TIMES ☐ OFTEN ☐
3. Have you ever run away from home overnight?
   NEVER ☐ ONCE ☐ 2-5 TIMES ☐ OFTEN ☐
4. Have you ever lied (other than to avoid unreasonable physical abuse)?
   NEVER ☐ ONCE ☐ 2-5 TIMES ☐ OFTEN ☐
5. Have you ever persistently lied about not doing something even when it was clear to others that you did it?
   NEVER ☐ ONCE ☐ 2-5 TIMES ☐ OFTEN ☐
6. Have you ever set fires (other than camp or cooking fires)?
   NEVER ☐ ONCE ☐ 2-5 TIMES ☐ OFTEN ☐
7. Have you ever played hookey from school or missed work without good reason?
   NEVER ☐ ONCE ☐ 2-5 TIMES ☐ OFTEN ☐
8. Have you ever broken into someone else' s house, building, or car?
   NEVER ☐ ONCE ☐ 2-5 TIMES ☐ OFTEN ☐
9. Have you ever deliberately destroyed property?
   NEVER ☐ ONCE ☐ 2-5 TIMES ☐ OFTEN ☐
10. Have you ever been cruel to your pets or other animals?
    NEVER ☐ ONCE ☐ 2-5 TIMES ☐ OFTEN ☐
11. Have you ever used a weapon in a fight?
    NEVER ☐ ONCE ☐ 2-5 TIMES ☐ OFTEN ☐

12. Have you ever initiated physical fights with others?
NEVER ☐ ONCE ☐ 2-5 TIMES ☐ OFTEN ☐
13. Have you ever physically attacked your mother?
NEVER ☐ ONCE ☐ 2-5 TIMES ☐ OFTEN ☐
14. Have you ever physically attacked your father?
NEVER ☐ ONCE ☐ 2-5 TIMES ☐ OFTEN ☐
15. Have you eve stolen anything by confronting the victim (purse-snatching, pick pocketing ,mugging, extortion, armed robbery)?
NEVER ☐ ONCE ☐ 2-5 TIMES ☐ OFTEN ☐
16. Have you ever been in trouble with the law?
NEVER ☐ ONCE ☐ 2-5 TIMES ☐ OFTEN ☐
If yes, describe circumstances:
_____

17. Have you ever been arrested?
NEVER ☐ ONCE ☐ 2-5 TIMES ☐ OFTEN ☐

If yes, describe circumstances and ages

18. Have you ever shouted at your parents?
Never ☐ Once ☐ 2-5 times ☐ Often ☐
19. Do you lose your temper easily?
Never ☐ Occasionally ☐ Often ☐ Very often ☐
20. As a child, did you have respect for adults?
A lot ☐ Some respect ☐ No respect ☐
21. As a child, did you argue with adults?
Never ☐ Occasionally ☐ Often ☐ Very often ☐
22. As a child, did you actively defy or refuse adult requests or rules (such as chores)?
NO ☐ Occasionally ☐ Often ☐
23. As a child, did you like to be held?
NO ☐ Occasionally ☐ Often ☐
24. As a child, did you often not look at people when they were talking to you?
NO ☐ Occasionally ☐ Often ☐
25. As a child, did you like to spin things like jar lids, coins, or other objects?
NO ☐ Occasionally ☐ Often ☐
26. As a child, did you show an unusual degree of skill for certain things or memory for certain things?
NO ☐ YES ☐
If yes, please describe

27. Do you deliberately do things that annoy other people?
Never ☐ Occasionally ☐ Often ☐ Very often ☐
28. Do you often blame others for your mistakes?
Never ☐ Occasionally ☐ Often ☐ Very often ☐

29. Are you touchy or easily annoyed by others?
Never ☐ Occasionally ☐ Often ☐ Very often ☐
30. Are you often angry or resentful?
Never ☐ Occasionally ☐ Often ☐ Very often ☐
31. Are you spiteful or often say “I’ ll get even” or “I’ ll get back at them” ?

Never ☐ Occasionally ☐ Often ☐ Very often ☐

32. Do you swear more than most people?
Never ☐ Occasionally ☐ Often ☐ Very often ☐

33. Do you swear compulsively, sometimes saying swear words over and over when you don't want to and are not angry (coprolalia)?
Never ☐ Occasionally ☐ Often ☐ Very often ☐

34. Do you ever say swear words over and over in your mind even when you don't want to and are not angry? (mental coprolalia) ?
Never ☐ Occasionally ☐ Often ☐ Very often ☐

35. Do you "give people the finger" a lot?
Never ☐ Occasionally ☐ Often ☐ Very often ☐

36. Would you say you are a competitive person?
Never ☐ Occasionally ☐ Often ☐ Very often ☐

37. Are you a confrontational person?
Never ☐ Occasionally ☐ Often ☐ Very often ☐

38. When involved in fighting with others, did you ever get to a point where you couldn't seem to stop?
Never ☐ Occasionally ☐ Often ☐ Very often ☐

39. Have there been periods when you felt full of hate for others?
NO☐ Occasionally ☐ Often ☐

40. Has there ever been a time when you suddenly got so angry that you hit someone?
Never ☐ Occasionally ☐ Often ☐ Very often ☐

41. Can you entertain yourself or are you easily bored?
☐ 1 I can entertain myself.
☐ 2 I can entertain myself only if I have to.
☐ 3 I am very easily bored.

42. Are you:
☐ 1 Very well coordinated
☐ 2 Average coordination
☐ 3 Clumsy and poorly coordinated

43. Have you ever felt alone and abandoned when separated from someone close to you, such as a parent, for several hours?
Never ☐ Occasionally ☐ Often ☐ Very often ☐

44. Everyone likes to receive reassurance, approval or praise. Do you feel that your need for these is:
Less than average ☐ Average☐ More than average ☐ Much more than average ☐

45. Everyone has some concerns about their own physical attractiveness. Do you feel your concern is:
Less than average ☐ Average☐ More than average ☐ Much more than average ☐

46. If you suddenly decide that you want something, do you find it easy, moderately difficult, or very difficult to wait to get it?
Easy to wait ☐ Moderately difficult to wait ☐ Very difficult to wait ☐

47. If people criticize you, how would you best characterize your reaction?
It doesn't bother me☐ It bothers me for a while☐
I get quite upset☐ I really get very angry☐

48. If someone does something to you that you don't like, what is your reaction?
I immediately shrug it off. ☐
I usually get over it in a day. ☐
It bothers me for a long time and I often think a lot about how I can get even. ☐

49. In relation to making new friends, which most characterizes you?
I have difficulty making new friends. ☐
I make new friends as well as the next person. ☐
I find it very easy to make new friends. ☐

50. In relation to keeping friends, which most characterizes you?
I usually keep friends for quite a long time. ☐
Often times my friendships are broken up by something I or they said or did. ☐

51. In regard to religion, would you consider yourself:
Not religious ☐ Moderately religious ☐ Religious ☐ Very religious ☐

52. My religion is:
Protestant ☐ Catholic ☐ Jewish ☐ Other, specify _____

53. If you think there are other items not covered, please elaborate.

_____

_____

1. Do your parents feel you are (or were) a discipline problem? NO ☐ YES ☐
   If YES, describe the nature of the problem.

2. Do you have a problem accepting "NO" for an answer?
   Never ☐ Occasionally ☐ Often ☐ Very often ☐
3. Have you ever poked holes in walls, broken furniture, etc… when you were angry?
   Never ☐ Occasionally ☐ Often ☐ Very often ☐
4. During any period of your life were you unusually aggressive, destructive, rebellious, or what would generally be termed a difficult child? NO ☐ YES ☐
   If yes, Age started _____ Age stopped _____ Still present ☐
5. Either as a child or adult have there been times when you got unusually angry or upset over some minor matter to the point that you hit someone or broke things? NO ☐ YES ☐
   If yes, please elaborate:

5. Do you have any other comments on discipline or behavior?

PHOBIAS

1. Some people have phobias, that is, such a strong fear of something or some situation that they try to avoid it, even though they know there is no real danger. Have you ever had such an unreasonable fear of any of the following situations that you tried to avoid it/them.
   a. Of heights? NO ☐ YES ☐
   b. Of tunnels or bridges? NO ☐ YES ☐
   c. Of being in a crowd? NO ☐ YES ☐
   d. Of being on any kind of public transportation like airplanes, buses, or elevators? NO ☐ YES ☐
   e. Of going out of the house alone? NO ☐ YES ☐
   f. Of being in a closed space? NO ☐ YES ☐
   g. Of being alone? NO ☐ YES ☐
   h. Of eating in front of other people (either people you know or in public? NO ☐ YES ☐
   i. Of speaking in front of a small group of people you know? NO ☐ YES ☐
   j. Of speaking to strangers or of meeting new people? NO ☐ YES ☐
   k. Of storms? NO ☐ YES ☐
   l. Of being in water,for instance, in a swimming pool or lake? NO ☐ YES ☐
   m. Of spiders, bugs,mice, snakes or bats? NO ☐ YES ☐
   n. Of being near any other harmless animal that couldn' t get near you? NO ☐ YES ☐
   o. Of people? NO ☐ YES ☐
   p. Is there anything else you are or were unreasonably terrified to do or be near? NO ☐ YES ☐

   If yes, specify:

2. If any of the above were answered yes, how old were you when it/they first started and stopped?
   Age started _____ age stopped _____ still present ☐
3. If any of the above are yes, does attempting to avoid these situations interfere with your life, for example, keep you from going places or doing things you would otherwise do?
   NO ☐ Yes, but only minimal interference ☐ Yes, sometimes or many times interferes a lot ☐
4. If any of the above were answered yes, do you feel these are unreasonable fears?
   All of my fears are reasonable ☐ I recognize that most of my fears are unreasonable ☐
5. If there is anything else about phobias you wish to describe, please elaborate:

PANIC ATTACKS

1. Have you ever had a spell or attack (not due to a physical illness) when all of a sudden you felt frightened, anxious, or very uneasy in a situation where most people would not be afraid?
   NO ☐ YES ☐
2. If yes, how many such attacks have you had in your life?_____
3. If yes, during one of your worst spells, which of the following problems were present?
   a. Trouble catching your breath? NO ☐ YES ☐

b. Pounding of your heart? NO ☐ YES ☐
c. Dizziness or light headed? NO ☐ YES ☐
d. Tingling of your hands or feet? NO ☐ YES ☐
e. Tightness of your chest? NO ☐ YES ☐
f. Feeling of choking or smothering? NO ☐ YES ☐
g. Feeling faint or choking? NO ☐ YES ☐
h. Excessive sweating? NO ☐ YES ☐
i. Trembling or shaking? NO ☐ YES ☐
j. Hot or cold flashes? NO ☐ YES ☐
K. Things seem unreal? NO ☐ YES ☐
l. Afraid you might die or act in a crazy way? NO ☐ YES ☐

4. If yes, at what age did these attacks start and what age did they stop?
Age started _____ Age stopped _____ Still present ☐
5. If yes, have you ever had 3 spells like these close together, that is within a 3 week period?
NO ☐ YES ☐
6. If yes, and if you also had some of the phobias listed above, have the phobias and the panic attacks sometimes occurred together (i.e. at the same time)?
NO ☐ YES ☐
7. Did you ever have periods of time when you were afraid to go out of the house (agoraphobia)?
NO ☐ YES ☐
8. If yes, Age started _____ Age stopped _____ Still present ☐
9. If there is anything else you want to say about your panic attacks, please elaborate:

GENERAL ANXIETY

THE PREVIOUS QUESTIONS REFERRED TO BRIEF, SELF-CONTAINED EPISODES OF ANXIETY OR PANIC. THE FOLLOWING REFER TO MORE LONG-TERM FEELINGS OF ANXIETY.

1. Have you ever had periods of excessive anxiety or worry about various things in your life?
NO ☐ YES ☐
2. If yes, have these feelings persisted for a period of 6 months or more; they were present more than they were absent? NO ☐ YES ☐
3. If yes, Age started _____ Age stopped _____ Still present ☐

4. If yes, during these episodes which of the following problems were present?
   a. Trembling, twitching, or feeling shaky? NO ☐ YES ☐
   b. Muscle tensions, aches, or soreness? NO ☐ YES ☐
   c. Feeling restless? NO ☐ YES ☐
   d. Becoming tired easily? NO ☐ YES ☐
   e. Shortness of breath or smothering sensation? NO ☐ YES ☐
   f. Palpitations or heart beating rapidly? NO ☐ YES ☐
   g. Sweating or cold, clammy hands? NO ☐ YES ☐
   h. Dry mouth? NO ☐ YES ☐
   i. Dizziness or light headed? NO ☐ YES ☐
   j. Nausea, diarrhea, or other abdominal distress? NO ☐ YES ☐
   k. Flushes or hot flashes, chills? NO ☐ YES ☐
   l. Frequent urination? NO ☐ YES ☐
   m. Trouble swallowing or a lump in your throat? NO ☐ YES ☐
   n. Feeling keyed up or on edge? NO ☐ YES ☐
   o. Overreacting to noises? NO ☐ YES ☐
   p. Difficulty concentrating or mind going blank? NO ☐ YES ☐
   q. Trouble falling or staying asleep NO ☐ YES ☐
   r. Irritable? NO ☐ YES ☐
5. If there is anything else you want to say about your feelings of anxiety, please elaborate.

OBSESSIONS

1. Have you ever been bothered by having certain unpleasant thoughts all the time? An example would be the persistent idea that you might harm or kill someone you loved, even though you really didn't want to. Have you ever been bothered by that or by some other unpleasant and persistent thought?
   NO ☐ YES ☐
2. If yes, please describe._____

3. If yes, was this only for a short time or was it over a period of several weeks?
Less than 3 weeks ☐ Three weeks or more ☐

4. If yes, did these thoughts keep coming into your mind no matter how hard you tried to get rid of them?
NO ☐ YES ☐

5. Other thoughts that keep bothering some people, even when they know they are silly, are that their hands are dirty or have germs on them, no matter how much they wash them, or that relatives who are away have been hurt or killed. Have you ever had any kind of unreasonable thought like that?
NO ☐ YES ☐

6. If yes, please describe _____

7. If yes, was this only for a short time or did these thoughts keep coming into your mind over a period of several weeks?
Less than 3 weeks ☐ Three weeks or more ☐

8 If yes, did these thoughts keep coming into your mind no matter how hard you tried to get rid of them?
NO ☐ YES ☐

9. Do you have a tendency to get "hooked" or fixated on one topic?
NO☐ Occasionally ☐ Often ☐

10. Is it hard to relax because of unwanted thoughts that come into your mind and won't go away?
NO☐ Occasionally ☐ Often ☐

11. Do you worry about little things?
NO☐ Occasionally ☐ Often ☐

12. Do you have strong impulses toward doing forbidden or dangerous things?
NO☐ Occasionally ☐ Often ☐

13. Do you have impulses to hurt yourself or other people?
NO☐ Occasionally ☐ Often ☐

14. Do dirty words or thoughts come into your head when you are thinking of other things?
NO☐ Occasionally ☐ Often ☐

15. Do bloody or violent scenes pop into your head when you are thinking about other things?
NO☐ Occasionally ☐ Often ☐

16. If there is anything else you want to say about obsessive thoughts, please elaborate.

COMPULSIONS AND OTHER ACTIVITIES

Do you or did you do any of the following tings in a compulsive manner, that is, as the result of an uncontrollable need to do them? If yes, enter the ages when they started and stopped or mark if still present.

1. Echolalia (repeating over and over words that others have said)? NO ☐ YES ☐
If yes, Age started _____ Age stopped _____ Still present _____
2. Palilalia (repeating over and over words that you have said? NO ☐ YES ☐
If yes, Age started _____ Age stopped _____ Still present _____
3. Perseveration (asking the same question or repeating the same thought over and over)?
NO ☐ YES ☐
If yes, Age started _____ Age stopped _____ Still present _____

4. Shouting inappropriately? NO ☐ YES ☐
If yes, Age started _____ Age stopped _____ Still present _____
5. Touching objects excessively? NO ☐ YES ☐
If yes, Age started _____ Age stopped _____ Still present _____
6. Touching things a specific number of times, like 2 or 4 times, but not 3 times?
NO ☐ YES ☐
If yes, Age started _____ Age stopped _____ Still present _____
7. Needing to "even up", that is, if you touch something with one hand, do you have to also touch it with the other hand? NO ☐ YES ☐
If yes, Age started _____ Age stopped _____ Still present _____
8. Touching other people excessively (without sexual intent)? NO ☐ YES ☐
If yes, Age started _____ Age stopped _____ Still present _____
9. Touching your crotch excessively? NO ☐ YES ☐
If yes, Age started _____ Age stopped _____ Still present _____
10. Touching others sexually (breasts, buttock or genitalia)? NO ☐ YES ☐
If yes, Age started _____ Age stopped _____ Still present _____
11. Biting, picking, scratching or hurting yourself in some way? NO ☐ YES ☐
If yes, Age started _____ Age stopped _____ Still present _____
12. Head banging? NO ☐ YES ☐
If yes, Age started _____ Age stopped _____ Still present _____
13. Constant rocking in crib or elsewhere? NO ☐ YES ☐
If yes, Age started _____ Age stopped _____ Still present _____
14. Mimicking physical actions of others? NO ☐ YES ☐
If yes, Age started _____ Age stopped _____ Still present _____
15. Count things in your environment like tiles on the floor? NO ☐ YES ☐
If yes, Age started _____ Age stopped _____ Still present _____
16. Have to step on cracks or avoid stepping on cracks? NO ☐ YES ☐
If yes, Age started _____ Age stopped _____ Still present _____
17. Check and recheck things like the stove or if the door is locked? NO☐ YES ☐
If yes, Age started _____ Age stopped _____ Still present _____
18. Did you ever bite your nails? NO ☐ YES ☐
If yes, Age started _____ Age stopped _____ Still present _____
19. Did you ever crack your knuckles? NO ☐ YES ☐
If yes, Age started _____ Age stopped _____ Still present _____
20. Before you go to bed at night do you have to do certain things in a certain order such as brushing your teeth, or washing your face?
NO☐ Occasionally ☐ Often ☐
If yes, Age started _____ Age stopped _____ Still present ☐
21. Do you have to have personal belongings arranged in a certain specific way?
NO☐ Occasionally ☐ Often ☐
If yes, Age started _____ Age stopped _____ Still present ☐
22. Have you, or have you ever been told you have a problem with lying, almost in a compulsive way and about things that were not really that important?
NO☐ Occasionally ☐ Often ☐
If yes, Age started _____ Age stopped _____ Still present ☐

EATING

1. Have you ever had a period of your life when you could not maintain your weight at the minimum of what was normal for your age - that is, had or were close to having anorexia nervosa?
NO ☐ YES ☐ Ages _____
2. If yes, what was the minimum weight you obtained? _____
3. Did you ever have an intense fear of getting fat even though you were underweight at the time?
NO ☐ YES ☐ Ages _____
4. Was there ever a time when you had episodes of binge eating (rapid consumption of large amounts of food in a short period of time)?
NO ☐ YES ☐ Ages _____
5. If yes, did you ever have a period of two binge eating episodes a week for at least three months?
NO ☐ YES ☐ Ages _____

6. Was there ever a time when you regularly engaged in self-induced vomiting, the use of laxatives, or water pills, or vigorous exercise in order to prevent weight gain?
NO ☐ YES ☐ Ages _____

7. Was there ever a period of at least one month when you repeatedly ate things of nu nutritive value (paper, plaster, cloth, pebbles, dirt, etc.)? NO ☐
YES ☐ Ages _____

8. Was there ever a time when you were a very picky eater and hated most foods?
NO ☐ YES ☐ Ages _____

9. Do you have a craving for any of the following:

		No Craving	Moderate Craving	Strong Craving
a.	Sugar	☐	☐	☐
b.	Chocolate	☐	☐	☐
c.	Sweets or carbohydrates	☐	☐	☐
d.	Other, specify_____	☐	☐	☐

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10. What is the maximum weight you ever attained? _____ pounds.
11. How long were you at close to this weight? _____ years _____ months
12. Did you ever consider yourself to be overweight? NO ☐ YES ☐
13. Did you ever consider yourself a compulsive eater? NO ☐ YES ☐
14. Do you drink excessive amounts of water, or other liquids or eat ice?
NO ☐ Somewhat ☐ Definitely ☐
15. IF yes, please elaborate: _____

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16. How many glasses of water or other liquids do you drink each day? _____

SEXUAL BEHAVIOR

1. Did you ever sexually exhibit yourself by removing part or all of your clothing in public?
NEVER ☐ 1 Once ☐ 2 2-5 times ☐ 3 Often ☐ 4
2. If yes, Age started _____ Age stopped _____ Still present _____
3. Did you ever have the urge to exhibit yourself, even if you did not do so?
NEVER ☐ 1 Once ☐ 2 2-5 times ☐ 3 Often ☐ 4
4. Do you or your parents think that you had a precocious or very early interest in sexual things?
NO ☐ YES ☐
5. As a child did you draw dirty pictures or write dirty words on things much more than other children your age?
NO ☐ YES ☐
6. If yes, Age started _____ Age stopped _____ Still present _____
10. Did you ever persistently feel, for a period of two years or more, that you were born the wrong sex?
NO ☐ YES ☐
11. Did you ever dress up as someone of the opposite sex, other than for Halloween or for a costume party?
NO ☐ YES ☐
16. Have you ever had a period of 6 months or more when you had an aversion to being touched?
NO ☐ YES ☐
18. Were you ever sexually abused or molested? NO ☐ YES ☐

If Yes, explain or describe _____

SMOKING

1. Have you ever smoked cigarettes several times a week for more than a month?

2. If yes, how old were you when you first began to smoke? _____
3. If yes, how many packs of cigarettes do you smoke a day? (use fractions if less than one) _____

ALCOHOL

19. Have you had any problems with alcohol use or abuse?
NO ☐ YES ☐
If yes, Age started _____ Age stopped _____ Still present _____
20. Do you feel that any members of your family are alcoholic or have problems with alcohol abuse?
NO ☐ YES ☐
21. If yes, please identify who they are, how they are related to you, and describe the problems.

DRUGS

1. Have you ever used any of the following drugs to get high, or without a prescription or more than was prescribed, that is, on your own?
   a. Marijuana, Hashish, pot or grass:
   NO ☐ YES ☐ Age started ☐ Age stopped ☐ Still use ☐
   b. Amphetamines, stimulants, uppers, speed:
   NO ☐ YES ☐ Age started ☐ Age stopped ☐ Still use ☐
   c. Barbiturates, sedatives, downers, Seconal, Quaaludes:
   NO ☐ YES ☐ Age started ☐ Age stopped ☐ Still use ☐
   d. Tranquilizers, Valium, Librium:
   NO ☐ YES ☐ Age started ☐ Age stopped ☐ Still use ☐
   e. Cocaine, coke, crack:
   NO ☐ YES ☐ Age started ☐ Age stopped ☐ Still use ☐
   f. Heroin:
   NO ☐ YES ☐ Age started ☐ Age stopped ☐ Still use ☐
   g. Opiates (other than heroin) codeine, Demerol, morphine, Methadone, Darvon, opium:
   NO ☐ YES ☐ Age started ☐ Age stopped ☐ Still use ☐
   h. Psychedelics, LSD, mescaline, peyote, DMT, PCP:
   NO ☐ YES ☐ Age started ☐ Age stopped ☐ Still use ☐

If all of these above were answered "NO", skip to the next section on MOOD. Otherwise, please continue.

2. Have you ever used any of these drugs or any other illicit drug every day for two weeks or more?
NO ☐ YES ☐
3. Have you ever used any of these drugs or other illicit drug enough so that you felt like you needed it or were dependent on it? NO ☐ YES ☐

4. Have you ever tried to cut down on any of these drugs but found you couldn't do it?
NO ☐ YES ☐

5. Did you ever find you needed larger amounts of these drugs to get an effect, or that you could no longer get high on the amount you used to use? NO ☐ YES ☐

6. Have you ever had withdrawal symptoms, that is, have you felt sick because you stopped or cut down on any of these drugs? NO ☐ YES ☐

7. Did you ever have any health problems like fits, an accidental overdose, a persistent cough or an infection as a result of using any of these drugs? NO ☐ YES ☐

8. Did any of these drugs cause you considerable problems with your family, friends, on the job, at school or with the police? NO ☐ YES ☐

9. Did you have any emotional or psychological problems from using drugs, such as feeling crazy, paranoid, or depressed or uninterested in things? NO ☐ YES ☐

10. If any of the questions from # 2 to #9 were answered "yes", during what period of your life did you have these troubles? Age started _____ Age stopped _____ Still present ☐

11. Were you ever arrested because of drug use or selling drugs? NO ☐ YES ☐

12. If yes, how many times? _____

MOOD

1. In your lifetime, have you ever had two weeks or more during which you felt sad, blue, depressed,or when you lost all interest and pleasure in things that you usually cared about or enjoyed?
NO ☐ YES ☐

2. Have you ever had two years or more in your liftetime when you felt depressed or sad almost all the time, even if you felt OK sometimes? NO ☐ YES ☐

3. Has thee ever been a period of two weeks or longer when you lost your appetite?
NO ☐ YES ☐

4. Have you ever lost weight without trying to - as much as two pounds a week for several weeks?
NO ☐ YES ☐

5. Have you ever had a period when your eating increased so much that you gained as much as two pounds a week for several weeks? NO ☐ YES ☐

6. Have you ever had a period of two weeks or more when you had trouble falling asleep, staying asleep, or waking up too early? NO ☐ YES ☐

7. Have you ever had a period of two weeks or longer when you were sleeping too much?
NO ☐ YES ☐ Yes, but it was due to physical illness ☐

8. Has there ever been a period lasting two weeks or more when you felt tired out all the time?
NO ☐ YES ☐ Yes, but it was due to physical illness ☐

9. Has there ever been a period of two weeks or more when you talked or moved more slowly than is normal for you? NO ☐ YES ☐

10. Has there ever been a period of two weeks or more when you had to be moving all the time - that is you couldn't sit still and paced up and down? NO ☐ YES ☐

11. Has there ever been a period of two weeks or more when you felt worthless, sinful, or guilty?
NO ☐ YES ☐

12. Has there ever been a period of two weeks or more when you had a lot more trouble concentrating than is normal for you? NO ☐ YES ☐

13. Has there ever been a period of time when your thoughts came much slower than usual or seemed mixed up?
NO ☐ YES ☐ Yes, but it was due to physical illness ☐

14. Has there ever been a period of two weeks ore more when you thought a lot about death - either your own, someone else's, or death in general? NO ☐ YES ☐

15. Has there ever been a period of two weeks or more when you felt like you wanted to die?
NO ☐ YES ☐

16. Have you ever felt so low you thought of committing suicide? NO ☐ YES ☐

17. Have you ever attempted suicide? NO ☐ YES ☐
If yes, explain the circumstances, how you tried, and the number of times _____

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18. If you answered yes to several of the above items, how old were you when these feelings or problems first started and stopped? Age started _____ Age stopped _____ Still present ☐

19. If you answered yes to several of the previous items, were you only feeling this way after the death of someone close to you?
I felt this way only during a period of 2 months or less after the death of someone close to me died. ☐
I felt that way at times other than 2 months after someone close to me died. ☐

20. If you answered yes to several of the previous items, what is the longest period of time that you felt depressed more days than not?
Less than 1 year ☐ 1-2 years ☐ more than 2 years ☐

21. If you answered yes to several of the previous items, are there times of the year when your depression is much worse? NO ☐ YES ☐

22. If yes, what seasons of the year are worst? Mark all that apply:
Summer ☐ Fall ☐ Winter ☐ Spring ☐

23. Has there ever been a period of one week or more when you were so happy or excited or high that you got into trouble, or your family or friends worried about it, or a doctor said that you were manic?
NO ☐ YES ☐

24. Has there ever been a period of a week or more when you were so much more active than usual that you or your family or friends were concerned about it? NO ☐ YES ☐

25. Has thee ever been a period of a week or m ore when you went on spending sprees - spending so much money that it caused you or your family some financial trouble? NO ☐ YES ☐

26. Has there ever been a period of a week or more when you talked so fast that people said they couldn't understand you? NO ☐ YES ☐

27. Have you ever had a period of a week or more when thoughts raced through your head so fast that you couldn't keep track of them? NO ☐ YES ☐

28. Have you ever had a period of a week or m ore when you felt that you had a special gift or special powers to do tings others couldn't do or that you were an especially important person?
NO ☐ YES ☐

29. Has there ever been a period of a week or more when you hardly slept at all but still didn't feel tired or sleepy? NO ☐ YES ☐

30. Was there ever a period of a week or more when you were easily distracted so that any little interruption could get you off the track? NO ☐ YES ☐

31. If several of the above questions from 21 to 27 were answered yes, how many total episodes have incurred in your life that lasted more than a week?
Less than two ☐ 1 Five to ten ☐ 3
Two to five ☐ 2 More than ten ☐ 4

32. Have you had some periods in your life when you felt very down and blue and depressed, but other times when you felt much more up, excited and active than is normal for most people?
NO ☐ YES ☐
33. If yes, how old were you when these mood swings first began?
Age started _____ Age stopped _____ Still present ☐

34. Have you ever believed people were watching you or spying on you?
NO ☐ YES ☐
35. If yes, please elaborate: _____

36. Was there ever a time when you believed people were following you? NO ☐ YES ☐
37. If yes, please elaborate: _____

38. Have you ever believed that someone was plotting against you or trying to hurt you?
NO ☐ YES ☐
39. If yes, please elaborate: _____

40. Have you ever believed someone was reading your mind? NO ☐ YES ☐
41. If yes, please elaborate: _____

42. Have you ever believed you could actually hear what another person was thinking, even though he was not speaking, or believed that others could hear your thoughts? NO ☐ YES ☐
If yes, please elaborate: _____

43. Have you ever believed that others were controlling how you moved or what you thought against your will?
NO ☐ YES ☐
44. If yes, please elaborate: _____

45. Have you ever felt that someone or something could put strange thoughts directly into your head or could take or steal your thoughts out of your mind? NO ☐ YES ☐
46. If yes, please elaborate: _____

47. Have you ever believed that you were being sent special messages through television or the radio?
NO ☐ YES ☐
48. If yes please elaborate: _____

49. Have you ever had the experience of seeing something or someone that others who were present could not see - that is, a vision when you were completely awake? NO ☐ YES ☐

50. If yes, please elaborate

_____

51. Have you, more than once, had the experience of hearing things other people couldn't hear, such as a voice? NO ☐ YES ☐

52. If yes, please elaborate: _____

53. If yes, did these voices ever tell you to do bad tings or things you wouldn't normally have done? NO ☐ YES ☐

54. If yes, did you ever carry on conversations with the voice? NO ☐ YES ☐

55. If yes, were you able to identify the voice?

Couldn't identify ☐ 1 Was the devil ☐ 2
Was a male voice ☐ 3 Was a female voice ☐ 4
There was a good voice and a bad voice ☐ 5
Other ☐ 6 Describe:

_____

56. If any of the questions above from #30 to #49 were answered yes, how old were you when they first started and stopped? _____ Age started _____ Age stopped _____Still present ☐

57. Do you often have dreams or uncomfortable thoughts about violence, that is, someone harming you or you harming someone or something else?

Never or rarely ☐ Moderately often ☐ Often ☐

58. If yes, please elaborate _____

59. Have you ever had the experience of feeling detached from your own body as if you were an observer of your own body or thoughts, or like you were a robot in a dream but awake?

Never or rarely ☐ Moderately often ☐ Often ☐

60. Have you had the feeling that you were doing something that you had already experienced doing before, that is a *déjà vu*?

Never or rarely ☐ Moderately often ☐ Often ☐

PRESENT FEELINGS ABOUT YOURSELF

IN THE FOLLOWING PART THERE ARE GROUPS OF STATEMENTS. PLEASE READ THE ENTIRE GROUP FOR EACH QUESTION. THEN PICK THE ONE STATEMENT IN THAT GROUP THAT BEST DESCRIBES THE WAY YOU FEEL MOST OF THE TIME. IF SEVERAL STATEMENTS IN A GROUP SEEM TO APPLY EQUALLY WELL, MARK EACH ONE.

1.
☐ 4 I am so sad or unhappy that I can't stand it.
☐ 3 I am blue or sad all the time and I can't snap out of it.
☐ 2 I feel sad or blue.
☐ 1 I do not feel sad.

2.
☐ 4 I feel that the future is hopeless and that things cannot improve.
☐ 3 I feel I have nothing to look forward to.
☐ 2 I feel discouraged about the future.
☐ 1 I am not particularly pessimistic or discouraged about the future.

3.
☐ 4 I am a complete failure as a person.
☐ 3 As I look back on my life, all I can see is a lot of failures.
☐ 2 I feel I have failed more than the average person.
☐ 1 I do not feel like a failure.

4.
- ☐ 4 I am dissatisfied with everything.
- ☐ 3 I don't get satisfaction out of anything anymore.
- ☐ 2 I don't enjoy things the way I used to.
- ☐ 1 I am not particularly dissatisfied.

5.
- ☐ 4 I feel as though I am very bad or worthless.
- ☐ 3 I feel quite guilty.
- ☐ 2 I hate myself.
- ☐ 1 I don't feel disappointed in myself.

6.
- ☐ 4 I would kill myself if I had the chance.
- ☐ 3 I have definite plans about committing suicide.
- ☐ 2 I feel I would be better off dead.
- ☐ 1 I don't have any thoughts of harming myself.

7.
- ☐ 4 I have lost all my interest in other people and don't care about them at all.
- ☐ 3 I have lost most of my interest in other people and have little feelings for them.
- ☐ 2 I am less interested in other people than I used to be.
- ☐ 1 I have not lost interest in other people

8.
- ☐ 4 I can't make any decisions at all anymore
- ☐ 3 I have great difficulty in making decisions.
- ☐ 2 I try to put off making decisions.
- ☐ 1 I make decisions about as well as ever.

9.
- ☐ 4 I feel that I am ugly or repulsive-looking.
- ☐ 3 I feel that there are permanent changes in my life.
- ☐ 2 I am worried that I look old or unattractive.
- ☐ 1 I don't feel that I look any worse than I used to.

10.
- ☐ 4 I can't do any work at all.
- ☐ 3 I have to push myself very hard to do anything.
- ☐ 2 It takes extra effort to get started at doing something.
- ☐ 1 I can work about as well as before.

11.
- ☐ 4 I get too tired to do anything.
- ☐ 3 I get tired from doing anything.
- ☐ 2 I get tired more easily than I used to.
- ☐ 1 I don't get any more tired than usual.

12.
- ☐ 4 I have no appetite at all anymore.
- ☐ 3 My appetite is much worse now.
- ☐ 2 My appetite is not as good as it used to be.
- ☐ 1 My appetite is no worse than usual.

PAST DIAGNOSES

1. Have you ever seen a mental health professional for emotional or psychological problems?
NO ☐ YES ☐

2. If yes, please elaborate and give your age w hen you had the problems.

3. Have you ever been hospitalized for psychiatric reasons? NO ☐ YES ☐

4. If yes, please elaborate and give your age when you were hospitalized.

5. Have you ever been told you had any of the following problems?

☐1	Agoraphobia	☐ 8	Drug abuse or addiction
☐ 2	Alcoholism	☐ 9	Manic-depression
☐ 3	Anxiety	☐ 10	Obsessive-compulsive
☐ 4	Aphasia	☐ 11	Panic or hyperventilation
☐ 5	Autism	☐ 12	Schizophrenia
☐ 6	Bulimia or anorexia nervosa	☐ 13	Other
☐ 7	Depression		

6. If any of the above were marked yes, describe any details you wish such as date, doctor, and circumstances:

GENERAL HEALTH

PLEASE READ OVER THE FOLLOWING QUESTIONS ABOUT GENERAL HEALTH. IF YOU MARK ANY YES, ENTER THE AGES WHEN YOU HAD THESE SYMPTOMS.

1. Migraine headaches? NO ☐ YES ☐
   If yes, how often?
   Once a month or less ☐ 1-3 times a month ☐ 1-3 times a week ☐ Almost daily ☐
2. Chronic back pain? NO ☐ YES ☐
3. Pain when you urinate? NO ☐ YES ☐
4. Unable to urinate for 24 hours or longer (not due to surgery) NO ☐ YES ☐
5. Rapid heartbeat or palpitations? NO ☐ YES ☐
6. Chest pains? NO ☐ YES ☐
7. Short of breath when not exerting yourself? NO ☐ YES ☐
8. Trouble swallowing? NO ☐ YES ☐
9. Had a feeling there was a lump in your throat? NO ☐ YES ☐
10. Trouble with excessive gas or bloating? NO ☐ YES ☐
11. Trouble with loose stools or diarrhea other than acute illness? NO ☐ YES ☐
12. Trouble with constipation? NO ☐ YES ☐
13. Trouble with peptic or duodenal ulcer? NO ☐ YES ☐
14. Trouble with nausea (unrelated to car sickness)? NO ☐ YES ☐
15. Unable to tolerate certain foods? NO ☐ YES ☐
16. Periods of vomiting other than the flu? NO ☐ YES ☐
17. Have you ever been diagnosed as having a spastic colon? NO ☐ YES ☐
18. Trouble with burning pains of your arms or legs? NO ☐ YES ☐
19. Do you have chronic pains in your joints? NO ☐ YES ☐
20. Have you ever been paralyzed, unable to move some part of your body? NO ☐ YES ☐
21. Have a burning sensation in your sexual organs or rectum? NO ☐ YES ☐
22. Have you ever lost your voice for 30 minutes or more? NO ☐ YES ☐
23. Periods of dizziness? NO ☐ YES ☐
24. Problems with seeing double? NO ☐ YES ☐
25. Has your vision ever become blurred for some period, when it wasn't just due to needing glasses? NO ☐ YES ☐
26. Have you ever been blind in one or both eyes where you couldn't see anything at all for a few minutes or more? NO ☐ YES ☐
27. Periods of being unable to hear or deafness (not permanent)? NO ☐ YES ☐
28. Periods of fainting or loss of consciousness? NO ☐ YES ☐
29. Have you ever had a seizure or convulsion of any kind since you were 12, where you were unconscious and your body jerked? NO ☐ YES ☐
30. Have you ever had a period of amnesia, lasting for a period of several hours or days when you couldn't remember anything afterwards? NO ☐ YES ☐
31. Have you ever had a period of a strange feeling or spell when objects seemed much larger or smaller than they usually are? NO ☐ YES ☐
    If yes, Age started _____ Age stopped _____Still present ☐

    If yes, please elaborate: _____

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32. Have you ever had to give up work, going to school, or other regular activities for at least several weeks because you did not feel well enough to carry on (other than when you were in the hospital)?
NO ☐ YES ☐ Age started ☐ Age stopped ☐ still present ☐

33. Has your physical health been pretty good or have you been sickly for the majority of your life?
Pretty good most of my life……☐ 1
Single long-term physical illness explained being sickly……☐ 2
Sickly most of my life ……. ☐ 3

34. Do you often feel hotter than others around you?
NO ☐ Somewhat ☐ Very much so ☐

35. Do you have any unusual body odors? NO ☐ Somewhat ☐ Very much so ☐

36. If yes, please elaborate: _____

_____

37. If you feel any of the above answers need an explanation, please elaborate:

_____

_____

_____

_____

_____

_____

_____

_____

TICS

Muscle tics are involuntary, jerky, muscle movements such as excessive eye blinking, facial grimaces, jerking the head to one side or up and down, eyes turning out or upward, shoulder shrugging, arm, or leg jerking or others.

Vocal noises are involuntary noises including excessive throat clearing, grunting, snorting, barking, spitting, sniffing, squeaking, or other non-word noises.

1. Have you ever had muscle tics? NO ☐ YES ☐
2. Have you ever had vocal noises? NO ☐ YES ☐

IF BOTH OF THE ABOVE TWO QUESTIONS ARE ANSWERED NO, THEN SKIP TO THE **NARRATIVE** SECTION. IF EITHER OF THE ABOVE QUESTIONS WERE ANSWERED YES, PLEASE CONTINUE.

3. If you had muscle tics at what age did they first occur? Age started _____

4. Describe the first tics you had _____

_____

5. If you had vocal noises at what age did they first occur? Age started _____

6. Describe the first vocal noises you heard._____

_____

7. Carefully read the following list and for any tics that you ever experienced, mark in the age at which they were first noticed by you or others and if you no longer have those tics, the age at which they went away.

Motor tics: Age started Age stopped still present

Eye blinking	_____	_____	_____
Eyes looking up or sideways	_____	_____	_____
Facial grimacing	_____	_____	_____
Head tic (hair out of eyes tic)	_____	_____	_____
Arm tic	_____	_____	_____
Diaphragm tic	_____	_____	_____
Leg or foot tic	_____	_____	_____
Other tics	_____	_____	_____

Describe other tics: _____

Vocal Tics:	Age started	Age stopped	still present
Repeated throat clearing	_____	_____	_____
Grunting	_____	_____	_____
Barking	_____	_____	_____
Spitting	_____	_____	_____
Squeaking	_____	_____	_____
Sniffing	_____	_____	_____
Yelling-screaming	_____	_____	_____
Stopping in mid sentence	_____	_____	_____
Other vocal tics	_____	_____	_____

Describe other tics: _____

8. If you marked yes to any of the above motor or vocal tics, have they been present most of the time for more than a year? NO ☐ YES ☐

9. Since your tics began list how old you were when they were only mild, moderate or severe. (If they were never severe, list only for mild or moderate)

My tics were mild	From age _____	to age _____
My tics were moderate	From age _____	to age _____
My tics were severe	From age _____	to age _____

10. List the most severe tics you have ever had: _____

11. List the most severe vocal tics you ever had: _____

12. List things that make your tics worse, including medications: _____

13. List things that make your tics better, including medications: _____

NARRATIVE

1. If there is anything else about yourself you would like to mention, please elaborate:

2. Sometimes people will deny certain personality traits, behaviors, habits, or excesses (such as drinking). Is there anyone in your family who you feel you would like to add some notes about their behaviors in this regard? If yes, please note who it is, how they are related to you, and the behaviors that bother you or others.