

Dr. E. Anthony Allen
Consultant Psychiatrist
SYMPTOMS AND CONCERNS
Patient Questionnaire - Part I

CONFIDENTIAL

Fill in what you can. Your doctor will assist with the rest. Indicate "yes by placing a check in the box provided for each question. Indicate "no" by leaving box blank:

Name: _____

SYMPTOMS

Tick for **unusual** symptoms.

Recently, have you:

had difficulty in sleeping?

If so,

had difficulty in going off to sleep?

been waking up too early in the morning?

been sleeping too much?

been feeling a loss of desire to eat?

been losing weight because of this?

If so,

How much _____

In what period of time? _____

found that your clothes have been getting loose?

been experiencing an excessive appetite?

been experiencing problems controlling your eating behaviour

a) deliberately fasting or avoiding food, *apart from religious or health reasons or being depressed?*

b) bingeing/vomiting/dieting/using laxatives, etc.?
(underline which)

c) being overweight/underweight because of these?
Specify: _____

been lacking in energy?

been having unusually high energy?

Been experiencing unusual body pains ?

If so,

New pain(s)?

Worsening of previous pains?

been having any difficulty in concentrating on whatever you are doing?

been having much sharper concentration than usual?

been feeling down in spirits or depressed?

If so does it feel:

a) mild

b) moderate

c) severe

been feeling worse in the morning?

been feeling worse in the afternoon?

been feeling on an emotional high ? (i.e. elated or unusually happy)

been having thoughts of suicide?

been irritable and bad-tempered?

been losing interest in your day-to-day activities and hobbies?

felt to withdraw from persons?

lost some of your self-esteem?

been unusually indecisive?

experienced severe guilt?

lost some of your sex drive?

been experiencing an increase in your sex drive?

been experiencing other problems in your sexual performance?

Specify: _____

been feeling nervous or tense (tight in the muscles, headaches or skin sensations)?

felt regularly under stress or pressure?

been experiencing sudden **unexpected** attacks of panic and fears of dying or going "crazy", **coming in an unpredictable or unprovoked manner?**

been experiencing phobias or fears of going out, social situations, or specific objects, etc. **Underline which.**

been experiencing unwanted negative thoughts forcing into your mind (e.g. swearing, blasphemy, questions or fears of harming others for no reason)? **Underline which.**

been experiencing urges to do things repeatedly (e.g. hand washing or checking over what you have done)?
Specify: _____

been experiencing a fear of a serious disease?

been experiencing *premenstrual* emotional symptoms (e.g. tension, irritability, or depression)? **Underline which.**

been experiencing *menopausal* symptoms (e.g. hot and cold spells, sweating)? **Underline which.**

been experiencing unusual suspicions about people?
Specify: _____

been having unusual ideas about who you really are or about your abilities?
Specify: _____

been having unusual perceptions: sounds, visual, smell, being touched?
Specify: _____

- been having other unusual experiences?
Specify: _____

- been told by others that you are not acting your usual self? Specify: _____

FROM CHILDHOOD have you:

- been having repeated difficulties with some of these: not maintaining close attention, being easily distracted, procrastination, not taking enough responsibility, being disorganized, or problems with maintaining motivation and follow-through in tasks or interests? **Underline which.**

For persons over 55 years,

WHEN YOU HAVE NOT BEEN DEPRESSED OR ANXIOUS IN THE LAST 6-12 MONTHS OR FEW YEARS, have you:

- been experiencing significant memory problems (e.g. about names, location of objects, arrangements, appointments or days of the week) - apart from lack of concentration due to being anxious or depressed, which affects your functioning? Underline which.

PERSONALITY CONCERNS

Even when you are not having symptoms (or not feeling well),

- Do you lack *self-confidence* on an ongoing basis?
- Do you tend to have an *unstable fluctuating perception* of yourself and others (between devaluing and idealizing)
- Do you *dislike your physical appearance*?
- Is there some *habit or weakness* that you are having difficulty giving up, e.g. overwork, overeating, risk taking, reckless driving, overspending, gambling, impulsive or addictive sexual activities, unstable tendencies, bad temper, violence against others, impulsiveness, resentment, envy, recurrent suicidal behaviour or threats, cutting or other self damage? If so, please underline which:
Other difficult habits: _____

- Do you tend to have an *unstable and over-reactive mood* involving depression, anxiety, irritability - usually lasting a few hours or days at a time?
- Do you feel an *emptiness* inside you most of the time?
- Do *childhood memories* cause you any distress?
- Do you tend to have any of the following **interpersonal traits**?
- excessive *introversion*, or social avoidance?
- excessive *extroversion* and exploitation, e.g., egotism, seductiveness, attention-seeking, hostility or manipulativeness? (underline which)
- excessive *perfectionism*, negative approach, worrying and fear of help from others, over-devotion to work and pleasing? (underline which)
- excessive *dependence* on others and underassertiveness- especially in relation to the opposite sex?
- a pattern of *unstable and intense* interpersonal relationships?
- a pattern of *frantic efforts to avoid real or imagined abandonment*?
- excessive *suspiciousness*, sensitivity, mistrust or assump-

tion of exploitation? (underline which)

- periodic short lived *loss of touch with reality* under stress (ideas of persecution, voices, etc.)?
- In general, do you have difficulty *making and keeping friends*?
- Would you describe yourself as a *loner*?
- Do you find yourself being in *ethical conflicts with several persons* (over what is morally right or wrong)?

Adapted from: Bethel Whole Person Healing Centre
Patient Interview Questionnaire
By **Dr. E. Anthony Allen**

Copyright © Dr. E. Anthony Allen

Published in CONTACT, No. 113, February 1990.

24/09/07

Dr. E. Anthony Allen
Consultant Psychiatrist
SYMPTOMS AND CONCERNS
Patient Questionnaire - Part II

CONFIDENTIAL

Fill in what you can. Your doctor will assist with the rest. Indicate "yes by placing a check in the box provided for each question. Indicate "no" by leaving box blank:

Name: _____

CRISES

Have you recently experienced, or are you now facing any of the following **crises**:

- death of a close friend or relative?
- separation or divorce?
- a broken relationship?
- a difficult relationship?
- loss of your job?
- a difficult job?
- problems with finding employment?
- problems with finding housing?
- a severe financial crisis?
- stress in academic studies or exams?
- academic failure?
- trouble with the law?
- being the victim of crime or threats?
- facing retirement?
- getting married?
- unplanned pregnancy?
- problems with fertility issues (e.g. having children, birth control, abortion, difficult pregnancy)?
Specify: _____
- looking after an elderly relative?
- serious or chronic psychological illness?
- serious or chronic physical illness?

LIFE -PROGRESS CONCERNS

- Are you uncertain in any way of your main goals in life?
- Do you feel as if you are not getting where you would like with your life?
If yes, to what extent do you feel that this is so (on a scale of 1-5)?
- Have you had problems making life decisions?
- Do you feel greatly handicapped by a lack of educational opportunities?
- Do you feel that your progress is being held back by other factors. Specify: _____

STAGE -OF-LIFE CONCERNS

- Are you having any problems adjusting to situations now that you did not have to face earlier in life? (For example, as an adolescent you have difficulty with identity or independence from parents, as a young adult you are looking for a mate, at 35-42 a midlife crisis looms, as an individual of 55 years you are facing retirement, adult children are leaving home, or at 64 or over: facing old age.) Please specify: _____

How much difficulty are you having trying to cope with these situations:

- great difficulty?
- moderate difficulty?
- small amount of difficulty?

RELATIONSHIP CONCERNS

Are you having problems in any of the following areas?

- with your partner?
- with your children?
- with your parents?
- with other relatives?
- on the job?
- at school?
- in your neighbourhood?
- in your church
- in getting on with other people?
- making friends?
- with loneliness?
- with a lack of persons with whom you can talk personally and rely on emotionally?
- with the opposite sex?
- with your sexual orientation?
- with your cultural background, i.e. colour, race, or nationality?

SPIRITUAL CONCERNS

- Do you feel separated from God?

Are you experiencing:

- guilt about some act, attitude, or thought?
- doubts about God or some other aspect of your religious faith?

Have you made a commitment to a religious way of life?
State what religion. _____

Are you experiencing:

- a lack of hope in God's help for the future?
problems in living out your spirituality:
- in your neighbourhood?
- in your job?
- in your circle of friends?
- in your family
- a lack of assurance of salvation?
- discouragement about your spiritual way of life?
- a lack of regular scripture reading and prayers?
- a lack of spiritual growth?
- a lack of regular attendance at religious worship and other activities?

- Do you feel that God has given up on you?
- Have you experienced any recent changes (for better or worse) in your religious practices, experiences, or lifestyle? If so, please specify: _____

- Have you ever consulted an occult healer?
- Are you experiencing any specific evidence of spiritual evil affecting you. If so, please specify: _____

- Do you feel that you are neglecting your spiritual life due to distractions such as work, materialism, relationship problems, or illness? If so please specify: _____

Do you feel uncertain that you are following the will of God in:

- your career or vocation?
- your choice of partner?
- any other important areas? If so, please specify: _____

- Are there any other spiritual problems affecting you? If so, please specify: _____

- If you are not a Christian, are you thinking of making a commitment?
- Are you thinking of making a commitment to another religious faith? If so, which? _____

PHYSICAL CONCERNS

- Do you feel you have a physical problem?
If so, specify the symptoms. _____
- If so, would you like one of our doctors to manage these?
- Are you due for an annual medical check-up?
- Do you wish to have one?

HEALTH HABITS

Have you been *neglecting* to do the following:

- exercise for at least 30 minutes 3 times a week regularly?
- regularly monitor your intake of:
 - sugars?
 - oils and fats?
 - salt?
 - fruit?
 - vegetable?
 - water?
- eat 7-10 portions of fruits and/or vegetables daily?
- drink one glass of skim, or low fat soy milk daily?
- avoid fatty meats?
- eat meat substitutes (e.g. soy products, legume-grain combinations)?
- eat mostly whole and natural carbohydrates?
- take multivitamin and mineral supplements?
- avoid fats except "good fats" (e.g. olive, canola, peanut, fish or flaxseed oils)?
- avoid sugar and salt, except that which occurs naturally in food?
- use herbal seasoning for taste and medicine?
- drink 6-8 glasses of water daily?
- have an annual medical check up?
- have regular fun, e.g. entertainment and recreation?
- have regular hobbies?
- find occasions for humour?
- relax regularly?
- promote your intellectual growth?
- pay regular attention to your spiritual life (e.g. devotions, fellowship, meditation, praise, forgiveness)?
- pay attention to your social life (e.g. close friends, calling, visiting and entertaining)?
- help others in the society (voluntary service)?
- enjoy nature regularly (e.g. gardening, pets, walks, seabathing)?
- regularly help to preserve the environment and avoid practices that will damage it?
- Other symptoms or concerns not mentioned: _____

05/07/07

Adapted from: Bethel Whole Person Healing Centre
Patient Interview Questionnaire
By **Dr. E. Anthony Allen**

Copyright © Dr. E. Anthony Allen

Published in CONTACT, No. 113, February 1990.