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Thriving, not just surviving your life. ...

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Adult Screening Master Questionnaire

Please rate yourself on each of the symptoms listed below using the following scale. For completeness, some questions will be asked more than once. If possible, to give us the most complete picture, have another person who knows you well (such as a spouse, partner, or parent) rate you too. List the other person's relationship to you: _____

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other Self

- | | | |
|-------|-------|---|
| _____ | _____ | 1. Fail to pay close attention to details or make careless mistakes |
| _____ | _____ | 2. Trouble sustaining attention |
| _____ | _____ | 3. Do not seem to listen when spoken to directly |
| _____ | _____ | 4. Poor follow through |
| _____ | _____ | 5. Disorganized |
| _____ | _____ | 6. Avoid tasks that require sustained effort |
| _____ | _____ | 7. Lose things |
| _____ | _____ | 8. Easily distracted |
| _____ | _____ | 9. Forgetful |
| _____ | _____ | 10. Fidgety |
| _____ | _____ | 11. Trouble sitting still |
| _____ | _____ | 12. Restless |
| _____ | _____ | 13. Unable to play or engage in leisure activities quietly |
| _____ | _____ | 14. "On the go" or acting as if "driven by a motor" |
| _____ | _____ | 15. Talk excessively |
| _____ | _____ | 16. Blur out answers before questions have been completed (e.g., complete people's sentences; cannot wait for turn in conversation) |
| _____ | _____ | 17. Difficulty waiting turn (e.g., while waiting in line) |
| _____ | _____ | 18. Interrupt others |
| _____ | _____ | 19. Make decisions or behave impulsively (saying or doing things without thinking) |
| _____ | _____ | 20. Difficulty delaying what I want |
| _____ | _____ | 21. Accident prone, traffic violations, or near accidents |
| _____ | _____ | 22. Overwhelmed by the tasks of everyday living |
| _____ | _____ | 23. Difficulty expressing feelings |
| _____ | _____ | 24. Difficulty expressing empathy for others |
| _____ | _____ | 25. Late or in a hurry |
| _____ | _____ | 26. Get stuck on negative thoughts or behaviors |
| _____ | _____ | 27. Recurrent bothersome thoughts or images I try to ignore |

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other Self

- | | | |
|-------|-------|---|
| _____ | _____ | 28. Compulsive behaviors (such as excessive hand washing, checking locks, counting, or spelling) to avoid feeling anxious |
| _____ | _____ | 29. Worry |
| _____ | _____ | 30. Upset when things do not go my way |
| _____ | _____ | 31. Upset when things are out of place |
| _____ | _____ | 32. Oppositional or argumentative |
| _____ | _____ | 33. Dislike change |
| _____ | _____ | 34. Hold grudges |
| _____ | _____ | 35. Hold onto own opinion and do not seem to listen to others |
| _____ | _____ | 36. Tend to say no without first thinking about the question |
| _____ | _____ | 37. Need to be perfect |
| _____ | _____ | 38. Depressed or sad mood |
| _____ | _____ | 39. Crying spells |
| _____ | _____ | 40. Negativity |
| _____ | _____ | 41. Decreased interest in people or pleasurable activities |
| _____ | _____ | 42. Feel worthless, helpless, hopeless, or guilty |
| _____ | _____ | 43. Fatigue, feeling tired, or lack of energy |
| _____ | _____ | 44. Decreased concentration or memory |
| _____ | _____ | 45. Recurrent thoughts of death or suicide |
| _____ | _____ | 46. Insomnia or trouble sleeping |
| _____ | _____ | 47. Excessive sleeping |
| _____ | _____ | 48. Irritable or easily agitated |
| _____ | _____ | 49. Recent decrease in appetite or weight |
| _____ | _____ | 50. Recent increase in appetite or weight |
| _____ | _____ | 51. Significant mood swings or cycles |
| _____ | _____ | 52. Periods of an elevated, high, or irritable mood |
| _____ | _____ | 53. Periods of a very high self-esteem or grandiose thinking |
| _____ | _____ | 54. Periods of decreased need for sleep without feeling tired |
| _____ | _____ | 55. Periods of being more talkative than usual or feeling pressure to keep talking |
| _____ | _____ | 56. Racing thoughts or frequently jumping from one subject to another |
| _____ | _____ | 57. Easily distracted by irrelevant things |
| _____ | _____ | 58. Feel a marked increase in physical activity level |
| _____ | _____ | 59. Excessive involvement in pleasurable activities that have a high risk for negative consequences (e.g., spending money, sexual indiscretions, or gambling) |
| _____ | _____ | 60. Anxious, tense, or nervous |
| _____ | _____ | 61. Panic attacks, which are periods of intense, unexpected fear or emotional discomfort (list number per month _____) |
| _____ | _____ | 62. Fear of dying |
| _____ | _____ | 63. Fear of going crazy or doing something out-of-control |

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other Self

- | | | |
|-------|-------|---|
| _____ | _____ | 64. Predict the worst |
| _____ | _____ | 65. Avoid conflict |
| _____ | _____ | 66. Excessive motivation or can't stop working |
| _____ | _____ | 67. Freeze in anxious or upsetting situations |
| _____ | _____ | 68. Shy or timid |
| _____ | _____ | 69. Easily embarrassed |
| _____ | _____ | 70. Sensitive to criticism |
| _____ | _____ | 71. Bite my fingernails or pick at skin |
| _____ | _____ | 72. Lack confidence in abilities |
| _____ | _____ | 73. Need a lot of reassurance |
| _____ | _____ | 74. Avoid everyday places for 1) fear of having a panic attack, or 2) needing to go with other people in order to feel comfortable |
| _____ | _____ | 75. Recurrent and upsetting thoughts of a past traumatic event (molestation, accident, fire, etc.), please list: _____ |
| _____ | _____ | 76. Recurrent distressing dreams of a past upsetting event |
| _____ | _____ | 77. Reliving a past upsetting event |
| _____ | _____ | 78. Panic or fear of events that resemble an upsetting past event |
| _____ | _____ | 79. Spend effort avoiding thoughts or feelings associated with a past trauma |
| _____ | _____ | 80. Avoid activities/situations which remind me of a past upsetting event |
| _____ | _____ | 81. Unable to recall an important aspect of a past upsetting event |
| _____ | _____ | 82. Feel detached or distant from others |
| _____ | _____ | 83. Feel numb or restricted in my feelings |
| _____ | _____ | 84. Feel that my future is shortened |
| _____ | _____ | 85. Quick to startle |
| _____ | _____ | 86. Watch for bad things to happen |
| _____ | _____ | 87. Have a physical response to events that remind me of a past upsetting event (e.g., sweating, increased pulse, etc. when getting in a car if you had been in a car accident) |
| _____ | _____ | 88. Excessive fear of being judged by others, which causes me to avoid or get anxious in situations |
| _____ | _____ | 89. Persistent, excessive phobia (heights, closed spaces, specific animals, etc.), please list: _____ |
| _____ | _____ | 90. Involuntary physical movements and/or motor tics (such as eye blinking, shoulder shrugging, head jerking, or picking) |
| _____ | _____ | 91. Involuntary vocal sounds or verbal tics (such as coughing, puffing, blowing, whistling, or swearing) |
| _____ | _____ | 92. Stutter |
| _____ | _____ | 93. Refuse to maintain body weight above a level that most people consider healthy |
| _____ | _____ | 94. Intense fear of gaining weight or becoming overweight even though I am underweight |

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other Self

- | | | |
|-------|-------|---|
| _____ | _____ | 95. Feel overweight, even though others say I am underweight |
| _____ | _____ | 96. Have recurrent episodes of binge eating large amounts of food |
| _____ | _____ | 97. Feel a lack of control over eating behavior |
| _____ | _____ | 98. Purge food, such as self-induced vomiting or using laxatives or diuretics;
partaking in strict dieting, or partaking in strenuous exercise |
| _____ | _____ | 99. Overly concerned with my body shape and/or weight |
| _____ | _____ | 100. Unpredictable moods |
| _____ | _____ | 101. Irritability, short fuse, or easily angered |
| _____ | _____ | 102. Misinterpret comments as negative when they are not |
| _____ | _____ | 103. Experience illusions, such as hearing sounds that are not there (e.g., muffled voices or
shots being fired); visual distortions (e.g., seeing shadows or things get bigger or
smaller than they really are); or smelling odors not present (e.g., burned rubber) |
| _____ | _____ | 104. Periods of <i>déjà vu</i> (the feeling of being somewhere you have never been) |
| _____ | _____ | 105. Dark, disturbing, or troubling thoughts |
| _____ | _____ | 106. Trouble reading the body language or facial expressions of others |
| _____ | _____ | 107. Trouble learning new information |
| _____ | _____ | 108. Memory problems |
| _____ | _____ | 109. Trouble remembering recent events |
| _____ | _____ | 110. Difficulty memorizing things for school or work |
| _____ | _____ | 111. Delusional or bizarre thoughts (thoughts I know others would think are false) |
| _____ | _____ | 112. Auditory or visual hallucinations |
| _____ | _____ | 113. Periods of time where my thoughts or speech were disjointed or didn't make
sense to others |
| _____ | _____ | 114. Impaired ability to function at home or at work |
| _____ | _____ | 115. Lack personal hygiene or grooming |
| _____ | _____ | 116. Exhibit inappropriate mood for a given situation (e.g., laughing at sad events) |
| _____ | _____ | 117. Frequent feelings that someone or something is out to hurt or discredit me |
| _____ | _____ | 118. Am a poor reader |
| _____ | _____ | 119. Make mistakes when reading, such as skipping words or lines |
| _____ | _____ | 120. Have problems remembering what I read even though I have just read all the words |
| _____ | _____ | 121. Reverse or switch letters when I read (such as b/d, p/q) |
| _____ | _____ | 122. Light sensitive and bothered by glare, sunlight, headlights, or streetlights |
| _____ | _____ | 123. Become tired or experience headaches, mood changes, restlessness, or have an
inability to stay focused with bright or fluorescent lights |
| _____ | _____ | 124. Have trouble reading words that are on white, glossy paper |
| _____ | _____ | 125. When reading, words or letters shift, shake, blur, move, run together,
disappear, or become difficult to perceive |
| _____ | _____ | 126. Tense, tired, sleepy, or even get headaches with reading |
| _____ | _____ | 127. Problems judging distance and have difficulty with such things as escalators, |

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other Self

- _____ stairs, ball sports, or driving
- _____ 128. Poor handwriting or prefer to print rather than to write in cursive
- _____ 129. Trouble getting thoughts from my brain to the paper
- _____ 130. Tend to keep notebook/paperwork/room messy or disorganized
- _____ 131. Frequently late or in a hurry
- _____ 132. Clumsy
- _____ 133. More sensitive to lights, sounds, or smells than others
- _____ 134. Sensitive to touch or tags in clothing
- _____ 135. Few or no friends
- _____ 136. Feel uncomfortable around people whom I do not know well
- _____ 137. Teased by others
- _____ 138. Friends who do not call and ask me to do things with them
- _____ 139. Trouble with communication by at least one of the following (please circle all that apply):
- a) Have delayed or total lack of spoken language;
 - b) Have marked impairment in ability to initiate or sustain a conversation with others;
 - c) Have repetitive use of language or odd language.
- _____ 140. Trouble with social interaction by at least two of the following (please circle all that apply):
- a) Have marked impairment in the use of nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction;
 - b) Fail to develop peer relationships;
 - c) Lack of spontaneity in seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest);
 - d) Lack of social or emotional reciprocity.
- _____ 141. Exhibit repetitive patterns of behavior, interests, and activities by at least one of the following (please circle all that apply):
- a) Have preoccupation with something that is abnormal either in intensity or focus;
 - b) Have rigid adherence to specific, nonfunctional routines or rituals;
 - c) Have repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements);
 - d) Have persistent preoccupation with parts of objects.
- _____ 142. Trouble getting or staying asleep
- _____ 143. Restless sleep
- _____ 144. Worry I won't be able to fall asleep
- _____ 145. Early morning awakenings with trouble getting back to sleep
- _____ 146. Wake up tired and unrefreshed
- _____ 147. Nightmares
- _____ 148. Loud snoring

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Other Self

- ___ ___ 149. Others say I stop breathing during sleep
- ___ ___ 150. Get more than 7 hours of sleep at night
- ___ ___ 151. Crave sweets during the day
- ___ ___ 152. Irritable or easily upset if meals are missed
- ___ ___ 153. Depend on caffeine to get started or keep me going
- ___ ___ 154. Get lightheaded or shaky if meals are missed
- ___ ___ 155. Eating relieves fatigue
- ___ ___ 156. Put myself at risk for brain injuries, by doing such things as not wearing my seat belt, drinking and driving, engaging in high-risk sports, etc.
- ___ ___ 157. Chronic stress at work or home
- ___ ___ 158. Thoughts tend to be negative, worried, or angry
- ___ ___ 159. Problems getting at least 8 hours of sleep a night
- ___ ___ 160. Drink or consume more than 2 cups of coffee, dark sodas, or energy drinks a day
- ___ ___ 161. Consume food or drinks with artificial sweeteners or colors
- ___ ___ 162. Am around environmental toxins, such as paint fumes, hair or nail salon fumes, or pesticides
- ___ ___ 163. Spend more than one hour a day watching TV
- ___ ___ 164. Spend more than one hour a day playing video games
- ___ ___ 165. Outside of school or work time, spend more than one hour a day on the computer
- ___ ___ 166. Tend to have a poor and haphazard diet
- ___ ___ 167. Exercise less than twice per week
- ___ ___ 168. Have more than 3 normal size drinks of alcohol a week

Patients, please indicate “Yes” or “No” for each of the following questions:

- ___ 169. I smoke or am exposed to secondhand smoke
- ___ 170. I have one family member with Alzheimer’s disease or dementia.
- ___ 171. I have more than one family member with Alzheimer’s disease or dementia.
- ___ 172. I have had a past brain injury.
- ___ 173. I have or have had issues with alcohol dependence or drug dependence in past or present.
- ___ 174. I have obesity or metabolic syndrome (obesity, hypertension, diabetes).
- ___ 175. I have cardiovascular disease, including heart arrhythmias or heart attack.
- ___ 176. I have high blood pressure.
- ___ 177. I have had a past stroke.
- ___ 178. I have diabetes.
- ___ 179. I have a history of cancer or cancer treatment.
- ___ 180. I have had seizures in past or present.
- ___ 181. I have less than a high school education.
- ___ 182. My job does not require new learning.

- 183. I have been diagnosed with sleep apnea.
- 184. I have a past or present diagnosis of depression.
- 185. I have had a diagnosis of attention deficit hyperactivity disorder.
- 186. I have been diagnosed with Parkinson's disease.
- 187. I have had periodontal or gum disease.
- 188. I tend to have a poor and haphazard diet.
- 189. I exercise less than twice a week.

Amen Clinics Female Hormone Health Questionnaire

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Please rate yourself on each of the symptoms listed below using the following scale.

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Thyroid Hormone Imbalance #1:

- 1. Have you noticed excessive fatigue or weakness in your body?
- 2. Do you have dry or coarse skin?
- 3. Have you experienced hair loss on your head and body?
- 4. Do you have cold hands and/or feet?
- 5. Have you experienced weight gain?
- 6. Do you have insomnia?
- 7. Do you struggle with constipation?
- 8. Do you feel depressed?
- 9. Do you have a poor memory or forgetfulness?
- 10. Do you feel sluggish?
- 11. Do you have an intolerance to cold weather?
- 12. Do you become out of breath easily?
- 13. Is your voice hoarse?

Thyroid Hormone Imbalance #2:

- 1. Do you notice fatigue?
- 2. Do you notice weakness?
- 3. Do you have an intolerance to hot weather?
- 4. Have you experienced unexplained weight loss?
- 5. Do you suffer from insomnia?
- 6. Do you have frequent bowel movements?
- 7. Do you feel nervous?
- 8. Do your hands have a shaky tremor?
- 9. Do you feel heart palpitations (rapid or fluttering heart beat)?
- 10. Do you experience breathlessness?

Adrenal Hormone Imbalance:

- 1. Do you feel like you have excessive exhaustion?
- 2. Are you unable to lose gained weight?
- 3. Do you have a low sex drive?
- 4. Do you feel lightheaded shortly after standing up?
- 5. Do you have difficulty getting up in the morning?

Never 0	Rarely 1	Occasionally 2	Frequently 3	Very Frequently 4	Not Applicable NA
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- 6. Do you need coffee or other stimulants to get going in the morning?
- 7. Do you crave sugar or salty foods?
- 8. Do you tremble when under pressure?
- 9. Do you have difficulty remembering things?
- 10. Do you feel fatigued in the afternoon between 3 and 5 pm?
- 11. Do you feel suddenly better for a brief period after eating?
- 12. Is it difficult for you to recover after a physical exercise session?
- 13. Are you sensitive to bright lights?
- 14. Do you feel overwhelmed or unable to cope?
- 15. Do you have low blood pressure?

Low Estrogen:

- 1. Do you experience hot flashes/hot flushes?
- 2. Do you have night sweats?
- 3. Have you experienced crying spells over things that wouldn't usually make you cry?
- 4. Do you have vaginal dryness or pain during intercourse?
- 5. Do you get frequent bladder infections?
- 6. Do you struggle with recurrent yeast infections?
- 7. Do you have leakage from the bladder when you cough or sneeze?
- 8. Do you wake up often throughout the night?
- 9. Do you experience anxiousness or a rapid heartbeat?
- 10. Have you noticed reduced fullness in your breasts?
- 11. Do you have dry eyes, dry hair, or dry skin?
- 12. Do you have a decreased sense of well-being?

Low Progesterone:

- 1. Have you tried unsuccessfully to become pregnant?
- 2. Do you have heavy periods?
- 3. Have you been diagnosed with fibrocystic breasts?
- 4. Are your menstrual cycles irregular?
- 5. Do you experience sudden mood swings?
- 6. Do you pass blood clots during menstruation?
- 7. Do you have painful periods?
- 8. Do you have difficulty concentrating, sometimes called "brain fog?"
- 9. Do you wake up between 3 and 5am unable to go back to sleep?
- 10. Do you crave sweets?
- 11. Are you tired or have low energy?
- 12. Do you suffer from PMS?
- 13. Do you have painful cramping during your menstrual cycle?

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

Estrogen Dominance:

- ___ 1. Do you have tender breasts?
- ___ 2. Do you experience mood swings?
- ___ 3. Do you retain water (your rings feel tight, ankle swelling)?
- ___ 4. Do you have headaches?
- ___ 5. Do you have a low sex drive?
- ___ 6. Are you irritable?
- ___ 7. Do you suffer from depression?
- ___ 8. Are you unusually bossy?
- ___ 9. Have you increased a breast size?
- ___ 10. Have you been diagnosed with fibrocystic breasts?
- ___ 11. Have you been diagnosed with uterine fibroids?
- ___ 12. Is your face puffy?
- ___ 13. Have you gained weight around the hips and stomach?
- ___ 14. Do you have difficulty reaching orgasm?
- ___ 15. Do you suffer from PMS?
- ___ 16. Do you have heavy periods?

Low Testosterone:

- ___ 1. Have you noticed a decrease in your desire to have sex?
- ___ 2. Have you noticed a decrease in your enjoyment of life?
- ___ 3. Do you have a lack of energy?
- ___ 4. Do you have a decreased amount of strength?
- ___ 5. Has your endurance for physical exercise decreased?
- ___ 6. Do you feel depressed?
- ___ 7. Is it difficult for you to reach orgasm?
- ___ 8. Do you feel irritable?
- ___ 9. Do you feel anxious?
- ___ 10. Do you notice a sense of fatigue in your body?
- ___ 11. Have you lost significant muscle mass in your body?
- ___ 12. Have your orgasms become weaker and take longer to achieve?
- ___ 13. Do you find it more difficult to become sexually aroused?

High Testosterone:

- ___ 1. Do you have acne as an adult?
- ___ 2. Do you have excessive hair growth on your chin, upper lip, or breast area?
- ___ 3. Do you have unexplained weight gain around the middle that you are unable to lose?
- ___ 4. Do you have male-pattern baldness (receding hairline or bald spot)?
- ___ 5. Do you have excessively oily skin or hair?
- ___ 6. Do you have unexplained depression?
- ___ 7. Do you have irregular periods?

Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
0	1	2	3	4	NA

___ 8. Do you have a loss of sex drive?

___ 9. Do you have an excessive sex drive?

PROMIS Outcome Questions

©PROMIS Health Organization and PROMIS Cooperative Group

Global Health Outcomes

Excellent	Very Good	Good	Fair	Poor
5	4	3	2	1

1. In general, would you say your health is: _____
 2. In general, would you say your quality of life is: _____
 3. In general, how would you rate your physical health? _____
 4. In general, how would you rate your mental health, including your mood and your ability to think? _____
 5. In general, how would you rate your satisfaction with your social activities and relationships? _____
 6. In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work, and in your community, and in your responsibilities as a parent, child, spouse, employee, friend, etc.) _____
-

Completely	Mostly	Moderately	A little	Not at all
5	4	3	2	1

7. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair? _____
-

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

8. In the past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed, or irritable? _____
-

None	Mild	Moderate	Severe	Very Severe
1	2	3	4	5

9. In the past 7 days, how would you rate your fatigue on average? _____

No Pain

1

2

3

4

5

6

7

Worst imaginable pain

8

9

10

10. In the past 7 days, how would you rate your pain on average? _____

Never

1

Rarely

2

Sometimes

3

Often

4

Always

5

In the past 7 days ...

- 11. I felt fearful _____
- 12. I found it hard to focus on anything other than my anxiety _____
- 13. My worries overwhelmed me _____
- 14. I felt uneasy _____
- 15. I felt nervous _____
- 16. I felt like I needed help for my anxiety _____
- 17. I felt anxious _____
- 18. I felt tense _____
- 19. I was irritated more than people knew _____
- 20. I felt angry _____
- 21. I felt ready to explode _____
- 22. I was grouchy _____
- 23. I felt annoyed _____
- 24. I felt worthless _____
- 25. I felt helpless _____
- 26. I felt depressed _____
- 27. I felt hopeless _____
- 28. I felt like a failure _____
- 29. I felt unhappy _____
- 30. I felt that I had nothing to look forward to _____
- 31. I felt that nothing could cheer me up _____
- 32. I have a negative attitude toward myself _____
- 33. I feel disconnected from others _____
- 34. I feel isolated from others _____
- 35. I have trouble finding peace of mind _____
- 36. My life lacks meaning _____
- 37. My thinking has been slow _____
- 38. I have to work harder than usual to keep track of what I was doing _____

39. I have trouble concentrating _____
40. I have to work really hard to pay attention or I would make a mistake _____
41. My problems with memory, concentration, or making mental mistakes have interfered with the quality of my life _____
42. I have been bothered by feeling impulsive or out of control _____
-

Excellent	Very Good	Good	Fair	Poor
5	4	3	2	1

43. How would you rate your motivation to make the changes necessary to achieve your desired outcome? _____
44. How would you rate your current work/school functioning? _____