MENTAL HEALTH HISTORY

Do you have difficulty falling or staying asleep, or have frequent nightmares?	yes	no
Have you ever overexercised, fasted or made yourself throw up to lose weight?	yes	no
Do you go on 'binges' - eat a lot of junk food in one sitting, past the point of feeling full?	yes	no
Have you ever purposely inflicted damage to yourself? (through cutting, burning, hitting, etc.)	yes	no
Are you easily distracted or find it difficult to stay focused on one task or to sit still through a move	vie? yes	no
Have you ever had a panic attack? (intense anxiety, difficulty breathing, heart pounding, dizzine	ess yes	no
Have you felt people were out to get you?	yes	no
Do you have recurrent disturbing thoughts or frightening images that you can't get out of your mi	ind? yes	no
Do you have recurrent distressing memories, flashbacks or nightmares of a traumatic event?	yes	no
Do you feel compelled to engage in repetitive rituals? (repeatedly checking to make sure the doclocked, washing and rewashing your hands, etc.)	or is yes	no
Do you work more than 40 hrs/wk., take work home with you, and/or work through meals?	yes	no
Do struggle with compulsive shopping, spending, gambling, videogames or surfing the web?	yes	no
Have you thrown/broken things, slammed doors, hit, pushed, slapped or verbally berated some	one? yes	no
Have you ever shaken a child in anger, or hit or spanked a child hard enough to leave a bruise?	yes	no
Have you ever been sexually abused, raped, or forced to do sexual things you didn't want to?	yes	no
Have you ever been verbally or emotionally abused? (called names, degraded, made to feel infe	erior) yes	no
Have you ever been physically abused? (hit, shoved, slapped, burned, held against your will, etc.	c.) yes	no
Have you ever seriously thought of harming or killing yourself?	yes	no
Have you ever had serious thoughts or fantasies of harming or killing someone else?	yes	no
Are your parents divorced/separated?	yes	no
If so, how old were you when they divorced/separated?		
Is there any family history of depression or mental illness?	yes	no
Who, what?		
Deceased family members (parents, children, siblings) Year of death Ca	ause of death	

SIGNATURE _____ DATE _____