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Owner/Psychotherapist
Familial Bonds LLC Psychotherapy and Consultation Services
"We believe in you"

4. Has your sleep been disturbed (insomnia or over-sleeping)?
5. Do you feel worthless or guilty?
6. Do you have sudden or unexpected bouts of anxiety or nervousness?
7. Do you often feel tense, worried, or stressed?
8. Do you have acute onset of symptoms such as palpitations, shortness of breath, or trembling?
9. Do you worry about a lot of different things?
10. Do you avoid places or situations because of anxiety or worry?
11. Do you have recurrent, persistent or unwanted thoughts or do repetitive behaviors?
12. Have you been through any significantly stressful periods over the past 6 months?
13. In your lifetime, have you faced any potentially life-threatening events such as natural disaster, serious accident, physical or sexual assault/abuse, military combat or child abuse?
14. Since you experienced any of these stressors, have you been easily startled?
15. Angry or irritable?
16. Emotionally numb or detached from your feelings?
17. Prone to physical reactions when reminded of the event?
18. Do you use prescription medicines or street drugs to relax, calm your nerves, or get high?
19. Have you made an effort to cut down on your drinking or drug use?
20. Have you been annoyed by people who criticize your drinking or drug use?
21. Do you ever feel guilty about your drinking or drug use?
22. Do you ever drink or use drugs to steady your nerves, get rid of a hangover, or relieve withdrawal symptoms?
23. Your occupation / work: _____
24. Did you have a happy childhood? Yes / No
25. Where you raised by your parents? Yes / No
26. How was your relationship with your parents growing up?
27. How is your relationship with your parents now?

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"Achieving long-standing results for individuals and families"