



Saint Luke's Northland
Center for Women's Care
Emotional Health Assessment

- Do you ever feel a lot of fear or dread without knowing why? Yes No
- Have you ever had a feeling of terror strike suddenly with no warning? Yes No
- Have you ever been diagnosed with a panic attack? Yes No
- Are you filled with doubt and feel the need to check things repeatedly? Yes No
- Do you have persistent stress or anxiety caused by such things as financial problems, trauma, or serious loss? Yes No
- Do you have a history of a mood disorder? Yes No
- Does a family member have a history of a mood disorder? Yes No
- Did you experience the loss of a parent at a young age? Yes No
- Do you have a history of sexual abuse? Yes No
- Do you have a history of physical abuse? Yes No
- Are you going through a hormonal change such as perimenopause? Yes No Unsure
- Do you drink more than one alcoholic beverage a day? Yes No
- Are you unhappy in your relationship with your significant other? Yes No
- Are you over the age of 65? Yes No
- Have you been diagnosed with a major medical illness such as stroke, heart attack, or cancer?
..... Yes No
- Do you suffer from chronic pain? Yes No
- Do you feel isolated or lacking in supportive relationships? Have trouble making friends?
..... Yes No
- Do you feel that you have difficulty sleeping at night? Yes No
- Do you consistently take medication such as pain relievers, sedatives, sleeping pills, cortisone drugs, or seizure drugs? Yes No

The more times that you answered “Yes” to this questionnaire, the greater risk you have for developing depression, anxiety or a mood disorder.

Patient Label: