

24.1.25

41

Anita Dries

Anxiety + dep.

Social anx since young teen. Found out - 30s but normal.

S: cold

Last 3yr - change. Now, panic easily + can't ease it.

anti D₃ - as soon as started - & social anx but & startle.

? side effect.

Other weird sx - so weaned off + all other sx

Rentless legs; painful; couldn't sleep

off medⁿ, restless legs went but startle/panic stayed
+ C

so ec. anx - get self out of situation safe.

Looked at nervous system regulation

Gained a lot of wt - 20kg in 3yrs.

+ no appetite - 1 meal/day

But used to love food - eat more & burn it off

Blood tests - normal.

When started anti D₃.

New house; mould; animals + 1 + 5° sick since.
Roof leaks

Rent 1/2 5° + 2 dogs + 6 cats

(5° was fostering kitten that failed)

Lived together since 2013.

She has childhood trauma - PTSD; DSP - at home.

(only 1/2 bro) - he chose her.

Didn't find out till late teens.

D.C.S. involved + got B° out of house → g. parents.

M° was abused as a child.

F° controlling towards M°. She did best she could.

Perpetrator was F° son.

Was angry w/ her for a long time

Naturopath - histamine intolerance.

? 2° mould in the house.

→ overgrowth of bacteria ⇒ protocol but pain <<

Work: * house cleaner - p/t - 5 day/week
- 2 hours/day

* artist - digital; pet portraits

Loved art in H/S. artist put me off as 'no money'
so stopped. But really wanted to do it.

Tried to do Tape course but had a 6 day/week at
run course.

Track rider; stable hand.

av. industry. Seen to many horses die

Blocked out but affected

2020 - Anti Ds & not come back

Doubt myself if good.

Med - hit

Physical

Pain in body - chronic

anti-inflammatory diet → ↓ pain

So stiff + inflamed.

Bloating

Toxicity

At Diet - off sugar + coffee. 3 day water fast - painful
+ so angry

- wk 4 - 50% less pain; gut better + work easier

M: - endometriosis + MFM. hyperactive young

? endo - (lower back pain)

Vegetarian.

Rashes.

was angry in both parents. They made S. feel it was her fault; that she broke the family.
He abused mother 2; convicted ed but not jailed as S. being.
→ anger towards men.

S. has body language of a man; tough; aggression
she has a few personalities

When she drinks - scary - I get answers as all things come out.

she has anger ^{manner} towards me comes out when drinks.

Brain fog; takes time to get thoughts together.

Last year she acting differently

S. - medⁿ; therapy weekly.

→ affected her; going out ++

Kept it all to self until we moved in together.

we decided to take him to court. He was arrested.

Parents ^{blamed} him.

I was angry in them.

Detective 1/v parents.

F. bailed S. out.

Not safe to have deep conversations in parents.

→ didn't talk about it

F. always right

S

Everyone thought I was the victim as I'm

I'm weird & she seems normal.

Socially never been good.

Need things explained to me to understand.

M. ridiculed me; didn't teach me.

M. has no confidence either.

K-10+

Patient or Client Identifier

Surname **DRIES**Other names **ANITA**

Date of Birth:

Gender:

Male

Female

Other

Address:

Date completed: **24/01/2025****Instructions**

The following ten questions ask about how you have been feeling in the **past four weeks**. For each question, mark the circle under the option that best describes the amount of time you felt that way.

		None of the time	A little of the time	Some of the time	Most of the time	All of the time
1.	In the past four weeks, about how often did you feel tired out for no good reason?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2.	In the past four weeks, about how often did you feel nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3.	In the past four weeks, about how often did you feel so nervous that nothing could calm you down?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	In the past four weeks, about how often did you feel hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
5.	In the past four weeks, about how often did you feel restless or fidgety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6.	In the past four weeks, about how often did you feel so restless you could not sit still?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	In the past four weeks, about how often did you feel depressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
8.	In the past four weeks, about how often did you feel that everything was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
9.	In the past four weeks, about how often did you feel so sad that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	In the past four weeks, about how often did you feel worthiness?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Please turn over – there are a few more questions on the other side

The next few questions are about how these feelings may have affected you in the **past four weeks**. You need not answer these questions if you answered 'None of the time' to all of the ten questions about your feelings

11.	In the past four weeks, how many days were you TOTALLY UNABLE to work, study or manage your day to day activities because of these feelings?	5	(Number of days)
12.	[Aside from those days], in the past 4 weeks, HOW MANY DAYS were you able to work or study or manage your day to day activities, but had to CUT DOWN on what you did because of these feelings?	2	(Number of days)
13.	In the past 4 weeks, how many times have you seen a doctor or any other health professional about these feelings?	0	(Number of consultations)
14.	In the past 4 weeks, how often have physical health problems been the main cause of these feelings?	<input type="radio"/> None of the time <input type="radio"/> A little of the time <input checked="" type="radio"/> Some of the time <input type="radio"/> Most of the time <input type="radio"/> All of the time	

Thankyou for completing this questionnaire.

Please return it to the staff member who asked you to complete it.

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