

HEALTH HABITS INFORMATION

For the following questions please base your answers on THE PAST MONTH

In past month have you participated in regular exercise/sports/recreation (two times/week or more) to keep fit?	<input type="radio"/> Y <input type="radio"/> N	OFFICE USE ONLY
During the past month have you regularly participated in leisure/social/spiritual activities?	<input type="radio"/> Y <input type="radio"/> N	
Have you been dieting to lose weight?	<input type="radio"/> Y <input type="radio"/> N	
Have you smoked cigarettes or use other tobacco on a daily basis?	<input type="radio"/> Y <input type="radio"/> N	
Have you experienced any increased feelings of sadness or hopelessness?	<input type="radio"/> Y <input type="radio"/> N	
Have you felt more anxious or worried than usual?	<input type="radio"/> Y <input type="radio"/> N	
Problems <input type="checkbox"/> getting to sleep , <input type="checkbox"/> staying asleep , <input type="checkbox"/> waking up? (Check those that apply)	<input type="radio"/> Y <input type="radio"/> N	
Problems with appetite? Please check: <input type="checkbox"/> Eating too much or <input type="checkbox"/> Eating too little.	<input type="radio"/> Y <input type="radio"/> N	
Problems with anger such as losing temper easily?	<input type="radio"/> Y <input type="radio"/> N	
Problems of a sexual nature?	<input type="radio"/> Y <input type="radio"/> N	

Have you had counseling or psychotherapy before? If so, please give reason and approximate dates.

Please list experiences of **abuse**, **trauma**, or significant **loss** have you had during your life (e.g., criminal attacks, accidents, acts of God, unexpected loss of loved one, threat of loss of your life, etc.)

How much do you feel supported by your family? Little Lot
 0 1 2 3

How much do you feel supported by friends? Little Lot
 0 1 2 3

RECREATIONAL SUBSTANCE USE
CONFIDENTIAL TO THE FULL EXTENT OF THE LAW

In the PAST YEAR have you used any non-prescription "street" drugs?	<input type="radio"/> Y <input type="radio"/> N
How often in the past month did you drink alcohol? <input type="radio"/> A I do not drink at all. <input type="radio"/> B About once a month. <input type="radio"/> C Two to three times a month. <input type="radio"/> D One to three times a week. <input type="radio"/> E Once a day or more.	Has anyone every complained about your drinking or drug use? <input type="radio"/> Y <input type="radio"/> N Have you ever been in trouble at work or with the law because of drinking or drugs? <input type="radio"/> Y <input type="radio"/> N
For the past month , please fill in a number for each day of the week indicating the typical number of drinks you usually consume on that day. Number of drinks: Mon Tues Wed Thus Fri Sat Sun ___ ___ ___ ___ ___ ___ ___	
Think of the occasion you drank the <i>most</i> this past month ; how many drinks did you have? <input type="radio"/> A None <input type="radio"/> B 1-3 <input type="radio"/> C 4-6 <input type="radio"/> D 7-9 <input type="radio"/> E 10 or more	
Have you ever had substance abuse treatment? If so, briefly describe. 	

PATIENT NAME		<p>Please provide the BEST ANSWER you can for each item. If you have a question about an item, circle the item number and we can talk about it. This survey usually takes about 8-10 minutes to complete.</p> <p>PLEASE CIRCLE, 'X' OR ✓ YOUR CHOICE</p>										Notes	
DATE of survey	Date of Birth mm/ee/yy												
ANOTHER OBSERVER Name	Relationship												
<p>The purpose of this survey is to examine a wide range of issues.</p> <p>Some of the items may not apply to you, or may only apply to you some of the time.</p> <p>Please just provide the BEST ANSWER you can for each item.</p> <p>One set of answers is for the patient, the other set is optional and is for ANOTHER OBSERVER, like parent, spouse, partner, friend, etc.</p>		PATIENT					ANOTHER Observer						
		Not Applicable	Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable	Never	Rarely	Occasionally	Frequently	Very Frequently
		N/A	0	1	2	3	4	N/A	0	1	2	3	4
1	Failing to give close attention to details or makes careless mistakes	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
2	Loses things	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
3	"On the go" or acts as if "driven by a motor"	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
4	Difficulty playing or sitting quietly	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
5	Fidgety, restless or trouble sitting still	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
6	Interrupts or intrudes on others (e.g., butts into conversations or games)	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
7	Trouble shifting behavior from task to task	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
8	Easily distracted	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
9	Spacey or "in a fog"	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
10	Forgetful	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
11	Poor planning skills	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ

Intake Survey

continued

13	Upset when things are out of place	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
14	Compulsive behaviors (e.g. Touching things, washing hands a lot, etc.)	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
15	Needing to have things done a certain way or becomes very upset	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
16	Feelings of nervousness or anxiety	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
17	Panic attacks and/or fear for no specific reason	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
18	Periods of heart pounding, rapid heart rate or chest pain	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
19	Periods of trouble breathing or feeling smothered	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
20	Periods of nausea or abdominal upset	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
21	Tends to predict the worst	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
22	Feelings of low self-esteem	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
23	Feelings of sadness	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
24	Moodiness	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
25	Low energy	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
26	Loss of interest in things or activities that used to interest the person.	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
27	Feeling tired, sluggish or slow moving	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
28	Irritability	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
29	Does not feel like being around others	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
30	Hopelessness about the future	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
31	Feeling helpless or powerless	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
32	Feeling guilty	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ

N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
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N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ

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33	Suicidal feelings	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
34	Sleep problems (getting to sleep - awakening during night - getting up?)	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
35	Appetite changes (eating too much or too little)	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
36	Problems dealing with grief or loss	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
37	Being oppositional or argumentative	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
38	Difficulty expressing empathy for others	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
39	Strange, troubling, or scary thoughts	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
40	Bad dreams	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
41	Seeing or hearing things that others do not see or hear	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
42	Thinking too much about memories of something bad that happened	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
43	“Flash Back” memories of something bad that happened.	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
44	Thinking about or worrying a lot about dying	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
45	Holds grudges	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
46	Fear of being judged or scrutinized by other	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
47	Low motivation	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
48	Shy or timid	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
49	Biting fingernails or picking skin	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
50	Short fuse and/or periods of extreme irritability	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
51	Periods of intense rage, yelling, losing control, or breaking things	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
52	Misinterprets comments as negative when they are not	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
53	Periods of high energy with high activity level, maybe for days at a time	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ

N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ	Notes
N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ	
N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ	
N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ	
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N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ	
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N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ	
N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ	
N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ	
N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ	
N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ	
N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ	
N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ	
N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ	
N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ	
N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ	

54	Periods of behaving in ways others said was risky, foolish, or dangerous	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
55	Periods of not sleeping but feeling energetic and not needing sleep	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
56	Visual or auditory changes, like seeing shadows or hearing muffled sounds	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
57	Headaches or abdominal pain of uncertain origin	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
58	Dark thoughts which may involve suicidal or homicidal thoughts	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
59	Periods of racing thoughts or has problems slowing thoughts down.	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
60	Periods of talking a lot or speaking much faster than usual	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
61	Problems with significant other/spouse	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
62	Problems with others at school or work	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
63	Family problems	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
64	Problems adjusting to big life change	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ
65	Feeling very stressed	N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ

N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ	Notes
N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ	
N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ	
N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ	
N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ	
N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ	
N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ	
N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ	
N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ	
N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ	
N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ	
N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ	
N/A	0 NEVR	1 RARE	2 OCC	3 FREQ	4 Very FREQ	

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