

Assessment Questionnaire

How often have you struggled with the following experiences lately? (i.e., past 2-4 weeks)	Not at all	Once or Twice	Several Times	Often	Most of the time	All of the time
Problems at work/school because of my alcohol or drug use.						
Thoughts that race through my mind.						
Negative feelings about my body image/weight.						
Feeling guilty about my alcohol or drug use.						
Thoughts about ending my life.						
Tension or aches in my muscles.						
Difficulty controlling my behavior/impulsivity.						
Restricting what I eat or obsessing over food.						
Being irritable and easily angered.						
Afraid of leaving my home.						
Doing things over and over again to calm myself.						
Very strong mood swings (highs and lows).						
Overeating or "binging"						
Troubling events in my daily life.						
Bothered by a specific fear.						
Purging (i.e., vomiting) or using laxatives as a way to control/lose weight.						
Avoiding certain places or situations because of being afraid or anxious.						
Worrying too much about unimportant things.						
Hurting myself intentionally (e.g., cutting, self-injury)						
Periods of intense fear that seem out of place or out of proportion.						
Problems with my family or friends because of my alcohol or drug use.						
Wanting to hit someone or something.						
Having very unusual thoughts or beliefs (e.g., seeing things or believing things that others don't)						
Feeling very excited, high or hyper.						

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Please check any past or continuing issues that apply to you, your parents, and/or siblings.

Issue	Self	Mother	Father	Sibling(s)	Current/ Ongoing	Past
Alcohol abuse						
Drug abuse						
Psychiatric hospitalizations						
Anxiety						
Depression						
Other psychiatric illness						
Serious physical illness						
Weight problems						
Eating Disorder						
Attempted/ completed suicide						
Physical Abuse						
Emotional/verbal abuse						
Sexual Abuse						
Debilitating injuries/disabilities						
Frequent relocations						
Learning problems						
Deaths						
Sexual Problems						
Financial Crisis/Unemployment						
Legal Problems						
Divorce/Breakup						
Gender Identity Concerns						
Sexual Orientation Concerns						
Traumatic event: _____						
Other: _____						

If you would like to elaborate on any of the above, feel free to do so here:
