## **10-MINUTE CONFIDENTIAL QUESTIONNAIRE**

| RELEVANT SOCIAL/MARITAL/F  | AMILY HISTORY:  |
|--|-----------------|
| CURRENTLY, how are your relationships with people in your life (spouse, children, parents, siblings)                           | Explain:        |
| CURRENTLY, what symptoms do you have<br>and how are they getting in the way of your<br>relationships with people in your life? | Explain:        |
| Decribe your relationships with friends and family BEFORE THE MILITARY?  | Explain:        |
| Describe any problems related to trust, isolation, anger, fatigue, disconnection, etc. towards family & friends?               | Explain:        |
| RELEVANT OCCUPATIONAL AND EDUCATIONAL HISTORY:   |                 |
| What is your current job tittle, job duties, work schedule?  | Explain:        |
| How are your symptoms interfering with your work?  | Explain:        |
| Describe problems related to low motivation, focus/memory, fatigue,hypervigilance, triggers, etc.                              | Explain:        |
| Have you missed work or received<br>warnings from supervisor due to anger or<br>performance deficiencies?                      | Explain:        |
| MENTAL HEALTH HISTORY:   |                 |
| CURRENTLY, what mental disorder diagnoses do you have?   | Explain:        |
| IN THE PAST, what mental disorder diagnoses do you have?   | Explain:        |
| CURRENTLY, what psychiatric medications are you taking?  | Explain:        |
| IN THE PAST, what psychiatric medications have you taken?  | Explain:        |
| Have you had therapy now or in the past?<br>Describe with dates and duration   | Explain:        |
| RELEVANT LEGAL AND BEHAV   | TIORAL HISTORY: |
| Have you ever been convicted of a crime?<br>When? What? Why?   | Explain:        |
| Any DUIs? When?  | Explain:        |
| RELEVANT SUBSTANCE ABUSE HISTORY:  |                 |
| BEFORE the military, did you use any drugs/alcohol? Describe type & amount per week  | Explain:        |
| DURNIG THE MILITARY, did you use<br>drugs/alcohol? Describe type & amount per<br>week  | Explain:        |
| CURRENTLY, do you use drugs/alcohol?<br>Describe type & amount per week  | Explain:        |
| SUICIDE:   |                 |
| Have you had suicide ideations or attempts?<br>List dates, methods, reason   | Explain:        |
| When was the most recent suicide ideation (thoughts)? Why?   | Explain:        |
| What is your safety plan just in case you become suicidal? Who will you call for   | Explain:        |