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Client Self-Assessment - ADULT

Name DOB Date

I am experiencing:	*Never*	*Seldom*	*Often*	*Always*	*How Long?*
Frequent worry or tension	☐	☐	☐	☐	_____
Fear of many things	☐	☐	☐	☐	_____
Discomfort in social situation	☐	☐	☐	☐	_____
Feelings of guilt	☐	☐	☐	☐	_____
Phobias: unusual fears of specific things	☐	☐	☐	☐	_____
Panic attacks	☐	☐	☐	☐	_____
Recurring, distressing thoughts about stressful incident	☐	☐	☐	☐	_____
"Flashbacks" of stressful incident	☐	☐	☐	☐	_____
Avoiding people/places associated with stressful incident	☐	☐	☐	☐	_____
Nightmares about stressful incident	☐	☐	☐	☐	_____

Details:

I am feeling:	*Never*	*Seldom*	*Often*	*Always*	*How Long?*
Decreased interest in pleasurable activities	☐	☐	☐	☐	_____
Social isolation	☐	☐	☐	☐	_____
Loneliness	☐	☐	☐	☐	_____
Suicidal ideations	☐	☐	☐	☐	_____
Bereavement/Feelings of loss	☐	☐	☐	☐	_____
Sleep disturbances	☐	☐	☐	☐	_____
Change in sleep habits	☐	☐	☐	☐	_____
Normal daily activities require more effort	☐	☐	☐	☐	_____
Sad/Depressed	☐	☐	☐	☐	_____
Hopeless	☐	☐	☐	☐	_____
Helpless	☐	☐	☐	☐	_____
Guilt	☐	☐	☐	☐	_____
Low self-esteem	☐	☐	☐	☐	_____
Like a burden to others	☐	☐	☐	☐	_____

Details:

I notice:	*Never*	*Seldom*	*Often*	*Always*	*How Long?*
I am angry, irritable, and/or hostile	☐	☐	☐	☐	_____
I feel euphoric, energized, and/or highly optimistic	☐	☐	☐	☐	_____
I have racing thoughts	☐	☐	☐	☐	_____
I need less sleep than usual	☐	☐	☐	☐	_____
I am more talkative	☐	☐	☐	☐	_____
My moods fluctuate up and down	☐	☐	☐	☐	_____

Details:

I have:	Never	Seldom	Often	Always	How Long?
Memory problems	☐	☐	☐	☐	_____
Trouble concentrating	☐	☐	☐	☐	_____
Difficulty explaining myself to others	☐	☐	☐	☐	_____
Problems understanding what other people tell me	☐	☐	☐	☐	_____
Intrusive and/or strange thoughts	☐	☐	☐	☐	_____
Obsessive thoughts	☐	☐	☐	☐	_____
Been hearing voices when alone	☐	☐	☐	☐	_____
Problems with my speech	☐	☐	☐	☐	_____
Risk-taking behaviours	☐	☐	☐	☐	_____
Compulsive and/or repetitive behaviours	☐	☐	☐	☐	_____
Been acting without concern for consequences	☐	☐	☐	☐	_____
Been physically harming myself	☐	☐	☐	☐	_____
Been violent toward others	☐	☐	☐	☐	_____
Concern about my sexual function	☐	☐	☐	☐	_____
Discomfort engaging in sexual activity	☐	☐	☐	☐	_____
Questions about my sexuality	☐	☐	☐	☐	_____

Details:

My eating involves:	*Never*	*Seldom*	*Often*	*Always*	*How Long?*
Restriction of food consumption	☐	☐	☐	☐	_____
Binging	☐	☐	☐	☐	_____
Purging	☐	☐	☐	☐	_____
A dramatic weight increase without trying	☐	☐	☐	☐	_____
A dramatic weight decrease without trying	☐	☐	☐	☐	_____

Details:

How well are you functioning:	*N/A*	*Cannot Function*		*Serious Problems*		*Moderate Problems*			*Mild Problems*		*No Problems*
On your job?	0	1	2	3	4	5	6	7	8	9	10
In your marital/SO relationship?	0	1	2	3	4	5	6	7	8	9	10
In your family relationships?	0	1	2	3	4	5	6	7	8	9	10
In relationships outside the family?	0	1	2	3	4	5	6	7	8	9	10

Details:

Current Suicidality

Are you currently having thoughts of suicide?	☐ Yes	☐ No
Have you thought about suicide in the past two months?	☐ Yes	☐ No
Have you ever attempted suicide?	☐ Yes	☐ No

Details:

Currently, how likely are you to:	*Not likely*					*Possibly*					*Very Likely*
Follow a suicide plan?	0	1	2	3	4	5	6	7	8	9	10
Follow a safety plan?	0	1	2	3	4	5	6	7	8	9	10
Call a crisis/help hotline?	0	1	2	3	4	5	6	7	8	9	10
Contact a mental health provider?	0	1	2	3	4	5	6	7	8	9	10

Details:

Please rate your current:	*Very poor*					*Average*					*Excellent*
Physical health	0	1	2	3	4	5	6	7	8	9	10
Spiritual health	0	1	2	3	4	5	6	7	8	9	10
Psychological health	0	1	2	3	4	5	6	7	8	9	10
Happiness/Optimism	0	1	2	3	4	5	6	7	8	9	10
Overall well-being	0	1	2	3	4	5	6	7	8	9	10
Overall functioning	0	1	2	3	4	5	6	7	8	9	10
Coping skills	0	1	2	3	4	5	6	7	8	9	10

Details:

Immediate Future

What are your plans for the next couple days or weeks?

Details:

What else should I know about you?