
PLEASE CHECK ALL THE ANSWERS THAT APPLY:

1 My gender is:

- Female
- Male
- Transgender
- Gender non-conforming
- Other: _____

2 My marital status is:

- Single, never married
- Living with domestic partner
- Married, living together
- Separated
- Divorced
- Widowed

3 My sexual orientation is:

- Heterosexual
- Bisexual
- Lesbian/Gay
- Questioning
- Asexual
- Other: _____

4 I live:

- Alone
- With my spouse/partner
- With my family
- With friends
- With house mates/apartment mates

5 My ethnic background is:

- White (northern European)
- Latino/Latina
- African-American
- Asian (Chinese, Japanese, Korean, Filipino, Vietnamese, etc)
- South Asian (e.g., from India, Pakistan, etc.)
- Pacific Islander
- Middle Eastern
- Native American
- Multiracial/multiethnic
- Other: _____

6 My highest level of education is:

- Grade school
- High school

- College
- Graduate school
- Post-graduate
- Professional/trade school

7 I am:

- Employed
- Unemployed
- Disabled
- Retired
- In school
- Other: _____

8 I am:

- Comfortable financially
- Uncomfortable financially
 - Just managing to pay the bills
 - In debt
 - Spending excessively
 - Bankrupt
 - Gambling too much
- Other: _____

9 I have family or friends who will help me in times of distress:

- No
- Yes

10 My main source of emotional support is my:

- Self
- Spouse/significant other
- Parent(s)/Grandparent(s)
- Child/children
- Sibling(s)
- Friend(s)
- Health care provider(s)
- Religious/Spiritual leader
- Pet(s)
- Caretaker or Legal guardian

11 I was referred to the Lynn Ellen Marcus by:

- Self-referred
- Primary Care Provider(PCP)/other health care provider
- Family/Friend
- Previous therapist
- Other: _____

12 I have previously received:

- Mental health Counseling/psychotherapy
 - Individual
 - Couple
 - Group
- Mental health hospitalization
- Medication for mental health problems
- Treatment for alcohol and/or drug use

13 Other members in my family have experienced:

- Depression
- Suicide attempts/completed suicide
- Anxiety/Panic
- Phobias
- Obsessive-Compulsive Disorder
- Bipolar Disorder (Manic-Depressive Illness)
- Schizophrenia
- Paranoia
- Attention-Deficit Hyperactivity Disorder
- Alcohol and/or drug abuse
- Other: _____

14 I have previously experienced:

- Domestic violence (threats, pushing, slapping, hitting)
- Sexual abuse
- Physical abuse
- Verbal/emotional abuse
- A traumatic event (e.g., rape, bad accident, assault, witness to violence/injury/or death)
- Other: _____

15 I have seriously contemplated suicide in the past:

- No
- Yes

16 I have made a suicide attempt in the past:

- No
- Yes

17 I have been violent in the past:

- No
- Yes
 - Toward property
 - Toward people

18 I have access to firearms:

- No
- Yes

19 There have been periods in the past when I felt so good or so hyper that other people thought I was not my normal self:

- No
- Yes

20 There have been periods in the past when I felt so good or so hyper that I acted without thinking and got into trouble:

- No
- Yes

21 There have been periods in the past when I was so irritable that I started arguments or fights:

- No
- Yes

22 There have been periods in the past when I did things that other people might have thought were excessive, risky, or foolish:

- No
- Yes

23 There have been periods in the past when I had so much energy I didn't need as much sleep and didn't miss it:

- No
- Yes

24 There is or has been a great deal of conflict at home:

- No
- Yes
 - Yelling
 - Verbal threats
 - Physical violence (pushing, slapping, hitting)

25 I currently drink alcohol:

- No
- Yes
 - Rarely
 - Socially
 - Daily
 - Excessively

27 I have drunk alcohol in the past:

- No
- Yes
 - Rarely
 - Socially
 - Daily
 - Excessively

26 I currently use recreational drugs:

- No
- Yes
 - Rarely
 - Socially
 - Daily
 - Excessively

28 I have used recreational drugs in the past:

- No
- Yes
 - Rarely
 - Socially
 - Daily
 - Excessively

29 I have concerns about my use of alcohol and/or drugs:

- No
- Yes:

31 I smoke or use other tobacco products:

- No
- Yes

30 I currently drink caffeinated beverages (e.g., coffee, tea, soda)

- No
- Yes (quantity: _____)

32 I have had, or am having, legal problems:

- No
- Yes
 - Arrest and/or incarceration
 - DUI
 - Lawsuit

40 I am currently having problems with my sexual functioning:

- No
- Yes:
 - Lack of desire
 - Difficulty feeling aroused
 - Difficulty maintaining an erection/arousal
 - Difficulty reaching orgasm
 - Sexual impulsiveness
 - Too interested in pornography

41 I exercise _____ times per week.

42 I am satisfied with the exercise/movement I do each week:

- Yes
- No

I eat a in a manner that is satisfying and meets my nutritional needs:

- Yes
- No

43 I have generally positive feelings about my body:

- Yes
- No: Would you like to discuss this further in therapy?
 - Yes
 - No

44 I have religious or spiritual beliefs/practices which give me great comfort:

- No
- Yes

45 I have meditated in the past or have a current meditation practice:

- No
- Yes

46 I have had an experience that was frightening, horrible, or upsetting enough that in the past *month* I've:

- Had nightmares about it or thought about it when I did not want to?
- Tried hard not to think about it or went out of my way to avoid situations that reminded me of it?
- Were constantly on guard, watchful, or easily startled?
- Felt numb or detached from others, activities, or my surroundings?

I have experienced the following: (PLEASE CHECK ALL THAT APPLY)

- thoughts of hurting myself
- thoughts of hurting others

- sadness/crying jags
- feeling worthless/self-blaming
- feeling hopeless
- difficulty making decisions
- problems falling or staying asleep
- excessive sleeping
- low energy
- change in appetite
- change in interest in sex
- difficulty concentrating
- difficulty staying motivated
- difficulty having fun
- discomfort being around other people

- physical pain

- memory problems
- misusing words
- getting lost
- losing things
- making math or spelling mistakes

- bad temper/irritability/explosiveness
- impulsivity
- elated/euphoric mood
- mood swings
- excessive energy/activity/risk-taking/spending
- racing/overflowing thoughts
- decreased need for sleep

- trouble paying attention, staying organized, completing tasks
- excessively restless, fidgety, impulsive

- anxiety/ panic
- excessive or unrealistic worry in several areas of my life
- excessive fear of being evaluated, criticized, or scrutinized
- excessive fear of being the center of attention
- excessive fear of being embarrassed or looking foolish

- avoiding social or other situations because of anxiety
- repetitive thoughts or behavior I want to stop but can't
- checking things too many times
- worrying too much about germs, cleanliness, order

- thinking too much about food or weight
- trouble controlling my eating, or controlling my eating too much

- concerns that something is wrong with my appearance
- concerns that something is wrong inside my body

- trouble controlling my alcohol and drug cravings/use

- excessive dreaming, remembering or reliving of a past upsetting event or anniversary
- feeling excessively detached or numb
- feeling too jumpy or vigilant

- feeling like people are talking about me or mocking me
- feeling like people are watching me, following me, or spying on me
- feeling like people might harm me
- feeling like people can read my thoughts, or I can read theirs
- seeing or hearing things other people don't see or hear

- periods of déjà vu (the feeling that you've been or experienced something before even though you never have)
- periods of feeling spacey or not being able to remember brief intervals of time

- I've been told I snore in my sleep
- I've been told my muscles jerk in my sleep
- I feel I need to keep moving my legs when I get into bed