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**PLEASE CHECK ALL THE ANSWERS THAT APPLY:**

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**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

**33 My general health is:**

- Excellent
- Very good
- Good
- Fair
- Poor

**34 I have serious/chronic medical problems**

- No
- Yes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**35 I am allergic to certain medications:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**36 I am currently taking prescription, over-the-counter, alternative medications (e.g. Medical Marijuana, holistic, etc.)**

- No
- Yes

**37 Please list all your medications and the name of the prescribing practitioner:**


**38 I am currently having problems with my sleep:**

- No
- Yes
  - Sleeping too much
  - Sleeping too little
  - Adequate but non-restful sleep
  - Disturbing dreams/Nightmares
  - Excessive snoring

**39 I am sexually active:**

- No
- Yes

**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