

NAME: _____

DATE: _____

Describe:

- | | | |
|---|-----|----|
| 1. Are you having difficulty sleeping? <i>Falling/Reawakening?</i> | YES | NO |
| 2. Do you have any thoughts about hurting yourself? | YES | NO |
| 3. Do you have any thoughts about hurting others? <i>Who?</i> | YES | NO |
| 4. Do you feel that you are in danger of being hurt? <i>By Whom?</i> | YES | NO |
| 5. Have you or others been concerned with your alcohol or drug use? | YES | NO |
| 6. Do any family members have alcohol or drug problems? <i>Who?</i> | YES | NO |
| 7. Do you starve, binge or make yourself throw up? <i>(Circle which one/s)</i> | YES | NO |
| 8. Have you had a change in appetite? <i>Increase/Decrease?</i> | YES | NO |
| 9. Are you more irritable than usual? | YES | NO |
| 10. Has your ability to concentrate and focus on tasks changed? | YES | NO |
| 11. Do you often feel miserable or sad? | YES | NO |
| 12. Do you have feelings of worthlessness or helplessness? | YES | NO |
| 13. Do you find it hard to do things you once enjoyed? | YES | NO |
| 14. Do you have frequent crying spells or feel like crying much of the time? | YES | NO |
| 15. Do you sometimes feel tired for no reason? | YES | NO |
| 16. Do you have sexual concerns? | YES | NO |
| 17. Have you moved in the last two years? | YES | NO |
| 18. Are you living alone? | YES | NO |
| 19. Do you have problems in your relationships with other people? | YES | NO |
| 20. Do you prefer not to participate in community or social activities? <i>Why?</i> | YES | NO |
| 21. Do you have family or friends nearby for emotional support? | YES | NO |
| 22. Have you changed jobs in the last two years? | YES | NO |
| 23. Do you hate going to work? <i>Why?</i> | YES | NO |
| 24. Is your presenting issue impacting your work? <i>How?</i> | YES | NO |
| 25. Do you have a legal problem? <i>What kind?</i> | YES | NO |
| 26. Are you experiencing financial problems? | YES | NO |
| 27. Have you lost faith in a higher power? | YES | NO |
| 28. Have you lost hope that your problem can be resolved? | YES | NO |
| 29. Have you lost your motivation to work on your problem? | YES | NO |

FURTHER COMMENTS? _____

THANK YOU. All information needs to be provided.

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