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## Confidential Health Questionnaire

Today's Date:

Name of Client: Date of Birth: Age:

Address

Phone: Home: Work: Cell:

Email:

Education Level: Occupation:

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Other, specify

Name of Spouse/partner:

Spouse's phone h w c

Reason you are here

Briefly Describe the problem

When did the problem start?

What prompted you to seek professional assistance **at this time?**

**Treatment Information**

**Current** Briefly describe any current treatment, counseling or related services that you or any other family member is receiving. Include clergy, work or school counseling. Give name of professional, family member, dates and purpose:

Past: Briefly describe any past treatment or services that you or another family member received

Family history: Briefly describe any other emotional or substance abuse problems of family members and relatives, deceased or living.

Strengths and Positives in Your Life (check all that apply)

- ☐ generally contended
- ☐ generally confident
- ☐ family members are supportive
- ☐ have caring friends
- ☐ am in a close healthy relationship
- ☐ home stress is generally manageable
- ☐ feel appreciated for my household duties
- ☐ have support from my church/faith
- ☐ have adequate abilities
- ☐ feel appreciated at work
- ☐ work/school stress is manageable
- ☐ enjoy my work or school
- ☐ enjoy my social activities/hobbies
- ☐ have adequate amount of money
- ☐ overcame some past difficulty
- ☐ derive strength from _____

*Describe other strengths, resources or positives:*

Rate your Current Difficulties

For each area on the left, circle the amount of difficulty or impairment you have experienced **within the last 4 weeks.** If not applicable, simple circle "none"

| | Amount of impairment/difficulty | | | | |
|---|---|---|---|---|---|
| Job duties & interacting with others at work | *None* | *Some* | *moderate* | *serious* | *extreme* |
| Job hunting | *None* | *Some* | *moderate* | *serious* | *extreme* |
| Household duties | *None* | *Some* | *moderate* | *serious* | *extreme* |
| School/training performance & adjustment | *None* | *Some* | *moderate* | *serious* | *extreme* |
| Marriage or intimate relationship | *None* | *Some* | *moderate* | *serious* | *extreme* |
| Sexual activity, performance, satisfaction | *None* | *Some* | *moderate* | *serious* | *extreme* |
| Parenting, relationship with children/step-children | *None* | *Some* | *moderate* | *serious* | *extreme* |
| Relationship with parents, siblings, relatives | *None* | *Some* | *moderate* | *serious* | *extreme* |
| Social activities & non-family relationships | *None* | *Some* | *moderate* | *serious* | *extreme* |
| Daily routine activities of self-care | *None* | *Some* | *moderate* | *serious* | *extreme* |
| Physical health, sleep, energy extreme | *None* | *Some* | *moderate* | *serious* | *extreme* |
| Concentration, memory, thinking | *None* | *Some* | *moderate* | *serious* | *extreme* |
| Self-control, judgment | *None* | *Some* | *moderate* | *serious* | *extreme* |
| Money Management | *None* | *Some* | *moderate* | *serious* | *extreme* |
| Self-Confidence | *None* | *Some* | *moderate* | *serious* | *extreme* |
| Recreational activities & their enjoyment | *None* | *Some* | *moderate* | *serious* | *extreme* |

Check Items that apply to you ***within the last 4 weeks:***

- ☐ Financial problems
- ☐ job insecurity, laid off/fired
- ☐ housing problems
- ☐ had accident
- ☐ distressing medical event/condition
- ☐ victim of nonviolent crime
- ☐ physically threatened or hurt
- ☐ conflict with supervisor/teacher
- ☐ conflict in family
- ☐ conflict with someone I'm close to
- ☐ close to someone with serious problems
- ☐ overlook other's shortcomings too much
- ☐ believe someone wants to harm me
- ☐ blame others too much
- ☐ sexually abused, threatened or assaulted
- ☐ experience emotional or verbal abuse
- ☐ feel I am treated unfairly
- ☐ close to someone who committed suicide
- ☐ close to someone who died unexpectedly
- ☐ close to someone who is dying
- ☐ close to someone who abuses drugs or alcohol

**Did you have any of these problems in the past?** ☐ Yes ☐ No

Check Items that apply to you ***within the last 4 weeks:***

- ☐ sad mood
- ☐ feel hopeless
- ☐ feel helpless
- ☐ overwhelmed
- ☐ feel very frustrated
- ☐ feel inadequate
- ☐ feel worthless, like a failure
- ☐ feel very guilty
- ☐ criticize myself too much
- ☐ neglect my health
- ☐ memory problems, forgetful
- ☐ problems concentrating or indecision
- ☐ cry more than usual
- ☐ loss of interest in work
- ☐ loss of interest in social activities
- ☐ loss of interest in domestic chores

- ☐ loss of motivation
- ☐ procrastination
- ☐ less enjoyment in activities
- ☐ feel restless, agitated
- ☐ increased irritability
- ☐ increased anger, resentment
- ☐ easily upset/hurt or too sensitive
- ☐ difficulty understanding my feelings
- ☐ slowed down, low energy level, fatigue
- ☐ change in appetite
- ☐ significant weight loss
- ☐ significant weight gain
- ☐ problems falling asleep
- ☐ difficulty staying asleep
- ☐ wake up too early
- ☐ sleep too much

**Did you have any of these problems in the past?** ☐ Yes ☐ No

Check Items that apply to you ***within the last 4 weeks:***

- ☐ change in personality
- ☐ mood swings
- ☐ think I can do almost anything
- ☐ increase in talkativeness
- ☐ very high level of energy
- ☐ need much less sleep
- ☐ racing thoughts
- ☐ very distractible
- ☐ reckless behavior
- ☐ feel little need to sleep

**Did you have any of these problems in the past?** ☐ Yes ☐ No

Check Items that apply to you ***within the last 4 weeks:***

- ☐ anxious, keyed up or on edge
- ☐ difficulty relaxing
- ☐ feel panicky
- ☐ heart pounding or speeding up
- ☐ chest pain or chest discomfort
- ☐ short of breath, hard to breathe
- ☐ you or surroundings seem "unreal"
- ☐ nervous sweaty, clammy hands
- ☐ break out in cold sweats
- ☐ very uncomfortable in social situations
- ☐ easily embarrassed
- ☐ worried
- ☐ easily startled
- ☐ unsteady, shaky
- ☐ light-headed, dizzy
- ☐ disturbing body sensations
- ☐ fear of dying
- ☐ fear of being out control
- ☐ fear of going insane/becoming mentally ill
- ☐ fear of driving
- ☐ fear of speaking in front of people
- ☐ fear of germs, getting sick, having a disease
- ☐ fear of leaving the house
- ☐ having a phobia or strong fear not listed here

**Did you have any of these problems in the past?** ☐ Yes ☐ No

Check Items that apply to you ***within the last 4 weeks:***

- ☐ have thoughts or images that won't go away
- ☐ hard to stop doing certain things
- ☐ recheck locks, ovens and the like
- ☐ excessively collect or clutter
- ☐ concerned about how I am spending my time
- ☐ concerned about my spending money or my shopping
- ☐ concerned about my use of time on the computer/Internet
- ☐ concerned about my watching videos, TV or movies
- ☐ a person close to me is concerned about some of my activities

**Did you have any of these problems in the past?** ☐ Yes ☐ No

Check Items that apply to you ***within the last 4 weeks:***

- ☐ have disturbing images, memories or thoughts
- ☐ preoccupied about an upsetting event
- ☐ feel like I am reliving horrible experiences
- ☐ problems remembering what happened to me
- ☐ nightmares
- ☐ feel like I am always on guard
- ☐ feel "spacey"
- ☐ hear or see things I am unsure about
- ☐ hear "voices" inside that comment on my behavior or others

**Did you have any of these problems in the past?** ☐ Yes ☐ No

Check Items that apply to you ***within the last 4 weeks:***

- ☐ had a sexually uncomfortable experience
- ☐ do not like to be touched
- ☐ avoid sex or having minimal interest in it
- ☐ have disturbing images or feelings during sex
- ☐ not careful enough about choosing sexual partners
- ☐ think about or want sex too much
- ☐ feel pressured to have sex
- ☐ dissatisfied with sexual intimacy
- ☐ disagree with someone about sex
- ☐ anxious about my sexual abilities
- ☐ uncomfortable about some of my sexual feelings, thoughts, images or actions

**Did you have any of these problems in the past?** ☐ Yes ☐ No

Check Items that apply to you ***within the last 4 weeks:***

- ☐ slower to understand or master some things compared to most people
- ☐ significant learning or skill problems with language or arithmetic
- ☐ significant problems with coordination, very clumsy or accident prone
- ☐ short attention span, get easily distracted
- ☐ very disorganized
- ☐ very careless, messy or often misplace/lose things
- ☐ go from one unfinished activity to another
- ☐ overly active, fidgety, hard to slow down or feel restless
- ☐ have difficulty being quiet, interrupt others or blurt out comments too much
- ☐ too impulsive, do things without thinking enough about them

**Did you have any of these problems in the past?** ☐ Yes ☐ No

Check Items that apply to you "Currently" = within the last 4 weeks

| | | | |
|---|---|---|---|
| Gamble, bet, play lotteries more than twice a week | ☐ *currently* | ☐ *in the past* | ☐ *never* |
| Drink more than 4 caffeine drinks a day | ☐ *currently* | ☐ *in the past* | ☐ *never* |
| Frequent or serious over-eating | ☐ *currently* | ☐ *in the past* | ☐ *never* |
| Strictly limit amount of food I eat | ☐ *currently* | ☐ *in the past* | ☐ *never* |
| Induce vomiting or use laxatives often | ☐ *currently* | ☐ *in the past* | ☐ *never* |
| Smoke cigarettes | ☐ *currently* | ☐ *in the past* | ☐ *never* |
| Use more medications that a doctor recommends | ☐ *currently* | ☐ *in the past* | ☐ *never* |
| Use other people's prescription medication | ☐ *currently* | ☐ *in the past* | ☐ *never* |
| Use illegal substances or abuse drugs | ☐ *currently* | ☐ *in the past* | ☐ *never* |

Check Items that apply to you "Currently" = within the last 4 weeks

| | | | |
|---|---|---|---|
| Have been told I sometimes change when I drink | ☐ *currently* | ☐ *in the past* | ☐ *never* |
| Some people don't like my drinking or drug use | ☐ *currently* | ☐ *in the past* | ☐ *never* |
| Feel guilt or worry about my drinking/drug use | ☐ *currently* | ☐ *in the past* | ☐ *never* |
| Occasionally drink alcohol a lot or too much | ☐ *currently* | ☐ *in the past* | ☐ *never* |
| Drink alcohol alone | ☐ *currently* | ☐ *in the past* | ☐ *never* |
| Drink alcohol daily | ☐ *currently* | ☐ *in the past* | ☐ *never* |
| Drink more than 2 drinks, beers or glasses a day | ☐ *currently* | ☐ *in the past* | ☐ *never* |
| Drink alcohol in the morning | ☐ *currently* | ☐ *in the past* | ☐ *never* |
| Drink alcohol when I am upset or to calm down | ☐ *currently* | ☐ *in the past* | ☐ *never* |
| Drink alcohol to fall asleep | ☐ *currently* | ☐ *in the past* | ☐ *never* |
| Drive after I drink alcohol or received a DWI | ☐ *currently* | ☐ *in the past* | ☐ *never* |
| Forgot what I did after I was drinking, blacked-out | ☐ *currently* | ☐ *in the past* | ☐ *never* |
| Drink secretly | ☐ *currently* | ☐ *in the past* | ☐ *never* |

Check Items that apply to you "Currently" = within the last 4 weeks

| | | | |
|---|---|---|---|
| Run away, impulse to leave home | ☐ *currently* | ☐ *in the past* | ☐ *never* |
| Put myself in a dangerous or destructive situation | ☐ *currently* | ☐ *in the past* | ☐ *never* |
| Think about cutting or harming myself | ☐ *currently* | ☐ *in the past* | ☐ *never* |
| Cut or harm self | ☐ *currently* | ☐ *in the past* | ☐ *never* |
| Think about death or dying | ☐ *currently* | ☐ *in the past* | ☐ *never* |
| Think about suicide | ☐ *currently* | ☐ *in the past* | ☐ *never* |
| Have plans to suicide | ☐ *currently* | ☐ *in the past* | ☐ *never* |
| Have urges to suicide | ☐ *currently* | ☐ *in the past* | ☐ *never* |
| Took steps to suicide | ☐ *currently* | ☐ *in the past* | ☐ *never* |
| Want to get back at someone | ☐ *currently* | ☐ *in the past* | ☐ *never* |
| Act too aggressively, frightened someone | ☐ *currently* | ☐ *in the past* | ☐ *never* |

**Medical Health**

Medical exam consultation within the last six months? ☐ yes ☐ no
Physical health is currently: ☐ good ☐ fair ☐ poor
Current Prescriptions/Doses:

**Referral Source:** (check all that apply and give name of referral source)

☐ Employee assistance or employer ☐ Web (Name Search Engine: )
☐ Health Care Provider (Name: )
☐ School ☐ Clergy ☐ Former client or friend

**Additional Comments**: Please write anything else you would like for me to know about or you think would help me understand your concerns.