

MIDWEST CENTER FOR HUMAN SERVICES-INTAKE QUESTIONNAIRE

(OVER)
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FAMILY OF ORIGIN (Parents, Sisters and Brothers):

Name	Age and Health or Date/Cause of Death	Educ/Occup	Living Situation	Location

HEALTH STATUS:

Health/Medical Problems: _____

Current Physical Symptoms: _____

Date of Last Physical Exam: _____ Reason for Exam: _____

Significant Surgery or Hospitalizations: _____

Current Medications (name, amount): _____

Allergies to any Medications: _____

Current Physician (include address): _____

Have you ever experienced the following as a child, teen or adult? (If yes, please list by whom and when).

Physical Abuse: _____

Verbal/Emotional Abuse: _____

Neglect: _____

Intrafamilial Sexual Abuse (Incest): _____

Sexual Assault: _____

Other (describe): _____

Are you currently afraid of anyone in your household? yes no

If so, Who: _____ Why: _____

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Psychiatric or Alcohol/Other Drug Abuse Hospitalizations (when and where):

<u>Previous Psychotherapy:</u>	<u>Therapist Name/Location</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____

Please read each of the following statements carefully. Place an "X" beside the statement which best describes your feelings in the past month. If several statements seem to apply equally well, place an "X" by each one.

1. a__ I can sleep as well as usual.
b__ I wake up more tired in the morning than I used to.
c__ I wake up 2-3 hours earlier than usual and find it hard to get back to sleep.
d__ I wake up early daily and can't get more than five hours sleep
2. a__ My appetite is not worse than usual.
b__ My appetite is not as good as it used to be.
c__ My appetite is much worse now.
d__ I have no appetite at all.
3. a__ I make decisions about as well as ever.
b__ I try to put off making decisions.
c__ I have great difficulty in making decisions.
d__ I can't make any decisions at all anymore.
4. a__ I do not feel sad.
b__ I feel blue or sad.
c__ I am blue or sad all the time and I can't snap out of it.
d__ I am so sad or unhappy that it is quite painful.
e__ I am so sad or unhappy that I can't stand it.
5. a__ I am no more irritated now than I ever was.
b__ I get annoyed or irritated more easily than I used to.
c__ I feel irritated all the time.
d__ I don't get irritated at things that used to irritate me.
6. a__ I am no more anxious or nervous now than I ever was.
b__ I get anxious or nervous more easily than I used to.
c__ I feel anxious or nervous all the time.
7. a__ I don't have any thoughts of harming myself.
b__ I have thoughts of harming myself but wouldn't carry them out
c__ I feel I would be better off dead.
d__ I feel my family would be better off if I were dead.
e__ I have definite plans about committing suicide.
f__ I would kill myself if I could.
8. a__ I don't have any thoughts of harming someone else.
b__ I have thoughts of harming someone but I would not do it.
c__ I feel I should harm someone.
d__ I have definite plans to harm someone.
e__ I am going to harm someone else.
9. Do your feelings go quickly from one extreme to another?
 ___ Never ___ Sometimes ___ Occasionally ___ Often

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- 10. Do you hear or see things that other people might not?
 Never Sometimes Occasionally Often
- 11. Do you feel people are trying to harm you or are following you?
 Never Sometimes Occasionally Often
- 12. Are you bothered by thoughts or actions you cannot control?
 Never Sometimes Occasionally Often
- 13. Have you ever attempted suicide? Yes No
- 14. Have you ever harmed another person causing serious injury or death? Yes No
- 15. Do others feel you have a problem with alcohol or other drugs? Yes No
- 16. Have you ever lost a friend or had work problems due to alcohol or other drugs? Yes No
- 17. Do you feel you have a problem with alcohol or other drugs? Yes No

Check if you've experienced major changes in the past year:

Memory Concentration Appetite Sleep Job
 Move Death in Family Relationship Other

Please briefly describe the problems which you bring to Midwest. Begin with the problem which seems most important for you to work on. Then describe the best and worst outcome you imagine for each problem.

Problem 1: _____

What would be the best outcome for you? _____

What would be the worst outcome for you? _____

Problem 2: _____

What would be the best outcome for you? _____

What would be the worst outcome for you? _____

Is there anything else you feel we should know that would help us in working with you?

