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24) Under what conditions are your problems usually improved?: \_\_\_\_\_

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25) How did you hear about this clinic, or who referred you?: \_\_\_\_\_

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**Medical History**

26) Name and address of your primary physician:  
Physician's name: \_\_\_\_\_  
Address: \_\_\_\_\_

27) List any major illnesses and/or operations you have had: \_\_\_\_\_

28) List any physical concerns you are having at present: (e.g., high blood pressure, headaches, dizziness, etc.): \_\_\_\_\_

29) List any other physical concerns you have experienced in the past: \_\_\_\_\_

30) When was your most recent complete physical exam?: \_\_\_\_\_  
Results of physical exam: \_\_\_\_\_

31) On average how many hours of sleep do you get daily?: \_\_\_\_\_

32) Do you have trouble falling asleep at night?:  No  Yes If Yes, describe \_\_\_\_\_

33) Have you gained/lost over ten pounds in the past year?:  Yes  No,  gained  lost  
If Yes, was the gain/loss on purpose?:  Yes  No

34) Describe your appetite (during the past week):  
\_\_\_\_\_ poor appetite                      \_\_\_\_\_ average appetite                      \_\_\_\_\_ large appetite

35) What medications (and dosages) are you taking at present, and for what purpose?:

<u>Medication</u>	<u>Purpose</u>
_____	_____
_____	_____
_____	_____

**Religious Concerns**

- 36) What is your present religious affiliation?:
- 1) Catholic
  - 2) Jewish
  - 3) Protestant (specify denomination if any) \_\_\_\_\_
  - 4) None, but I believe in God
  - 5) Atheist or agnostic



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51) How did she reward you?: \_\_\_\_\_

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52) How much time did she spend with you when you were a child?: \_\_\_\_\_  
\_\_\_\_\_ much \_\_\_\_\_ average \_\_\_\_\_ little

53) Your mother's occupation when you were a child: \_\_\_\_\_  
\_\_\_\_\_ stayed home \_\_\_\_\_ worked outside part-time \_\_\_\_\_ worked outside full-time

54) How did you get along with your mother when you were a child?:  
\_\_\_\_\_ poorly \_\_\_\_\_ average \_\_\_\_\_ well

55) How do you get along with your mother now?:  
\_\_\_\_\_ poorly \_\_\_\_\_ average \_\_\_\_\_ well

56) Did your mother have any problems (e.g., alcoholism, violence, etc.) that may have affected your childhood development?: Yes \_\_\_\_\_ No \_\_\_\_\_  
(If Yes, please describe) \_\_\_\_\_

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57) Is there anything unusual about your relationship with your mother?:  
Yes \_\_\_\_\_ No \_\_\_\_\_ (If Yes, please describe) \_\_\_\_\_

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58) Describe overall how your mother treated the following people as you were growing up:  
**(Circle one answer for each)**

YOUR MOTHER'S TREATMENT OF:	Poor		Average			Excellent	
1) YOU	1	2	3	4	5	6	7
2) YOUR FAMILY	1	2	3	4	5	6	7
3) YOUR FATHER	1	2	3	4	5	6	7

**YOUR FATHER** (or father substitute)

59) Briefly describe your father: \_\_\_\_\_

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60) How did he discipline you?: \_\_\_\_\_

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61) How did he reward you?: \_\_\_\_\_

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62) How much time did he spend with you when you were a child?:

\_\_\_\_\_ much \_\_\_\_\_ average \_\_\_\_\_ little

63) Your father's occupation when you were a child: \_\_\_\_\_  
\_\_\_\_\_ stayed home \_\_\_\_\_ worked outside part-time \_\_\_\_\_ worked outside full-time

64) How did you get along with your father when you were a child?: \_\_\_\_\_  
\_\_\_\_\_ poorly \_\_\_\_\_ average \_\_\_\_\_ well

65) How do you get along with your father now?:  
\_\_\_\_\_ poorly \_\_\_\_\_ average \_\_\_\_\_ well

66) Did your father have any problems (e.g. alcoholism, violence, etc.) that may have affected your childhood development?: Yes \_\_\_\_\_ No \_\_\_\_\_  
(If Yes, please describe) \_\_\_\_\_

67) Is there anything unusual about your relationship with your father?: No \_\_\_\_\_ Yes \_\_\_\_\_  
(If Yes, please describe) \_\_\_\_\_

68) Describe overall how your father treated the following people as you were growing up:  
**(Circle one answer for each)**

YOUR FATHER'S TREATMENT OF:	Poor			Average			Excellent	
1) YOU	1	2	3	4	5	6	7	
2) YOUR FAMILY	1	2	3	4	5	6	7	
3) YOUR MOTHER	1	2	3	4	5	6	7	

**Thoughts and Behaviors**

69) Please check how often the following thoughts occur to you:

- |                                |             |              |                 |                  |
|--------------------------------|-------------|--------------|-----------------|------------------|
| 1) Life is hopeless.           | _____ Never | _____ Rarely | _____ Sometimes | _____ Frequently |
| 2) I am lonely.                | _____ Never | _____ Rarely | _____ Sometimes | _____ Frequently |
| 3) No one cares about me.      | _____ Never | _____ Rarely | _____ Sometimes | _____ Frequently |
| 4) I am a failure.             | _____ Never | _____ Rarely | _____ Sometimes | _____ Frequently |
| 5) Most people don't like me.  | _____ Never | _____ Rarely | _____ Sometimes | _____ Frequently |
| 6) I want to die.              | _____ Never | _____ Rarely | _____ Sometimes | _____ Frequently |
| 7) I want to hurt someone.     | _____ Never | _____ Rarely | _____ Sometimes | _____ Frequently |
| 8) I am so stupid.             | _____ Never | _____ Rarely | _____ Sometimes | _____ Frequently |
| 9) I am going crazy.           | _____ Never | _____ Rarely | _____ Sometimes | _____ Frequently |
| 10) I can't concentrate.       | _____ Never | _____ Rarely | _____ Sometimes | _____ Frequently |
| 11) I am so depressed.         | _____ Never | _____ Rarely | _____ Sometimes | _____ Frequently |
| 12) God is disappointed in me. | _____ Never | _____ Rarely | _____ Sometimes | _____ Frequently |
| 13) I can't be forgiven.       | _____ Never | _____ Rarely | _____ Sometimes | _____ Frequently |
| 14) Why am I so different?     | _____ Never | _____ Rarely | _____ Sometimes | _____ Frequently |
| 15) I can't do anything right. | _____ Never | _____ Rarely | _____ Sometimes | _____ Frequently |
| 16) People hear my thoughts.   | _____ Never | _____ Rarely | _____ Sometimes | _____ Frequently |





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71) List your five greatest strengths:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

72) List your five greatest weaknesses:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

73) List your main social difficulties: \_\_\_\_\_

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74) List your main love and sex difficulties: \_\_\_\_\_

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75) List your main difficulties at school or work: \_\_\_\_\_

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76) List your main difficulties at home: \_\_\_\_\_

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77) List your behaviors that you would like to change: \_\_\_\_\_

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78) Additional information you believe would be helpful: \_\_\_\_\_

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THANK YOU FOR YOUR TIME IN COMPLETING THIS ASSESSMENT