



Date: _____

First Name: _____ Middle Initial: _____ Last Name: _____

The following questions are about common psychological, behavioral and personal problems. These problems are considered significant when you have them for two or more weeks, when they keep coming back, when they keep you from meeting expectations or when they make you feel like you can't go on. Please answer the next questions using "yes" or "no".

	<u>Yes</u>	<u>No</u>
1. <u>During the past 12 months</u> , have you had <u>significant</u> problems...		
a. with feeling very trapped, lonely, sad, blue, depressed or hopeless about the future?.....	1	0
b. with sleep trouble, such as bad dreams, sleeping restlessly or falling asleep during the day?.....	1	0
c. with feeling very anxious, nervous, tense, scared, panicked or like something bad was going to happen?.....	1	0
d. when something reminded you of the past, you became very distressed and upset?.....	1	0
e. with thinking about end your life or committing suicide?.....	1	0
2. <u>During the past 12 months</u> , did you do the following things <u>two or more times</u> ?		
a. Lie or con to get things you wanted or to avoid having to do something?	1	0
b. Have a hard time paying attention at school, work or home?	1	0
c. Have a hard time listening to instructions at school, work or home?	1	0
d. Been a bully or threatened people?.....	1	0
e. Start fights with other people?	1	0
3. During the past 12 months, did...		
a. You use alcohol or drugs weekly?.....	1	0
b. You spend a lot of time either getting alcohol or drugs, using alcohol or drugs or feeling the effects of alcohol or drugs (high, sick)?	1	0
c. You keep using alcohol or drugs even though it was causing social problems at important activities at work, school, home or social events?.....	1	0
d. Your use of alcohol or drugs cause you to give up, reduce or have problems at important activities at work, school, home or social events?.....	1	0
e. You have withdrawal problems from alcohol or drugs like shaking hands, throwing up, having trouble sitting still or sleeping or use any alcohol or drugs to stop being sick or avoid withdrawal problems?.....	1	0
4. <u>During the past 12 months</u> , have you...		
a. Had a disagreement in which you pushed, grabbed or shoved someone?.....	1	0
b. Taken something from a store without paying for it?.....	1	0
c. Sold, distributed or helped to make illegal drugs?.....	1	0
d. Driven a vehicle while under the influence of alcohol or other drugs?.....	1	0
e. Purposely damaged or destroyed property that did not belong to you?	1	0

(more on back)

5. Do you have any other significant psychological, behavioral or personal problems you want treatment for or help with? (If yes, please describe below).... Yes
1 No
0
- v1. _____
- V2. _____
- V3. _____
6. What is your gender? (If other, please describe below)..... 1 – Male 2 – Female 99 - Other
- v1. _____
7. How old are you today?..... ___ years

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15. Referral Comments:
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