

PSYCHOTHERAPY ASSESSMENT CHECKLIST

PERSONAL DATA	
Name _____	Date _____
Address _____	Age _____ DOB ____/____/____ Sex M F
_____	SS # _____
_____	Occupation _____
Phone #1 cell/home (____) _____	OK to call at work? Y / N
Phone #2 cell/home (____) _____	Work Phone (____) _____
Email: _____	Insurance Co. _____
No. Years Education _____ Marital Status _____	Insurance ID # _____
Currently living with _____	
Spouse/Partner's Occupation _____	No. of Children _____ Ages _____
Person to contact in an emergency _____	Phone (____) _____
Address _____	Relation to you _____

MAIN PROBLEMS: Please list the major problems that you would like help with in therapy, and rate the severity of each one according to the scale below:									
1-----	2-----	3-----	4-----	5-----	6-----	7-----	8-----	9-----	10
Not a Problem	Mild Problem	Moderate Problem	Severe Problem	Couldn't be worse	RATING				
1. _____	_____								
2. _____	_____								
3. _____	_____								
Briefly describe what motivated you to seek therapy <u>at this time</u> (rather than some time earlier or later): _____									

(Please use the back of this page or an additional sheet of paper if you need extra space for answers)

(Axis III) MEDICAL PROBLEMS: Do you have any serious medical conditions? (If yes, please describe)..... No Yes	

Problems with: Headaches___ Indigestion___ Diarrhea ___ Constipation___ Circulation ___ Shortness of Breath ___ Frequent Urination ___	
Body Aches/ Pain ___ Menstrual problems ___ How would you rate your overall health? Excellent ___ Good ___ Fair ___ Poor ___	
Please list any medications you are taking: _____	
In Past Year, how many: Visits to doctor___ Sick days___ Cigarettes/day ___ Alcoholic drinks/day ___ Psychotherapy sessions,ever___	
Number of family members with: Alcohol/drug problems ___ Psychiatric problems (e.g., depression, psychosis) _____	

(Axis IV) CURRENT STRESSFUL EVENTS: Legal ___ Financial ___ Family problems ___ Family Illness ___	
Other _____ Are you in an abusive relationship? No___ Somewhat___ Yes___	
Recent losses (jobs, relationships, or difficult changes) _____	

Axis V: Self -Report of Assessment of Functioning

Initials _____

DAILY FUNCTIONING: Please give a rough estimate of how many hours per week you spend doing the following in a typical week:	LIFELONG FUNCTIONING: Please check the best and worst times of your life:			
	<u>Age</u>	<u>Best Times</u>	<u>Average times</u>	<u>Worst Times</u>
Working in your primary job	0-5	_____	_____	_____
Parenting/Caretaking of others	6-12	_____	_____	_____
Doing household chores, bills, etc	13-19	_____	_____	_____
TV, Movies	20-29	_____	_____	_____
Physical recreation or exercise of some kind	30-39	_____	_____	_____
Hobbies (crafts, games, music, dancing, reading, etc.) _____	40-49	_____	_____	_____
Social activity with friends, family	50-59	_____	_____	_____
Church, charity, spiritual or inspirational activities	60-69	_____	_____	_____
Quiet, non-productive, or relaxing time	70-79+	_____	_____	_____
Average number of hours of sleep <u>per night</u>				

WORST TIME IN LIFE (Please briefly describe). (You may use the back of this page for answers in the following sections, if needed:)

Who helped you through it? _____

Are there things that cause you to feel ashamed or that would be difficult to talk about? (No need to specify) No Yes

BEST TIME IN LIFE (Please briefly describe) _____

_____ Was there someone to share it with? Yes No

Do you have a close friend who is supportive and someone you can confide in during difficult times?.....Yes No

What have you done that you are **MOST PROUD OF**? _____

What are your **STRENGTHS** (How do you cope) when times are hard? _____

Do you feel you are a person of worth at least on an equal basis with others? VeryMuch Much Somewhat A little No

How much enjoyment or pleasure are you currently getting out of living? VeryMuch Much Moderate A little None

What is your income range? Under \$20,000 ___ /\$20-39,000 ___ /\$40-59,000 ___ /\$60-80,000 ___ / Over \$80,000 ___

(Axis V) SELF-ASSESSMENT OF FUNCTIONING: Please rate (from 1-10) how well you feel you are currently functioning in each of the three areas listed below, according to the following scale:

10 ----- 9 ----- 8 ----- 7 ----- 6 ----- 5 ----- 4 ----- 3 ----- 2 ----- 1

Excellent Functioning Mild difficulty Moderate difficulty Severe Difficulty Barely able to function

1. General Mood (Depression, Anxiety, etc.) _____ **2. Social Relationships?** _____ **3. Daily work or school?** _____

AXIS I: DSM-IV: Self-Report Checklist of Preliminary Items for Major Categories

Initials _____

In the last month has there been a period of time (of 2 weeks or more) when you were feeling depressed or down most of the day nearly every day? No Yes
 Have you felt a lot less interested in things or unable to enjoy the things you used to enjoy? (Was it most of the day nearly every day for at least two weeks?) No Yes

For two years or more, have you been bothered by depressed mood most of the day, more days than not? No Yes

Have you felt any of the following? Please check:

Pronounced weight loss or weight gain	_____	Difficulty concentrating/indecisive	_____
Sleeping too much or too little	_____	Recurrent thoughts of death, dying	
		or hurting yourself	_____
Fidgety/Agitated or restless behavior	_____	Making a plan for suicide	_____
Feeling slowed down, sluggish	_____	Taking some action toward suicide	_____
Feelings of worthlessness or excessive guilt	_____	Fatigue or loss of energy	_____

Have you ever before had a 2 week period when you were feeling depressed or down more days than not? No Yes

In the last month, has there been a period of time when you were feeling so good, high, excited or hyper that other people thought you were not your normal self or you got into trouble? (Did anyone say you were manic? Was that more than just feeling good?) No Yes
 Has there been a period of time when you felt so irritable that you shouted at people or started fights/arguments? .. No Yes

Have you **ever** had a time when you were feelings so good or hyper that other people thought you were not your normal self or you were so hyper that you got into trouble: (Did anyone say you were manic, then?) No Yes

Have you had any unusual experiences, for example did it ever seem like people were talking about you or taking special notice of you? No Yes
 What about receiving special messages from people or from the way things were arranged around you, or from the newspaper, radio, or TV? No Yes

Other than when you were depressed or feeling high, has there been a time when you heard voices, had visions, or saw or smelled things that others couldn't see or smell? No Yes
 Or did you do something to call attention to yourself like dressing in some odd way or doing something strange? .. No Yes

Was there ever a period in you life when you drank too much? (Has alcohol ever caused problems for you?) No Yes
 Has anyone ever objected to your drinking - or a doctor told you to stop drinking? No Yes
 Have you gone 'on the wagon' or ever tried to cut down on your drinking? No Yes

Have you used any street drugs, or used prescription drugs in an amount or way that wasn't prescribed? No Yes
 If street drug: Has there ever been a time when you took it at least ten times in a one month period of time? No Yes
 If prescribed: Did you ever get hooked/dependent? No Yes

Axis I: Continued

Initials _____

Have you ever had a panic attack, when you felt frightened, anxious, uncomfortable, worried about going crazy or suddenly developed a lot of physical symptoms (e.g., heart-pounding, trembling, dizziness)? No Yes
 If yes, has the panic attack been followed by persistent concern about having additional attacks, worry about the implications or consequences of the attack, or a significant change in behavior related to the attacks? No Yes

Have you ever been bothered by thoughts, impulses or images that caused anxiety and kept coming back even when you tried not to have them? No Yes
 What about awful thoughts, like hurting someone against your will, or being contaminated by germs or dirt? No Yes
 Was there ever anything that you had to do over and over again and couldn't resist doing, like washing your hands again and again, counting up to a certain number or checking something several times to make sure you'd done it right? No Yes

Is there a traumatic event or memory that keeps coming back in nightmares, flashbacks or thoughts—that you can't put out of your mind, & which continues to cause you great distress? No Yes

Have you been afraid of leaving the house alone, being in crowds, standing in line, or traveling on buses or trains? No Yes

Have you felt any of the following? Please check:

Pounding, racing heart .	___	Chest pain or discomfort ..	___	Fear of losing control, going crazy	___
Sweating	___	Nausea/abdominal distress	___	Fear of dying	___
Trembling, shaking	___	Dizzy, lightheaded or faint	___	Numbness or tingling sensation ...	___
Shortness of breath	___	Feelings of unreality or		Chills or hot flushes	___
Feelings of choking	___	detached from oneself ...	___		

Is there anything that you were ever afraid of or uncomfortable doing in front of other people like speaking, eating or writing? No Yes

Are there any other things that you have been especially afraid of such as flying, snakes, seeing blood, getting a shot, heights, closed places or certain kinds of animals or insects? No Yes

In the last six months, have you been particularly nervous or anxious? No Yes
 Do you worry a lot about terrible things that might happen? No Yes

Have you felt any of the following? Please check:

Restlessness or feeling keyed up or on edge.....	___	Irritability	___
Being easily fatigued	___	Muscle tension	___
Difficulty concentrating or mind going blank	___	Difficulty sleeping or restless sleep ...	___

Over the last several years, have you had to go to the doctor often because you weren't feeling well? No Yes
 Have you worried that something was wrong, even when a doctor told you there was nothing the matter? No Yes

Have you ever had a time when you weighed much less than other people thought you ought to weigh? No Yes
 At that time were you very afraid that you could become fat? No Yes

Have you often had times when your eating was out of control? No Yes
 Have you ever made yourself throw-up, used laxatives or exercised a lot to prevent weight gain? No Yes

Have you had trouble concentrating on things or paying attention for at least 6 months? No Yes
 Have you had symptoms of hyperactivity, impulsivity, or restlessness that has persisted for at least 6 months? No Yes

AXIS II: DSM-IV: Self-Report Checklist of Preliminary Items for Major Categories

Initials _____

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|---|--------|
| 1. Have you avoided jobs or tasks that involved having to deal with a lot of people? | No Yes |
| 2. Do you avoid getting involved with people unless you are certain they will like you? | No Yes |
| 3. Do you find it hard to be "open" even with people you are close to? | No Yes |
| 4. Do you often worry about being criticized or rejected in social situations? | No Yes |
| 5. Are you usually quiet when you meet new people? | No Yes |
| 6. Do you believe that you're not as good, as smart, or as attractive as most other people? | No Yes |
| 7. Are you afraid to try new things? | No Yes |

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| 8. Do you need a lot of advice or reassurance from others before you can make everyday decisions? | No Yes |
| 9. Do you depend on other people to handle important areas in your life such as finances, child care or living arrangements? | No Yes |
| 10. Do you find it hard to disagree with people even when you think they are wrong? | No Yes |
| 11. Do you find it hard to start work on tasks when there is no one to help you? | No Yes |
| 12. Have you often volunteered to do things that are unpleasant? | No Yes |
| 13. Do you usually feel uncomfortable when you are by yourself? | No Yes |
| 14. When a close relationship ends, do you quickly need to find someone else you can rely on? | No Yes |
| 15. Do you worry a lot about being left alone to take care of yourself? | No Yes |

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| 16. Are you the kind of person who focuses on details, order, organization or likes to make lists and schedules? ... | No Yes |
| 17. Do you have trouble finishing jobs because you spend so much time trying to get things exactly right? | No Yes |
| 18. Do you (or others) feel that you are so devoted to work (school) that you have no time for others or for fun? .. | No Yes |
| 19. Do you have very high standards about what is right and what is wrong? | No Yes |
| 20. Do you have trouble throwing things out because they might come in handy someday? | No Yes |
| 21. Is it hard for you to let other people help you unless they agree to do things exactly the way you want? | No Yes |
| 22. Is it hard for you to spend money on yourself and other people even when you have enough? | No Yes |
| 23. Are you often so sure you are right that it doesn't matter what other people say? | No Yes |
| 24. Have other people told you that you are stubborn or rigid? | No Yes |

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| 25. When someone asks you to do something that you don't want to do, do you then work slowly or do a bad job? | No Yes |
| 26. Often, if you don't want to do something, do you just "forget" to do it? | No Yes |
| 27. Do you often feel that other people don't understand you, or don't appreciate how much you do? | No Yes |
| 28. Are you often grumpy and likely to get into arguments? | No Yes |
| 29. Have you found that most of your bosses, teachers, doctors, and others who are supposed to know what they are doing, really don't? | No Yes |
| 30. Do you often think that it's not fair that other people have more than you do? | No Yes |
| 31. Do you often complain that more than your share of bad things have happened to you? | No Yes |
| 32. Do you angrily refuse to do what others want and then later feel bad and apologize? | No Yes |

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| 33. Do you usually feel unhappy or like life is no fun? | No Yes |
| 34. Do you believe that you are basically an inadequate person and often don't feel good about yourself? | No Yes |
| 35. Do you often put yourself down or blame yourself for things that haven't worked out? | No Yes |
| 36. Are you a worrier? | No Yes |
| 37. Do you often judge others harshly and easily find fault with them? | No Yes |
| 38. Do you think that most people are basically no good? | No Yes |
| 39. Do you almost always expect things to turn out badly? | No Yes |
| 40. Do you often feel guilty about things you have or haven't done? | No Yes |

Axis II: Continued

Initials _____

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|---|--------|
| X1. Have you repeatedly been involved with friends or lovers who have taken advantage of you or let you down? | No Yes |
| X2. Have you sometimes gotten into bad situations where you wound up being taken advantage of? | No Yes |
| X3. Do you often refuse help from other people because you don't want to bother them? | No Yes |
| X4. When people try to help you, do you find it hard to accept or do you make it hard for them to help you? | No Yes |
| X5. When you are successful, do you feel depressed or like you don't deserve it, or do something to spoil it? | No Yes |
| X6. Do you often turn down the chance to do things that you really enjoy? | No Yes |

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|---|--------|
| 41. Do you often have to keep an eye out to stop people from using you or hurting you? | No Yes |
| 42. Do you spend a lot of time wondering if you can trust your friends or the people you work with? | No Yes |
| 43. Do you find that it is best not to confide in others because they will use it against you? | No Yes |
| 44. Do you often pick up hidden threats or insults in what people say or do? | No Yes |
| 45. Are you the kind of person who holds grudges or takes a long time to forgive when insulted or slighted? | No Yes |
| 46. Are there many people that you can't forgive because they did or said something to you a long time ago? | No Yes |
| 47. Do you often get angry or lash out when someone criticizes or insults you in some way? | No Yes |
| 48. Have you often suspected that your spouse or partner has been unfaithful? | No Yes |

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|---|--------|
| 49. When you are out in public and see people talking, do you often feel that they are talking about you? | No Yes |
| 50. Do you often feel that things that have no special meaning to most people are really meant to give you a message? | No Yes |
| 51. Do you often detect hidden messages in seemingly unrelated events? | No Yes |
| 52. Have you ever felt that you could make things happen just by making a wish or thinking about them? | No Yes |
| 53. Have you had personal experiences with the supernatural? | No Yes |
| 54. Do you believe that you have a 'sixth sense' that allows you to know or predict things that others can't? | No Yes |
| 55. Do you often think that objects or shadow are really people or animals or that noises are actually voices? | No Yes |
| 56. Have you had the sense that some person or force is around you, even though you cannot see anyone? | No Yes |
| 57. Do you often see auras or energy fields around people? | No Yes |
| 58. Are there very few people that you are really close to outside of your immediate family? | No Yes |
| 59. Do you often feel nervous when you are with other people? | No Yes |

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| 60. Is it NOT important to you whether you have any close relationships, including being part of a family? | No Yes |
| 61. Would you almost always rather do things alone than with other people? | No Yes |
| 62. Could you be content without ever being sexually involved with another person? | No Yes |
| 63. Are there really very few things that give you a lot of pleasure? | No Yes |
| 64. Does it not matter to you what people think of you? | No Yes |
| 65. Do you find that nothing makes you very happy or very sad? | No Yes |

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|---|--------|
| 66. Are you uncomfortable if you are not the center of attention? | No Yes |
| 67. Do you flirt a lot? | No Yes |
| 68. Do you often find yourself "coming on" to people? | No Yes |
| 69. Do you try to draw attention to yourself by the way you dress or look? | No Yes |
| 70. Do you often make a point of being dramatic and colorful? | No Yes |
| 71. Do you often change your mind about things (opinions) depending on the people you're with or what you have just read or seen on TV? | No Yes |
| 72. Do you have lots of friends that you are very close to? | No Yes |

Axis II continued

Initials _____

73. Do most people fail to appreciate your very special talents or accomplishments?	No Yes
74. Have people told you that you have too high an opinion of yourself?	No Yes
75. Do you think a lot about the power, fame, or recognition that will be yours someday?	No Yes
76. Do you think a lot about the perfect romance that will be yours someday?	No Yes
77. When you have a problem, do you almost always insist on seeing the top person?	No Yes
78. Do you feel it's important to spend time with people who are special or influential?	No Yes
79. Is it very important to you that people pay attention to you or admire you in some way?	No Yes
80. Do you think that it's not necessary to follow certain rules or social conventions when they get in your way?	No Yes
81. Do you feel that you are the kind of person who deserves special treatment?	No Yes
82. Do you often find it necessary to step on a few toes to get what you want?	No Yes
83. Do you often have to put your needs above other people's?	No Yes
84. Do you often expect other people to do what you ask without question because of who you are?	No Yes
85. Are you NOT really interested in other people's problems or feelings?	No Yes
86. Are you often envious of others?	No Yes
87. Do you feel that others are often envious of you?	No Yes
88. Do you find that very few people are worth your time and attention?	No Yes

89. Have you often become frantic when you thought that someone you really care about was going to leave you?	No Yes
90. Do your relationships with people you really care about have a lot of extreme ups and downs?	No Yes
91. Have you abruptly changed your sense of who you are and where you are headed?	No Yes
92. Does your sense of who you are often change dramatically?	No Yes
93. Have there been lots of sudden changes in your goals, career plans, religious beliefs, and so on?	No Yes
94. Have you often done things impulsively (e.g., spending, sex, reckless driving)?	No Yes
95. Have you tried to hurt or kill yourself or threatened to do so?	No Yes
96. Have you ever cut, burned or scratched yourself on purpose?	No Yes
97. Are you a 'moody' person?	No Yes
98. Do you often feel empty inside?	No Yes
99. Do you often have temper outbursts or get so angry that you lose control?	No Yes
100. Do you hit people or throw things when you get angry?	No Yes
101. Do even little things get you very angry?	No Yes
102. When you are under a lot of stress, do you get suspicious of other people or feel especially spaced out?	No Yes

BEFORE THE AGE OF 15 DID YOU EVER DO ANY OF THE FOLLOWING:

103. Did you bully or threaten other kids?	No Yes
104. Did you start fights?	No Yes
105. Did you hurt or threaten someone with a bat, brick, broken bottle, knife or a gun?	No Yes
106. Did you ever deliberately try to cause someone physical pain and suffering?	No Yes
107. Did you torture or hurt animals on purpose?	No Yes
108. Did you ever rob, mug or forcibly take something from someone by threatening him or her?	No Yes
109. Did you ever force someone to have sex with you?	No Yes
110. Did you set fires?	No Yes
111. Did you deliberately destroy things that weren't yours?	No Yes
112. Did you ever break into a house, other buildings, or cars?	No Yes
113. Did you lie a lot or "con" other people?	No Yes
114. Did you sometimes steal, shoplift things or forge someone's signature?	No Yes
115. Did you run away from home and stay away overnight?	No Yes
116. Would you often stay out very late, long after the time you were supposed to be home?	No Yes
117. Did you often skip school?	No Yes