Name: _____
Date: _____

Please briefly state why you are seeking counseling:

_____
_____
_____

Please check if applies:

(0 - None, 1 - Mild, 2 - Moderate, 3 - Severe)

Recently experienced	0	1	2	3	Ever experienced	You	Family
Depression					Chronic illness		
Anxiety					Alcoholism		
Anger					Drug addiction		
Fear					Mental illness		
Change in sleep					Suicide attempts		
Change in appetite					Sexual abuse		
Poor concentration					Physical abuse		
Suicidal thoughts or impulses					Infidelity		
Substance abuse/dependency					Recent death of someone close to you		

Please rate the following:

In my life, I feel like I'm
Failing 1 - 2 - 3 - 4 - 5 Succeeding
My life feels
Futile 1 - 2 - 3 - 4 - 5 Meaningful
During my days, I walk around feeling
Dissatisfied 1 - 2 - 3 - 4 - 5 Satisfied
During my days, I walk around feeling
Uneasy 1 - 2 - 3 - 4 - 5 At ease
My emotions feel
Numb 1 - 2 - 3 - 4 - 5 Overwhelming
My moods & feelings have been
Inconsistent 1 - 2 - 3 - 4 - 5 Consistent
I feel _____ in controlling my thinking & moods
Helpless 1 - 2 - 3 - 4 - 5 Effective
I feel _____ in impacting my relationships & circumstances
Helpless 1 - 2 - 3 - 4 - 5 Effective
My feelings & attitudes towards others have been
Inconsistent 1 - 2 - 3 - 4 - 5 Consistent
I have been _____ toward family & friends
Isolative 1 - 2 - 3 - 4 - 5 Engaged

Is there anything else you'd like me to know about you &/or your circumstances?

_____
_____
_____

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