

## Adult New Patient Questionnaire

Date Completed \_\_\_\_\_

To What Extent Are You Experiencing D	No Difficulty	A Little	Moderate	Quite a Bit	Extreme
getting places on time handling money, making everyday decisions.)					
example shopping, cooking, laundry, cleaning other chores.)					
performance level, finding/keeping a job.)					
performance, completing assignments, attendance)					
Leisure time or recreational activities					
example separation, divorce, moving, new job, new school, a death)					
Relationships with family members					
Getting along with people outside of the family					
Isolation or feelings of loneliness					
Being able to feel close to others					
Recognizing and expressing emotions appropriately					
Developing independence, autonomy					
Goals or direction in life					
Lack of self-confidence					
Apathy, lack of interest in things.					
Depression, hopelessness					
Suicidal feelings or behavior					
headaches, aches and pains, sleep disturbances, stomach aches,					
Fear, anxiety or panic					
Confusion, difficulty with concentration, memory					

To What Extent Are You Experiencing D	No Difficulty	A Little	Moderate	Quite a Bit	Extreme
Disturbing or unreal thoughts or beliefs					
Hearing voices, seeing things					
Manic, bizarre behavior					
Mood swings, unstable moods					
(For example eating disorder, hand washing, hurting yourself					
Sexual Activity or pre-occupation					
Drinking alcoholic beverages					
Taking illegal drugs, misusing prescription drugs					
Controlling temper, outbursts or anger, violence					
Impulsive, illegal or reckless behavior					
Feeling satisfaction with your life					