

**ADULT INTAKE QUESTIONNAIRE**

In life there are many stressors which impact us. Below are some common stressors that people face. Please check all that may apply to you and include a brief explanation. Feel free to use additional paper or the back of the form if the explanation box is too small. Keep in mind you'll have time to verbally elaborate on these matters during your first meeting.

<b>Yes</b>	<b>Stressor</b>	<b>Explanation</b>
	Have you experienced domestic violence?	
	Are you involved with any legal issues (e.g.: custody issues, criminal charges)?	
	Are or have you abused any drugs and/or alcohol?	
	Do you experience cultural isolation (e.g.: discrimination, rejection, isolation)?	
	Are you at risk of homelessness?	
	Have you experienced a recent separation or divorce?	
	Have you experienced a recent move?	
	Have there been any new additions to your family through birth, adoption, blending of families, etc.?	
	Is anyone in the family experiencing chronic illness?	
	Is anyone in the family dealing with mental illness?	
	Has there been a recent death in the family?	
	Is your family experiencing financial problems?	
	Have you experienced any recent changes in school, work, relocation, etc.?	

**What are your strengths?** For example, what are you good at? How would you describe your personality? What do you like to do?

**Where do you get your support from?** Where or to whom do you reach out when needing support (e.g.: family, church, friends)?

Below is a list of complaints or problems which people sometimes have.

**Column One:** Please choose a number between 1-5 that best describes how much distress or negative consequence that the problem has caused you during the recent weeks. Rating levels:

1 = none, 2 = a little, 3 = moderate, 4 = quite a bit, 5 = extreme

**Column Two and Three (only for items that are or have been a problem for you):**

**Column Two:** For any items that are distressful for you, please add the date of onset (mm/yy).

**Column Three:** If this is a new problem or return of a previous problem, indicate this (N for new, R for return). If the item is not currently a problem, but has been a problem in the past, indicate P (P for past).

Examples:

Descriptor: Use of alcohol:

- Distress: 4 (e.g., regularly late to work, on verge of loosing job)
- Onset: 11/09
- N (New problem)

Descriptor: Headaches:

- Distress: 2 (e.g., approximately 1 time/week, uncomfortable)
- Onset: 12/10
- R (Return; had headaches as a child)

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Descriptor	Distress (1-5)	Onset?	N/R/P?
Use of alcohol			
Use of street drugs			
Use of prescription drugs (addition; not taken as directed)			
General nervousness/anxiousness			
Fear of being home alone			
Fear related to going out of the house			
Afraid of being in crowded places			
Anxiety in front of others (e.g. speaking, eating)			
Specific fears (e.g., heights, closed places, insects, crossing bridges, traveling in a car)			
Avoiding situations due to fears/anxiety			
Thoughts that don't make sense or that keep coming back despite trying not to have them			
Having to do something over and over (washing, counting, checking)			
Eating that is out of control or a problem (either you or others feel this is true – rapid, large amounts, hiding eating from others)			
Frequently sad or tearful			
Feeling down most of the day, for days in a row			
Loss of interest/pleasure in previously enjoyable activities (ex: hobbies, time with friends)			
Unable to lift mood, even for a little while, even when something good happens			
Loss of appetite, unexpected weight loss			
Gain/increase of appetite, weight gain			
Inability or disturbance in normal sleep			
Sleeping too much			
Feeling fidgety/restless			
Talking or moving slowly			
Fatigue, low energy			
Feeling worthless or guilty			
Difficulty concentrating or thinking clearly			
Difficulty making decisions			
Sensitivity to rejection or criticism (in your judgment, more so than others)			
Several days of feeling “high”, “excited”, “irritable”, or “hyper” such that others thought you were not yourself or you got into trouble	_____	_____	_____
If you have experienced the above descriptor, during that time period, did you:			
- Feel more self-confident?	Yes    No		
- Notice special powers or abilities?	Yes    No		
- Need less sleep than usual?	Yes    No		

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Descriptor	Distress (1-5)	Onset?	N/R/P?
- More talkative than usual?	Yes No		
- Feel your thoughts were racing?	Yes No		
- Easily distracted?	Yes No		
- Trouble concentrating, staying on track?	Yes No		
- Especially productive?	Yes No		
- Engage in risky sexual behavior?	Yes No		
- Do anything that caused trouble or that others thought was reckless/irresponsible?	Yes No		
Suddenly felt frightened/anxious or developed physical symptoms of panic?	_____		
Do you worry about this happening again?	Yes No		
Worry that something might be terribly wrong with you, like having a heart attack or you were going crazy			
Feeling suddenly scared for no reason			
Heart racing, pounding or skipping beats			
Trembling and shaking			
Unusual sweating			
Shortness of breath			
Feeling as if choking			
Chest pain/pressure			
Nausea or upset stomach			
Abdominal distress (diarrhea)			
Dizzy, unsteady, feeling like you will faint			
Headaches or migraines			
Things feeling unreal			
Feeling detached from surroundings or your body			
Afraid you might lose control/go crazy			
Afraid you might die			
Numbness or tingling			
Hot flashes or chills			
Worry about a number of bad things that might happen			
Difficulty with stopping worry			
Significant worries about physical health			
Bothered by how you look/physical features			
Feeling disgusted, guilty, or depressed about your eating			
Compensatory behaviors to control weight (e.g., vomit, laxatives, enemas, fasting)			
Loss of sexual interest/pleasure			
The idea that someone else can control your thoughts			
Difficulty remembering things			
Thoughts of ending your life			

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<b>Descriptor</b>	<b>Distress (1-5)</b>	<b>Onset?</b>	<b>N/R/P?</b>
Hearing voices others do not hear			
Seeing things or people others do not see			
Crying easily			
Having ideas or beliefs others do not share			
Having urges to break or smash things			
Having frequent conflict with others			
Hurting or threatening to hurt or kill others			
Waking up at night in a panic; having nightmares			
Any comments about these symptoms?			
IF YOU HAVE EXPERIENCED A TRAUMA, complete the following questions about symptoms that may have commenced after the traumatic experience(s)			
Thinking about trauma when you didn't want to			
Finding yourself feeling/acting as if you were back in the traumatic situation			
Getting upset if something reminds you of the Trauma			
Physical distress when reminded of trauma			
Have to make an effort to avoid thinking/talking about what happened?			
Staying away from reminders of the trauma			
Unable to remember parts of what happened			
Less interested in doing things after the event			
Felt distant or cut off from others			
Feeling numb or no strong feelings for anyone/ anything			
Change in thinking/planning for future			
Trouble sleeping			
Increased irritability			
Trouble concentrating			
Feeling watchful/on-guard			
Jumpy/easily startled			
Any comments about the trauma or related symptoms?			

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Descriptor	Distress (1-5)	Onset?	N/R/P?
Any other things that are currently bothering you that I should know about?			

Name: \_\_\_\_\_ Date: \_\_\_\_\_