

Therapist:

Sex:

Session #:

Client #:

UNL COUPLE AND FAMILY CLINIC

Individual Adult Intake

The first section will focus on individual depression and anxiety over the last 2 weeks. Information is confidential.

	<i>All the time</i>	<i>Most times</i>	<i>More than half the time</i>	<i>Less than half the time</i>	<i>Sometimes</i>	<i>At no time</i>
1. Have you felt low in spirits or sad?.....	5	4	3	2	1	0
2. Have you lost interest in your daily activities?	5	4	3	2	1	0
3. Have you felt lacking in energy and strength?	5	4	3	2	1	0
4. Have you felt less self- confident?	5	4	3	2	1	0
5. Have you had a bad conscience or feelings of guilt?	5	4	3	2	1	0
6. Have you felt that life wasn't worth living?	5	4	3	2	1	0
7. Have you had difficulty in concentrating, e.g. when	5	4	3	2	1	0
reading the newspaper or watching TV?						
8. (A) Have you felt very restless	5	4	3	2	1	0
(B) Have you felt subdued or slowed down?	5	4	3	2	1	0
9. Have you had trouble sleeping at night?	5	4	3	2	1	0
10. (A) Have you suffered from reduced appetite?	5	4	3	2	1	0
(B) Have you suffered from increased appetite?	5	4	3	2	1	0

	<i>Not at all</i>	<i>Several days</i>	<i>More than half the days</i>	<i>Nearly every day</i>
1. Feeling nervous, anxious or on edge.....	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things.....	0	1	2	3
4. Trouble relaxing.....	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

	<i>Not Difficult</i>	<i>Somewhat</i>	<i>Very</i>	<i>Extremely</i>
8. How difficult have these problems made it for you to do your work, take care of the home, or get along with others?	0	1	2	3

The next section will focus on change.

Please indicate the extent to which you tend to agree or disagree with each statement as a description of you right now.

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Undecided</i>	<i>Agree</i>	<i>Strongly Agree</i>
1. I am doing something about the problems that have been bothering me	1	2	3	4	5
2. I am really working hard to change	1	2	3	4	5
3. I wish I had more ideas on how to solve the problem.....	1	2	3	4	5
4. I have started working on my problems but I would like help.....	1	2	3	4	5
5. Maybe this place will be able to help me	1	2	3	4	5
6. I may be part of the problems, but I don't really think I am	1	2	3	4	5
7. I hope that someone here will have some good advice for me.....	1	2	3	4	5
8. Anyone can talk about changing; I'm actually doing something about it.....	1	2	3	4	5
9. All this talk about psychology is boring. Why can't people just forget about	1	2	3	4	5
their problems?					
10. I have worries but so does the next guy. Why spend time thinking about them?	1	2	3	4	5
11. I am actively working on my problem.....	1	2	3	4	5
12. I would rather cope with my faults than try to change them.....	1	2	3	4	5

The next section will focus on the stress, sexuality, health, sleep.

The questions in this scale ask you about your **feelings and thoughts** during the last month.

		<i>Never</i>	<i>Almost Never</i>	<i>Sometimes</i>	<i>Fairly Often</i>	<i>Very Often</i>
1. How often have you been upset because of something that happened unexpectedly?.....	0	1	2	3	4	
2. How often have you felt that you were unable to control the important things in your life?.....	0	1	2	3	4	
3. How often have you felt nervous and "stressed"?.....	0	1	2	3	4	
4. How often have you felt confident about your ability to handle your personal problems?.....	0	1	2	3	4	
5. How often have you felt that things were going your way?.....	0	1	2	3	4	
6. How often have you found that you could not cope with all the things that you had to do?.....	0	1	2	3	4	
7. How often have you been able to control irritations in your life?.....	0	1	2	3	4	
8. How often have you felt that you were on top of things?	0	1	2	3	4	
9. How often have you been angered because of things that were outside of your control?.....	0	1	2	3	4	
10. How often have you felt difficulties were piling up so high that you could not overcome them?	0	1	2	3	4	

How often have you experienced the following symptoms over the last two months? *Never*-----*Often*

1. Sexual problems.....	0	1	2	3
2. Low sex drive.....	0	1	2	3
3. Sexual over-activity	0	1	2	3
4. Not feeling satisfied with your sex life	0	1	2	3
5. Having sex that you didn't enjoy	0	1	2	3
6. Bad thoughts or feelings during sex.....	0	1	2	3
7. Being Confused about your sexual feelings.....	0	1	2	3
8. Sexual feelings when you shouldn't have them	0	1	2	3

1. Would you be willing to report your: Height: _____ Weight: _____

2. Circle the best answer. In general, would you say your health is *Excellent* *Very Good* *Good* *Fair* *Poor*

3. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? Circle the best answer.

- a. Moderate activities, (e.g. moving a table, vacuuming, or golf) *Yes, limited a lot* *Yes, limited a little* *No, not at all*
- b. Climbing several flights of stairs *Yes, limited a lot* *Yes, limited a little* *No, not at all*

4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health (such as feeling depressed or anxious)?

- a. Accomplished less than you would like *Yes* *No*
- b. Were limited in the kind of work or other activities *Yes* *No*

5. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

- a. Accomplished less than you would like *Yes* *No*
- b. Did work or other activities less carefully than usual *Yes* *No*

6. During the past 4 weeks, how much did pain interfere with your normal work (including both housework and work outside the home)? Circle the best answer.

Not at all *A little bit* *Moderately* *Quite a bit* *Extremely*

7. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks

	<i>All of the time</i>	<i>Most of the time</i>	<i>A good bit of the time</i>	<i>Some of the time</i>	<i>A little of the time</i>	<i>None of the time</i>
a. Have you felt calm and peaceful?	1	2	3	4	5	6
b. Did you have a lot of energy?	1	2	3	4	5	6
c. Have you felt downhearted and blue?	1	2	3	4	5	6

8. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)? Circle the best answer.

All of the time *Most of the time* *Some of the time* *A little of the time* *None of the time*

How often during the past 4 weeks did you...

	<i>All of the time</i>	<i>Most of the time</i>	<i>Some of the time</i>	<i>A little of the time</i>	<i>None of the time</i>
1. Get enough sleep to feel rested upon waking in the morning?.....	1	2	3	4	5
2. Awaken short breath or with a headache?.....	1	2	3	4	5
3. Have trouble falling asleep?	1	2	3	4	5
4. Awaken during your sleep time and have trouble falling asleep?	1	2	3	4	5
5. Have trouble staying awake during the day?	1	2	3	4	5
6. Get the amount of sleep you needed?	1	2	3	4	5

This section will focus on demographics.

1. Your birthday: _____ 2. Your Sex: _____ 3. Your Racial/Ethnic Group (Specify): _____

4. Your current relationship/marital status is: Circle the best answer.

- A. *Single/Never Married* B. *Married* C. *Divorced* D. *Separated*
 E. *Widowed* F. *Significant Other Heterosexual* G. *Significant Other Homosexual*

5. If you are married or living together, how long have you been with your current partner (years & months)? _____.

6. Please provide the following information about significant family members.

<u>Name</u>	<u>Sex</u>	<u>Age</u>	<u>Race</u>	<u>Relationship</u>	<u>Who does this person live with?</u>	
_____	M - F	_____	_____	_____	You	Other parent/guardian On their own/with family
_____	M - F	_____	_____	_____	You	Other parent/guardian On their own/with family
_____	M - F	_____	_____	_____	You	Other parent/guardian On their own/with family
_____	M - F	_____	_____	_____	You	Other parent/guardian On their own/with family

7. What is your current occupation? (Please specify) _____

8. What is the highest level of education you attained? Circle the best answer.

- A. *Junior High School or less* B. *GED/High School* C. *Vocational/Technical School*
 D. *Associate Degree/2 years* E. *Bachelor Degree* F. *Graduate/Professional Degree*

20. Do you consider the problems that brought you to therapy to be the responsibility of:

A. Yourself

B. Your spouse/partner

C. One of your children

F. You and your spouse/partner

E. The whole family

21. Who referred you to the Couple and Family Clinic? Circle the best answer.

A. Friend

B. Spouse/Partner

C. Teacher

D. Minister/Clergy

E. Physician

F. Former/Current Client

G. Self-Referral

H. Advertising (specify) _____

Other: _____

22. Have you hired a lawyer or are you in litigation? Circle the best answer.

YES

NO

23. Are you currently in counseling with another therapist? Circle the best answer.

YES

NO

24. Emergency Contact:

Name: _____ Relationship: _____

Phone number: _____