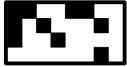


FAMILY/SOCIAL RELATIONSHIPS (continued)



41616

SerialNumber:

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Site:	Name Code:	ID Number:	Date of Assessment:	(mm/dd/yyyy)

Have you had significant periods in which you have experienced serious problems getting along with:

A. Past 30 days

B. In your life

- | | | | |
|--|--|---|--|
| <p>F18. Mother</p> <p>F19. Father</p> <p>F20. Brothers/sisters</p>
<p>F21. Sexual partner/spouse</p> <p>F22. Children</p> <p>F23. Other significant family:
(specify) <input style="width: 150px; height: 20px;" type="text"/></p> <p>F24. Close friends</p> <p>F25. Neighbors</p> <p>F26. Co-workers</p> | <p style="text-align: center;">○ 1-Yes ○ 0-No</p> <p style="text-align: center;">○ 1-Yes ○ 0-No</p> <p style="text-align: center;">○ 1-Yes ○ 0-No</p>
<p style="text-align: center;">○ 1-Yes ○ 0-No</p> <p style="text-align: center;">○ 1-Yes ○ 0-No</p> <p style="text-align: center;">○ 1-Yes ○ 0-No</p>
<p style="text-align: center;">○ 1-Yes ○ 0-No</p> <p style="text-align: center;">○ 1-Yes ○ 0-No</p> <p style="text-align: center;">○ 1-Yes ○ 0-No</p> | <p>"Serious problems" mean those that endangered the relationship.</p> <p>A "problem" <u>requires contact of some sort</u>, either by telephone or in person.</p> | <p style="text-align: center;">○ 1-Yes ○ 0-No</p> <p style="text-align: center;">○ 1-Yes ○ 0-No</p> <p style="text-align: center;">○ 1-Yes ○ 0-No</p>
<p style="text-align: center;">○ 1-Yes ○ 0-No</p> <p style="text-align: center;">○ 1-Yes ○ 0-No</p> <p style="text-align: center;">○ 1-Yes ○ 0-No</p>
<p style="text-align: center;">○ 1-Yes ○ 0-No</p> <p style="text-align: center;">○ 1-Yes ○ 0-No</p> <p style="text-align: center;">○ 1-Yes ○ 0-No</p> |
|--|--|---|--|

Did anyone abuse you:	A. <u>Past 30 days</u>	B. <u>In your life</u>
F28. Physically (cause you physical harm)?	○ 1-Yes ○ 0-No	○ 1-Yes ○ 0-No
F29. Sexually (force sexual advances/acts)?	○ 1-Yes ○ 0-No	○ 1-Yes ○ 0-No

Comments:

Please PRINT CLEARLY

1	2	3	4	5	6	7	8	9	0
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A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z



41616

FAMILY/SOCIAL RELATIONSHIPS (continued)

Approved 10/24/00

Page 13 of 16

SerialNumber:

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Site:	Name Code:	ID Number:	Date of Assessment: (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

F30. How many days in the past 30 have you had serious conflicts with your family?

For questions F32-34, please ask patient to use the Patient's Rating Scale

F32. How troubled or bothered have you been in the past 30 days by these family problems? 0 1 2 3 4

F34. How important to you *now* is treatment or counseling for these family problems? 0 1 2 3 4

F31. How many days in the past 30 have you had serious conflicts with other people (excluding family)?

For questions F33-35, ask the patient to use the patient's rating scale

F33. How troubled or bothered have you been in the past 30 days by social problems? 0 1 2 3 4

Patient is rating his/her need for counseling for family problems, not whether they would be willing to attend.

F35. How important to you *now* is treatment or counseling for these social problems? 0 1 2 3 4

- Include patient's need to seek treatment for such social problems as loneliness, inability to socialize, and dissatisfaction with friends. Patient rating should refer to dissatisfaction, conflicts, or other serious problems.

CONFIDENCE RATINGS

Is the above information significantly distorted by:

F37. Patient's misrepresentation? 1-Yes 0-No

F38. Patient's inability to understand? 1-Yes 0-No

Comments:

Please
PRINT CLEARLY

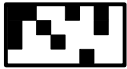
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N	O	P	Q	R	S	T	U	V	W	X	Y	Z

PSYCHIATRIC STATUS

SerialNumber:

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41616

Site:	Name Code:	ID Number:	Date of Assessment:	(mm/dd/yyyy)

How many times have you been treated for any psychological or emotional problems?

* P1. In a hospital or inpatient setting?

* P2. As an outpatient or private patient

P3. Do you receive a pension for a psychiatric disability? 1-Yes 0-No

Do not include substance abuse, employment, or family counseling.

Treatment episode=a series of more or less continuous visits or treatment days, not the number of visits or treatment days.

Enter diagnosis in comments if known.

Have you had a significant period of time, (that was not a direct result of drug/alcohol use), in which you have:

A. Past 30 days

B. In your life

- P4. Experienced serious depression-sadness, hopelessness, loss of interest, difficulty with daily function? 1-Yes 0-No
- P5. Experienced serious anxiety/tension-uptight, unreasonably worried, inability to feel relaxed? 1-Yes 0-No
- P6. Experienced hallucinations-saw things or heard voices that were not there? 1-Yes 0-No
- P7. Experienced trouble understanding, concentrating, or remembering? 1-Yes 0-No

- 1-Yes 0-No
- 1-Yes 0-No
- 1-Yes 0-No
- 1-Yes 0-No

- P8. Experienced trouble controlling violent behavior including episodes of rage, or violence? 1-Yes 0-No
- P9. Experienced serious thoughts of suicide? 1-Yes 0-No
 - Patient seriously considered a plan for taking his/her life.
- P10. Attempted suicide? 1-Yes 0-No
 - Include actual suicidal gestures or attempts
- P11. Been prescribed medication for any psychological/emotional problem? 1-Yes 0-No
 - Prescribed for the patient by MD.

- 1-Yes 0-No
- 1-Yes 0-No
- 1-Yes 0-No
- 1-Yes 0-No

For questions P8-10, patient could have been under the influence of alcohol/drugs.

Record "Yes" if a medication was prescribed *even if* the patient is not taking it.

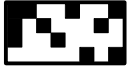
Comments:

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N	O	P	Q	R	S	T	U	V	W	X	Y	Z

PSYCHIATRIC STATUS (continued)



41616

SerialNumber:

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Site:	Name Code:	ID Number:	Date of Assessment: (mm/dd/yyyy)
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P12. How many days in the past 30 have you experienced these psychological or emotional problems?

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- This refers to problems noted in question P4-10

For questions P13 & 14, please ask patient to use the Patient's Rating Scale

P13. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days? 0 1 2 3 4

- Patient should be rating the problem days from question P12

P14. How important to you *now* is treatment for these psychological or emotional problems? 0 1 2 3 4

CONFIDENCE RATINGS

Is the above information significantly distorted by:

P22. Patient's misrepresentation? 1-Yes 0-No

P23. Patient's inability to understand? 1-Yes 0-No

Comments:

Please
PRINT CLEARLY

1	2	3	4	5	6	7	8	9	0
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N	O	P	Q	R	S	T	U	V	W	X	Y	Z

CODES



41616

SerialNumber:

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Site:	Name Code:	ID Number:	Date of Assessment: (mm/dd/yyyy)
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Patient Rating Scale	Comments (include question number)
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<p>0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely</p>	
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Hollingshead Categories

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. Higher executive, major professional, owner of large business. 2. Business manager if medium sized business, lesser professionals, i.e., nurses, opticians, pharmacists, social workers, teachers. 3. Administrative personnel, manager, minor professionals, owner/Proprietor of small business, i.e., bakery, car dealership, engraving business, plumbing business, florist, decorator, actor, reporter, travel agent. 4. Clerical and sales, technicians, small businesses (bank teller, bookkeeper, clerk, draftsman, timekeeper, secretary). 5. Skilled manual-usually having had training (barber, brakeman, chef, electrician, fireman, machinist, mechanic, paperhanger, painter, repairman, tailor, welder, police, plumber). 6. Semi-skilled (hospital aide, painter, bartender, bus driver, cutter, cook, drill press, garage guard, checker, waiter, spot welder, machine operator). 7. Unskilled (attendant, janitor, construction helper, unspecified labor, porter, include unemployed). 8. Homemaker. 9. Student, disabled, no occupation. | |
|--|--|

**Please
PRINT CLEARLY**

1	2	3	4	5	6	7	8	9	0
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A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z