

1. Your Information

Please be sure to read the instructions on the next page before you start the questionnaire. Thank you.

1. Your first name and last name initial:

2. Your cell phone #:

3. Your therapist's name:

2. Adult Comprehensive Assessment

This is a comprehensive mental health screening. This questionnaire itself is not diagnostic, but it is used by a qualified psychotherapist to assist in the process of diagnosis.

We recommend completing the survey in one sitting. The estimated completion time is 10-30 minutes.

INSTRUCTIONS:

Please respond to every statement on the left side of the page in all three columns on the right (Intensity, Frequency, and Duration).

You can use the tab button to move from one drop-down list to the next. The further down each drop-down list, the more serious the rating.

If the Intensity of any symptom, problem, or issue is "minimal," then select minimal in the first column and move on to the next question.

If the Intensity is mild or worse, then fill out the other two columns of Frequency and Duration.

If you are unsure of any, just leave it blank and move on to the next question.

If the statement does not apply to you, leave all three columns blank and tab to the next statement.

1. This section is about your mood and emotions.

	Intensity	Frequency	Duration
I feel frustrated, annoyed, irritated:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I feel angry:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I feel rage, or strong anger:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I feel sad, down, or "blue:"	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I feel inadequate or worthless:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I feel empty or it's difficult to feel satisfied:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I feel frightened, fearful, or scared:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I feel happier or cheerful, more than usual:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I feel euphoric, very joyous, or elated:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I feel guilt or shame:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I feel jealous or envious:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>

2. This section is about feelings and physical issues:

	Intensity	Frequency	Duration
I feel anxious, tense, or "edgy":	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I feel nervous:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I feel panicky or have panic attacks:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I feel empty:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I feel more hungry than usual:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I have a loss of appetite:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I feel tired, fatigued, or lethargic:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
My heart feels like it's pounding, skipping or racing:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I have shortness of breath or I hyperventilate:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I have pain or tightness in my chest:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I have shaking hands, knees or just feel shaky:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I feel like I'm choking or have trouble swallowing:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I sweat, have hot-cold flashes, chills, or a cold sweat:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I have butterflies in my stomach, nausea, or upset stomach:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I have numbness or tingling in my hands or feet:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I feel light-headed, like I'm going to faint or pass out:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I have dryness in my eyes or mouth:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I have acid reflux, constipation or diarrhea:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>

3. This section is about senses or other types of feelings.

	Intensity	Frequency	Duration
I feel like I'm going to go crazy or lose my mind:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I feel like I'm going to have a heart attack or stroke:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I feel like I'm going to lose control:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
Things around me feel like they are not real:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I feel like part of me is unreal:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I feel like I am not in my body, detached:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I feel like I can't trust people I'm close to:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I feel like people close to me are strangers:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I feel responsible for things that are not in my control:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I feel hopeless about the future:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I feel worthwhile, "on top of the world":	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I feel worthless:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I feel like things are "out of control":	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I feel restricted or like I'm in prison:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I feel like I know nothing or that I'm "stupid":	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I feel like something is abnormal or ugly about my looks:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I feel like I have special powers:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I feel like I have people living in my head:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I feel like I don't fit anywhere:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I feel like I'm "dirty," "evil," or "bad":	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I feel very important or	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>

special:

I feel like I am awkward,
weird, or a strange
person:

<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
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4. This section is about motivation.

	Intensity	Frequency	Duration
I have the urge to kill myself:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I have the urge to kill someone else:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I have the urge to cut myself (not for suicidal reasons):	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I have a loss of motivation to do my daily routines:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I have the urge to damage property or belongings:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I have loss of motivation to maintain my personal hygiene:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I have lost interest in doing activities I usually enjoy:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I have less self control than I used to:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I am impulsive:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I have urges to do a certain behavior:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I have urges to repeat certain behaviors:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I feel driven to do things, I can't just relax:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I have difficulty controlling a certain behavior or impulse:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I have urges to use drugs:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I have urges to use alcohol:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I have no motivation, I just lay around and do nothing:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>

COMPASS

I feel motivated to only do things that are fun:

I have the urge to eat lots of food:

I have the urge to vomit or purge food:

I have the urge to resist eating or restrict my diet:

I have to urge to exercise a lot:

5. This section is about thoughts and thinking.

	Intensity	Frequency	Duration
I think that life is not worth living or that I'd be better off dead:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I have a plan for how to kill myself:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I have thoughts about killing someone else:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I have a plan for killing someone else:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I think about death and dying, but not about suicide or homicide:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I worry about my health:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I worry about having a panic attack:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I worry about finances, school, or relationships:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
My thoughts seem like they're racing or my mind is flooded with thoughts:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I am easily distracted:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
My mind gets flooded with creative thoughts or ideas:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I have difficulty concentrating or focusing:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I worry about gaining weight:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I worry about leaving home and just being out in public:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I have fears of things like dogs, heights, needles, dentistry, flying, blood, insects, storms or other things:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I worry about being in social situations:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I worry about having to give a speech, perform in front of others, or if I have to take a test:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I worry about being rejected:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>

COMPASS

Disturbing or weird thoughts enter my mind:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
Disturbing or weird images enter my mind:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I worry that I'm going to lose control or breakdown:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I worry that I'll be responsible for something terrible, like a fire, car accident, illness, or something else:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I worry that something bad will happen if I don't do a certain behavior or routine:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
Terrible or perverse sexual thoughts enter my mind but they don't feel like my thoughts:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I worry that something is wrong with how I look:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I worry that I am or look overweight:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I worry about what other people think about me:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I worry about germs or getting contaminated by something:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I worry about being poisoned:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I have difficulty making simple decisions:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I have difficulty making big decisions:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I am a perfectionist:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I spend time organizing and planning:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I believe that others can read my mind:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I receive messages from radio, TV or other things:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I think that people can't be trusted:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I find that people are insulting or aggressive:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I don't desire or enjoy close relationships with	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>

COMPASS

others:

I prefer to do things
alone:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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I have experiences that
seem supernatural:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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I think that I am destined
to be great in some way:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Other people seem to be
envious or jealous of me:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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6. This section is about behavior.

	Intensity	Frequency	Duration
I have been getting too much sleep:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I haven't been getting enough sleep:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I have been isolating or withdrawing from people:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I am talkative, more than usual:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I am outgoing, more than usual:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I am involved in more projects or activities than usual:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I have been working on things constantly:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I avoid going places because of anxiety or panic:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I avoid socializing because of nervousness or anxiety:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I avoid being around things that make me feel nervous or anxious:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I save things or have difficulty letting go of things:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I arrange things in a certain order:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I do things in a certain way, or a particular order:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I check things repeatedly:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I spend more time than most on grooming myself, like my hair or make up:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I am late to work or school or to other things:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I don't go to work or school even though I should:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I go gambling or gamble with others:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I drink alcohol:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>

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I use drugs, either prescription or illegal, like marijuana, valium, xanax or others:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I binge on food or overeat:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I buy a lot of things at department stores or malls:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I intentionally purge or vomit after I eat:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
In order to avoid gaining weight, I use enemas, laxatives, skip meals, restrict calories, or exercise a lot:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I avoid making friends:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I avoid social situations:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I break or have broken the law:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I con other people just for fun, or to make money:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I avoid getting a job or going to school, it's just not for me:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I get into physical fights with others:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I get into verbal fights with others:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I have been arrested for making threats of violence:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I have been arrested for assault or battery:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I have been arrested for shoplifting or other theft:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I make threats to kill myself:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I like to wear sexy or provocative clothing:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I am very expressive of my feelings:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I try to remain calm during conflict:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I tend to avoid conflicts at all cost:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
I am hyperactive, fidgety,	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>

or find it hard to keep
still:

I go out of my way to get approval or to fit in:

I go out of my way to annoy people, or to stand out:

I work hard to achieve perfect results or outcomes:

7. This section is about relationships.

	No	Maybe	Yes, but not worse than usual	Yes, worse than usual
I am having problems with my child(ren) or parenting:	j0	j0	j0	j0
I am having problems with my parent(s):	j0	j0	j0	j0
I am having problems with my spouse:	j0	j0	j0	j0
I am having problems with my siblings:	j0	j0	j0	j0
I am having problems because of a family illness:	j0	j0	j0	j0
I am having problems because of the death of a loved one:	j0	j0	j0	j0
I am having problems because of life stress or demands:	j0	j0	j0	j0

Comments:

8. This section is about how well you are functioning.

	Yes, but only a little	Yes, quite a bit	Yes, a lot	Maybe or not sure	No, definately not
These symptoms, issues, or problems are upsetting or distressing to me:	jn	jn	jn	jn	jn
These symptoms, issues, or problems have caused me to be less productive at work or school.	jn	jn	jn	jn	jn
The symptoms, issues, or problems have caused me to have problems in my social life, with friends or family:	jn	jn	jn	jn	jn

Comments:

9. This section is about life events.

	Yes	No
I have been the victim of a non-violent crime:	jn	jn
I have been the victim of a violent crime:	jn	jn
I have been the victim of physical or sexual abuse:	jn	jn
I have been the victim of mental or emotional abuse:	jn	jn
I have been in, or witnessed a traumatic event:	jn	jn
I have have or have had a severe illness:	jn	jn
I have been through a family break-up or divorce:	jn	jn
I have been in a natural disaster:	jn	jn

Comments: