

Rebecca Abbott Kelley, LCSW

Please review the questions below and check the ones that you are currently experiencing or have experienced in the past.

Past Currently

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you feel depressed? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you experiencing changes in your sleep? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you experiencing changes in your appetite or eating habits? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you self-critical? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have thoughts of death or suicide? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you cry frequently? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you having difficulty concentrating or remembering things? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you feel tired or withdrawn? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you lost interest in things that you used to enjoy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever experienced a period of unusually elevated or extremely irritable mood? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever experienced decreased need for sleep? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you worry excessively? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you obsess over certain ideas? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you feel the urge to do things to relieve your anxiety? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have sleep disturbance? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have difficulty focusing? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you experience nightmares? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you often feel irritable or overwhelmed? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you ever have experiences that seem bizarre or unreal? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you experience things that others around you do not? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have difficulty with losing your place in conversations? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have trouble focusing while reading or working? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you act impulsively or speak out of turn? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you struggle with lack of organization? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are loved ones concerned about your weight? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you ever induce vomiting or use laxatives due to concern about your weight? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have difficulty in relationships? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you struggle with intense emotions? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you think you perceive things differently than most other people. |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you impulsive? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you easily frustrated? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you ever hurt yourself intentionally? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you use any drugs? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you drink alcohol? <i>(if no, then skip the rest of the questions)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you feel the need to reduce your alcohol intake? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you feel guilty about your alcohol consumption? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you ever feel annoyed by others' comments about your drinking? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you ever need alcohol first thing in the morning? |

Rebecca Abbott Kelley, LCSW

Has there been a recent event that has triggered your need to be seen in therapy? If so, please explain.

Do you have goals for therapy? If so, what are they?

Have you been in therapy before? If so, what was the experience like for you?