

Name:  
Therapist ID:

Session:  
Client #:

## AUBURN MFT CLINIC: *Individual Adult Intake*

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

	<i>Not at All</i>	<i>Several Days</i>	<i>More than Half the Days</i>	<i>Nearly Every Day</i>
1. Little interest or pleasure in doing things.....0	1	2	3	3
2. Feeling down, depressed, or hopeless .....0	1	2	3	3
3. Trouble falling or staying asleep, or sleeping too much .....0	1	2	3	3
4. Feeling tired or having little energy .....0	1	2	3	3
5. Poor appetite or overeating .....0	1	2	3	3
6. Feeling bad about yourself, or that you are a failure or have let yourself or your family down .....0	1	2	3	3
7. Trouble concentrating on things, such as reading the newspaper or watching television .....0	1	2	3	3
8. Moving or speaking so slowly that other people could have noticed; Or being so fidgety or restless that you have been moving around a lot more than usual .....0	1	2	3	3
9. Thoughts that you would be better off dead, or of hurting yourself.....0	1	2	3	3

	<i>Not Difficult</i>	<i>Somewhat</i>	<i>Very</i>	<i>Extremely</i>
10. 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	3

  

	<i>Not at All</i>	<i>Several Days</i>	<i>More than Half the Days</i>	<i>Nearly Every Day</i>
11. Feeling nervous, anxious or on edge.....0	1	2	3	3
12. Not being able to stop or control worrying .....0	1	2	3	3
13. Worrying too much about different things .....0	1	2	3	3
14. Trouble relaxing.....0	1	2	3	3
15. Being so restless that it is hard to sit still .....0	1	2	3	3
16. Becoming easily annoyed or irritable .....0	1	2	3	3
17. Feeling afraid as if something awful might happen .....0	1	2	3	3

	<i>Not Difficult</i>	<i>Somewhat</i>	<i>Very</i>	<i>Extremely</i>
18. 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	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 may be part of the problems, but I don't really think I am .....	1	2	3	4	5
2. All this talk about psychology is boring. Why can't people just forget about their problems? .....	1	2	3	4	5
3. I have worries but so does the next guy. Why spend time thinking about them? .....	1	2	3	4	5
4. 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.

*Almost*                      *Fairly Very*

	<i>Never</i>	<i>Never</i>	<i>Sometimes</i>	<i>Often</i>	<i>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

Would you be willing to report your: **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

1. During the last month how many times have **you** visited medical providers such as primary care or family doctors, internists, surgeons or medical specialists, physicians assistants or medical nurse practitioners as an outpatient? \_\_\_\_\_
2. During the last month how many nights have **you** stayed in a hospital? \_\_\_\_\_
3. Do **you** have health insurance? Circle the best answer. NO YES
4. Do **you** have a chronic illness? Circle the best answer. NO YES If yes, please specify: \_\_\_\_\_

**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

Please mark the most accurate answer applicable for your economic situation each month.

1. At the end of the month we have:  

<i>more than enough money left over</i>	<i>some money left over</i>	<i>Just enough to make ends meet</i>	<i>not enough to makes ends meet</i>
1	2	3	4
2. We are able to afford adequate housing, clothing, food, and medical care.....  

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
1	2	3	4
3. How much difficulty have you and your spouse had in paying bills during the past 12 months?  

A little difficulty	some difficulty	quite a bit of difficulty	a great deal of difficulty
1	2	3	4

**This section will focus on demographics.**

1. Your age: \_\_\_\_\_ 2. Your Sex: \_\_\_\_\_ 3. Partner Sex: \_\_\_\_\_
4. Racial/Ethnic Group (Specify): \_\_\_\_\_
5. How many times have you been married? \_\_\_\_\_ 6. How many times has your partner been married? \_\_\_\_\_
7. Your current relationship/marital status is: Circle the best answer.  
 A. *Single/Never Married* B. *Married* C. *Divorced* D. *Separated*  
 E. *Widowed* F. *Committed Relationship (Not Living Together)* G. *Committed Relationship (Living Together)*
8. Your current relationship length (years & months)? \_\_\_\_\_
9. How many biological, adopted, step-children under 18 live in your home at least 50% of the time? \_\_\_\_\_
10. How many total people live in your home? \_\_\_\_\_
11. 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*
12. What is your combined gross income (before taxes) in the current year Circle the best answer  
 A. *Under \$5,500* B. *\$5,501 to \$11,999* C. *\$12,000 to \$15,999*  
 D. *\$16,000 to \$19,999* E. *\$20,000 to \$24,999* F. *\$25,000 to \$29,999*  
 G. *\$30,000 to \$34,999* H. *\$35,000 to \$39,999* I. *\$40,000 to \$49,999*  
 J. *\$50,000 to \$59,999* K. *\$60,000 to \$69,999* L. *\$70,000 to \$79,999*  
 M. *\$80,000 to \$89,999* N. *\$90,000 to \$99,999* O. *\$100,000 or more*
13. Do you consider yourself to be: Circle the best answer.  
 E. *Not Religious/Spiritual* B. *Slightly Religious/Spiritual* C. *Moderately Religious/Spiritual*  
 D. *Very Religious/Spiritual* E. *Strongly Religious/Spiritual*
14. What spiritual/religious activities do you and your partner do on a regular basis **together**? Circle all that apply.  
 A. *Walk/Exercise* B. *Pray or Fast* C. *Attend worship services*  
 D. *Meditate* E. *Read Religious Books/Scriptures* F. *Observe Religious Holidays*  
 G. *Pray for Partner/Spouse* H. *Attend Spiritual/Religious Retreats* I. *Volunteer Religion/Community*
15. What is your current religious/spiritual preference? \_\_\_\_\_
16. List any current physical health problems \_\_\_\_\_
17. List Prescription, herbal, or over-the-counter medications including dosage and prescriber  
 \_\_\_\_\_  
 \_\_\_\_\_
18. If you have any current or previous experiences with counseling or therapy, provide the following information.

<u>Name of counselor or agency</u>	<u>Reason for counseling</u>	<u># of sessions</u>	<u>How helpful was counseling?</u>		
			<i>Not at all</i>	<i>Somewhat helpful</i>	<i>Very helpful</i>
_____	_____	_____	1	2	3
_____	_____	_____	1	2	3

