

General health and mental health information

How would you rate your current physical health? (Please circle)

Poor Unsatisfactory Satisfactory Good Very good

Please list any specific health problems you are currently experiencing:

How would you rate your current sleeping habits? (Please circle)

Poor Unsatisfactory Satisfactory Good Very good

Please list any specific sleep problems you are currently experiencing:

How many times per week do you generally exercise? _____

What types of exercise do you participate in? _____

Please list any difficulties you experience with your appetite or eating patterns.

Are you currently experiencing overwhelming sadness, grief or depression? No Yes If yes, for approximately how long?

Are you currently experiencing anxiety, panic attacks or have any phobias? No Yes if yes, when did you begin experiencing this?

Are you currently experiencing any chronic pain? No Yes

If yes, please describe: _____

Do you drink alcohol more than once a week? No Yes

If yes, how much _____ and how often _____

How often do you engage recreational drug use? Daily Weekly Monthly Infrequently Never

Are you currently in a romantic relationship? No Yes, if yes for how long? _____

On a scale of 1-10, how would you rate your relationship? _____

What significant life changes or stressful events have you experienced recently?
