In the space provided, please describe why you came to Counseling Services today.

_______________________________________________________________________________________
_______________________________________________________________________________________

ACADEMIC CONCERNS
1. Academic problems: Study skills □  Test anxiety □  Grades □  Procrastination □  Time Management □
2. Relationship and/or communication issues with:  Faculty □  TA’s □
3. Learning disability (diagnosed by a professional):  ADD □  ADHD □  LD □  Other ____________

SOCIAL CONCERNS
4. Multicultural issues □  Racism □  Sexism □  Homophobia □  Disability □  Ageism □
5. Sexual harassment □  Stalking □
6. Issues, problems or conflicts with parents/family □
7. Problem with:  Couple relationship □  Breakup □  Divorce □  Own children □
8. Problem with:  Roommates □  Friends □  People in general □
9. Lack of social contact, no friends, loneliness □
10. Grief/loss □  Death and dying issues □
11. Financial pressures □  Job related concerns □
12. Intimacy issues, difficulty feeling close to others □

HEALTH RELATED CONCERNS
14. Sleep concerns:  Insomnia □  Sleeping too much □  Frequent awakening □
   Avg. # hours/night?_______
15. How often do you have a drink containing alcohol?
   Never □  monthly or less □  2-4 times/month □  2-3 times/week □  4 or more times/week □
16. How many drinks containing alcohol do you consume on a typical day you are drinking?____________
17. How often do you use street drugs?
   Never □  monthly or less □  2-4 times/month □  2-3 times/week □  4 or more times/week □
18. Eating disturbance:  Weight control □  Restricting eating □  Bingeing □  Purging □
19. Chronic low energy/fatigue □
20. Health conditions ________________________  Disability ________________________
   Symptoms:  Headaches □  Stomach/intestinal □  Muscle tension/aches □

PERSONAL CONCERNS
21. Concern with personal growth, self-identity, personal values, spirituality □
22. Difficulty with decision-making □  Difficulty concentrating □
23. Low motivation □
24. Low self-esteem, poor self-image □  Shyness□  Unassertive □  Socially anxious□
25. Depression □  Sadness/crying □  Feelings of hopelessness □  Helplessness □
26. Feelings of  guilt □
27. Anxiety □  Panic attacks □  Worrying □
28. Fears □  Related to:  Performance □  Health □  Social □  Other □
29. Performance concerns:  Work □  Athletics □  Academics □  Art □  Other □
30. Phobias □  (please specify) ________________________

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31. Emotional upheaval in a time of conflict, crisis, transition □
32. Concerns with use of alcohol □ drugs □
33. Repetitive/compulsive behaviors: Gambling □ Internet use □ Video games □ Sexual behavior □
   Hand washing □ Other ______________________
34. Obsessive thoughts □
35. Trauma: Assault □ Rape □ Accident □ Combat □
36. Sexuality: Behavior concerns or dysfunction □ Sexual orientation □ Gender identity □
37. General anger □ Irritability □
38. Extremes of mood: Persistently elevated mood □ Unusually high energy level □ Impulsive behavior □
39. Aggressive behavior toward others □ and/or toward property □
40. Serious thoughts of harming other(s) □
41. Trouble with the law □
42. Cutting or other self-mutilating behaviors: current (past few weeks) □ recent (past year) □ past □
43. Serious thoughts of suicide: currently (past few weeks) □ recently (past year) □ past □
44. History of physical abuse □ In childhood □ In dating relationship or marriage □ Other □
45. History of sexual abuse □ In childhood □ In dating relationship or marriage □ Other □
46. History of emotional abuse □ In childhood □ In dating relationship or marriage □ Other □
47. History of rape or sexual assault: □ acquaintance □ stranger □ significant other □
48. History of substance abuse (self): □ alcohol □ drugs □
   How long have you been in recovery? _______________
49. History of eating disorder: □ weight control □ anorexia □ bingeing/purging □
50. History of psychiatric hospitalization □ If yes, number of times ______
   Date(s) __________________________________________
51. Psychological problems in: □ parents □ siblings □ significant other □ child □
52. History of eating disorder: □ weight control □ anorexia □ bingeing/purging □
53. History of psychiatric hospitalization □ If yes, number of times ______
   Date(s) __________________________________________
54. Currently taking psychiatric medication □ Reason ____________ Kind_______________________
55. Previously took psychiatric medication □ Reason ____________ Kind_______________________
56. Previous psychiatric diagnoses ______________________________
57. Have you sought counseling in the past? ___Yes ___No If so, where?______________________________

TO WHAT EXTENT DO YOUR CONCERNS AFFECT YOUR FUNCTIONING IN TERMS OF:

58. Academic performance (studying, grades, exams, class attendance, continued enrollment or relationship with faculty)
   Non-student __________________________
   Not at all 1 A little 2 Moderately 3 Considerably 4 Severely 5

59. Personal/social life (e.g., sense of well being, important relationships with family, roommate, friends)
   Not at all 1 A little 2 Moderately 3 Considerably 4 Severely 5

60. Level of stress __________________________
   Not at all 1 A little 2 Moderately 3 Considerably 4 Severely 5