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| Important: please leave questions that are not true for you or on the apply blank. |
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| пот арргу отапк. |
| General Questions |
| Are you currently employed () Yes |
| Do you have any difficulty with reading, writing, or mathematics () Yes |
| Have you ever been in the military () Yes |
| Have you ever regularly attended religious services () Yes |
| Have you ever had any significant illness or injuries () Yes |
| Have you ever been diagnosed with a mental illness () Yes |
| Are you on any prescribed or unprescribed medication () Yes |
| Have you ever had any significant medical problems () Yes |
| Symptoms |
| Do you have any problems sleeping () Yes |
| Have you had any recent changes in appetite () Yes |
| Have you had any recent changes in energy level () Yes |
| Do you have difficulty concentrating or completing work on time () Yes |
| Do you have frequent or intense mood swings () Yes |
| Have you had any recent thoughts of hurting or killing yourself () Yes |
| Do you have frequent worrisome thoughts that are difficult to stop () Yes |
| Have you ever had an attack when you suddenly felt frightened, uncomfortable, or uneasy () Yes |
| Do you ever feel numb, apart, or without much feeling at all () Yes |
| Have you ever experienced a traumatic event that you still think about frequently () Yes |
| Do you have periods of time in your life that you do not remember () Yes |
| Have you ever heard or seen things that were not really there or that others could not see or hear () Yes |
| Do you believe that others are against you or are watching you () Yes |
| Have you ever felt you should cut down on your drug or alcohol use () Yes |
| Have people ever annoyed you by criticizing your alcohol or drug use () Yes |
| Family History |
| Have your parents or siblings ever suffered from a mental health or substance abuse disorder () Yes |
| Are you currently experiencing any problems with your children () Yes |
| Are you currently experiencing any problems with your significant other () Yes |