Do you have a disability? Y N
What type?
Have you ever had a head injury? Y N
When?

Ethnic Identification:
Religious affiliation:

Residence:
  ___ Residence Hall
  ___ Off-campus (local)
  ___ Off-campus (from home)
  ___ Frat/Sorority

Major _______________________________
Current Credit Load______________________
Current GPA____________________________
Regularly Attending Classes? YES NO
Nonacademic work (hrs/wk)______________________
Type of work ___________________________
Regularly Attending Work? YES NO

Living Situation:
  ___ Alone
  ___ Roommate(s)
  ___ Partner/spouse
  ___ Parent(s)
  ___ Other

Partner Status:
  ___ Single
  ___ Married
  ___ Partnered
  ___ Separated
  ___ Divorced
  ___ Widow/Widower

Have you experienced any significant personal/emotional difficulties before now? If so, please tell us something about that time of your life:

___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

Does any member of your immediate or extended family suffer from an emotional or mental difficulty (such as alcoholism, depression, anxiety, bipolar disorder)? If so, what kind of difficulty? Did they receive treatment? How successful was it?

___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

How often do you drink alcohol? Never Monthly or less 2-4xx/month 4 or more xx/wk

How often do you have 4 or more drinks on one occasion? Never Less than monthly Monthly Weekly Daily or Almost daily

How often do you use other drugs? Never Monthly or less 2-4xx/month 4 or more xx/wk
Please list the members of your immediate family and their ages:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to you</th>
<th>Age</th>
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How would you describe your childhood?

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Did you have a family nickname, reputation or role (e.g. the smart one, the mediator, the black sheep)?

__________________________________________________________________________________________________

Who are the most significant people in your life, and what is their relationship to you?

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Please check all that apply for you:

- Detached
- Nightmares
- Flashbacks
- Jumpiness
- Experienced abuse and/or trauma
- Compulsivity
- Obsessive thoughts
- Overeating
- Over-exercising
- Nausea/vomiting
- Disorganized
- Distracted
- Unmotivated
- Impulsive
- Reckless
- Poor Concentration
- Procrastination
- Skipping Classes
- Violent fantasies or thoughts
- Physical aggressive to self or others
- Anger management problems

Please list any medical conditions:

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Please briefly describe your earliest memory:

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________
Section II

1. In the past 12 months, have you had 3 or more alcoholic drinks within a 3 hour period on 3 or more occasions?

If your answer to this question is “NO,” you have completed Section II, please do not answer the questions below. Please proceed to Section III.

2. In the past 12 months:
   a. Did you need to drink more in order to get the same effect that you got when you first started drinking?

   b. When you cut down on drinking, did you hands shake, did you sweat or feel agitated? Did you drink to avoid these symptoms? (If yes to either, please check “YES.”)

   c. During the times when you drank alcohol, did you end up drinking more than you planned when you started?

   d. Have you tried to reduce or stop drinking alcohol but failed?

   e. On the days that you drank, did you spend substantial time in obtaining alcohol, drinking, or in recovering from the effects of alcohol?

   f. Did you spend less time working, enjoying hobbies, or being with others because of your drinking?

   g. Have you continued to drink even though you knew that it caused you problems?
### Section III

1. Have you, on more than one occasion, had spells or attacks when you suddenly felt anxious, frightened, uncomfortable or uneasy, even in situations where most people would not feel that way? Did the spells peak within 10 minutes? (If yes to either, please check “YES.”)

2. At any time in the past, did any of those spells or attacks come on unexpectedly or occur in an unpredictable or unprovoked manner?

If your answer to both questions above is “NO,” please proceed to Section IV without answering any other questions below in Section III.

3. During the worst spell that you can remember:
   a. Did you have skipping, racing, or pounding of your heart?
   b. Did you have sweating or clammy hands?
   c. Were you trembling or shaking?
   d. Did you have shortness of breath or difficulty breathing?
   e. Did you have a choking sensation or a lump in your throat?
   f. Did you have chest pain, pressure, or discomfort?
   g. Did you have nausea, stomach problems or sudden diarrhea?
   h. Did you feel dizzy, unsteady, lightheaded or faint?
   i. Did things around you feel strange, unreal, detached or unfamiliar, or did you feel outside or detached from part, all of you body?
   j. Did you fear that you were losing control or going crazy?
   k. Did you fear that you were dying?
   l. Did you have tingling or numbness in parts of your body?
   m. Did you have hot flushes or chills?

4. In the past month, did you have such attacks repeatedly (2 or more) followed by persistent fear of having another attack?

| Never | Sometimes | Often | Always |
|-------|-----------|-------|--------|-------|
|       |           |       |        |       |
## Section IV

1. In the past month, were you fearful or embarrassed by being watched or being the focus of attention, or fearful of being humiliated? This includes things like speaking in public, eating in public alone or with others, writing while someone watches, or being in social situations?

2. Is this fear excessive or unreasonable?

3. Do you fear these situations so much that you avoid them or suffer through them?

4. Does this fear disrupt your normal work or social functioning or cause you significant distress?

<table>
<thead>
<tr>
<th>Have you ever had:</th>
<th>Never</th>
<th>More than 6 mos. Ago</th>
<th>In the past 6 mos.</th>
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<td>11. a week or more of sustained, excited, unusually elevated mood, like a “high,” out-of-control behavior (such as risky sex, binge drinking, over-spending), racing thoughts, and little need for sleep?</td>
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<td>12. a week or more of sustained, excessively irritable mood, with anger, arguments, or breaking things, that led to difficulties with others?</td>
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<th>Have you ever had:</th>
<th>No</th>
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<td>13. any close blood relative (parent, child, sister, brother) with depression, manic-depression, alcohol abuse, or who was psychiatrically hospitalized?</td>
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For the past two weeks please write in your use of recreational drugs or alcohol:

**WEEK 1**

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<thead>
<tr>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
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**WEEK 2**

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Please let us know the days and times you are available to come in for appointments. We schedule appointments Monday through Friday 9:00 am to 4:00 pm. We encourage you to arrive at least 5 minutes before your scheduled time:

**Monday:**

**Tuesday:**

**Wednesday:**

**Thursday:**

**Friday:**