

FIRST MEETING QUESTIONNAIRE

Legal Name: _____ Prefer to be Called: _____

Date of Birth: _____ Age: _____

Pronoun (he/she/they): _____ Gender: _____

Address: _____

Cell Number: _____

Email: _____

Occupation and Place of Employment: _____

Emergency Contact Name: _____ Phone Number: _____

Anything else you want me to know: _____

Circle a rating for each of the issues that have concerned you in the past WEEK:

0= not at all 1= a little; 2= moderately; 3= very much

Feeling angry	0	1	2	3
Feeling down/sad	0	1	2	3
Worrying	0	1	2	3
Feeling anxious	0	1	2	3
Feeling stressed	0	1	2	3
Trouble sleeping	0	1	2	3
Drinking too much	0	1	2	3
Using drugs	0	1	2	3
Gambling	0	1	2	3
Late for work or missing work	0	1	2	3
Avoiding people/places	0	1	2	3
Issues with romantic partner	0	1	2	3
Trouble getting along with family	0	1	2	3
Trouble getting along with friends and/or co-workers	0	1	2	3
Thoughts about ending your life	0	1	2	3
Attempts to hurt yourself	0	1	2	3
Attempts to hurt others	0	1	2	3