

What is your highest grade level completed? _____

Is there a history of mental illness in the family prior to this generation? **YES** or **NO**

If yes who and what mental illness, if known (use the reverse side if needed).

For the next several questions, please circle the number that represents how frequently you use any of the following substances. Use the following scale:

0 = Never 1 = In past, not currently 2 = Monthly 3 = Weekly 4 = Almost Daily

a. Caffeine (coffee, caffeinated beverages)	0	1	2	3	4
b. Nicotine (cigarettes, cigars)	0	1	2	3	4
c. Beer/liquor	0	1	2	3	4
d. Marijuana, hash	0	1	2	3	4
e. Sedatives (tranquilizers, sleeping pills, barbiturates, valium)	0	1	2	3	4
f. Other Substance Name _____	0	1	2	3	4

Is there any violence occurring in your family at this time? **YES** or **NO**

Do you fear violence might occur? **YES** or **NO**

Please rate the degree of distress in your **family** at this time:

None Moderate Extreme
0 1 2 3 4 5

Rate the highest level of distress **ever** in your family:

None Moderate Extreme
0 1 2 3 4 5

Please rate **your own** level of distress at this time:

None Moderate Extreme
0 1 2 3 4 5

How much distress do you believe your family member with persistent emotional problems is currently experiencing :

None Moderate Extreme
0 1 2 3 4 5

Please rate your level of motivation to participate in this training at this time:

Little motivation Moderate Very motivated
1 2 3 4 5

Signature

Date