Introduction to Pre-Interview Bipolar Assessment Questionnaire

When conducting an initial assessment of someone who comes to my practice with concerns about bipolar disorder, the assessment can often take several hours. Bipolar disorder is a complex diagnosis and gathering the whole picture is no simple endeavor. The questionnaire that follows includes many of the questions that are typically posed during an initial clinical interview. By completing the questionnaire in advance of your first appointment, you'll be providing essential information which will allow us to focus on the more salient issues needing attention during our first few sessions.

The pre-interview questionnaire is detailed and, depending on the degree of specificity you provide, it may take you upwards of one hour to complete. Take your time to assure you are being thorough and accurate. The more detail you can provide in your explanatory answers, the better. At the same time, you need not feel like every question requires a detailed explanation. Just write whatever is needed to adequately convey your answer.

It is also understandable if you feel hesitant about disclosing so much information in the absence of an already established trusting relationship. Please be assured that your answers will be treated with the utmost respect and confidentiality. The intent here is simply to gather a thorough picture of your presenting concerns, their history and some current lifestyle influences. If there is anything you’d prefer to withhold and wait until we meet before disclosing, that’s fine.

Some comments pertaining to mood-related questions: You'll note that many questions refer to "up mood." This is meant to refer to mood intensity or mood volume as opposed to a simple "happy" mood. For many who experience up or elevated mood, the experience isn't just confined to emotion. It includes physical energy, speed of thought, creativity, perceptions of self, productivity, etc. If you think of mood as being like the volume of an amplifier, up mood is the experience where the volume on your mood is turned up and everything is noticeably more intense and louder than usual.

Down mood is synonymous with what we think of as depression - having low energy, feeling blue, withdrawn, pessimistic, shut down, etc. Mild down mood is not that uncommon. When the questionnaire asks if down mood has been "problematic for you," it's inquiring as to whether down mood has been strong enough to interfere with your normal functioning.

Mixed mood is a hybrid kind of mood - negative, unhappy, tense, irritable, dark thoughts and feelings combined with strong energetic intensity. It's not very common but if you've had it, you already know it's usually an uncomfortable experience.

As you write your responses to the questionnaire, please do your best to write legibly. If your answers can’t be easily read, they don’t provide much benefit.

Last, depending upon your answers, many other questions will be asked during an initial assessment that are not on the questionnaire. Please understand that the questionnaire does not represent the full assessment picture. It will establish a basic foundation of information that will point towards content needing further exploration. Also, if there are questions that are not applicable to your situation, you may skip them or simply write - N/A, which stands for not applicable.

Doing a thorough job with this questionnaire is no small endeavor. Your cooperation in taking the time to complete the questionnaire is very much appreciated.

Russ Federman, Ph.D.
Pre-interview Bipolar Assessment Questionnaire

Name: __________________________ DOB: _______________ Today’s Date: ________________

I. General Background:

1) If you’ve previously been diagnosed with bipolar disorder, approximately when did you first receive the diagnosis? ____________________________

2) Describe the mood and behavioral issues that led to the initial diagnosis: __________________________________________________________
   ________________________________________________________________________
   ________________________________________________________________________
   ________________________________________________________________________
   ________________________________________________________________________

3) If you’ve not previously been diagnosed with bipolar disorder, identify all areas below that correspond with your own concerns about your moods or behaviors:
   _____ Episodes of up or elevated mood,   _____ Episodes of down or depressed mood,
   _____ Episodes of mixed mood (down irritable mood combined with strong energy and agitation),
   _____ Mood changes,   _____ Rapid mood changes,   _____ Unstable sleep patterns,
   _____ Impulsive behavior with negative outcome,   _____ Genetic background of mood instability,
   _____ Other’s are expressing concern about me,   _____ My moods are affecting others adversely
   _____ Other: _____________________________________________________________

4) In addition to mood-related issues, do you have any other mental health issues that you are currently being treated for or that you think you may need assistance with? _____ Yes _____ No.

If yes, please check any issues below that are applicable:
   _____ Anxiety   _____ Post trauma   _____ History of childhood abuse
   _____ Obsessional thoughts   _____ Compulsive behavior   _____ Depression
   _____ Suicidal thoughts   _____ Self-harm   _____ Hallucinations and/or delusions
   _____ Sleep difficulties   _____ Issues with food/eating   _____ Attention deficit problems
   _____ Substance use   _____ Sexual difficulties   _____ Issues with sexual orientation
   _____ Love relationship problems   _____ Interpersonal difficulties   _____ Problems with family

Provide relevant details in relation to previous questions 3 and 4:
   ________________________________________________________________________
   ________________________________________________________________________
   ________________________________________________________________________
   ________________________________________________________________________
5) With regard to your current mood, where would you place your current mood state if -10 is the most depressed you've ever been, 0 is an absence of any elevation or depression and +10 is the most elevated you've ever been, ____________?

6) If you've had any psychiatric hospitalizations, please enter them below:

<table>
<thead>
<tr>
<th>Name of Hospital and Its Location</th>
<th>Approximate Month and Year</th>
<th>Duration of Stay</th>
</tr>
</thead>
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</table>

7) Have you had any experiences with very strong mood elevation where you were not hospitalized, but in retrospect you perceive that for your own safety you probably should have been?
   _____ Yes   _____ No
   If yes, please explain ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
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   ______________________________________________________________

8) Have you had any mental health issues that you've been treated for in the past that are no longer part of your current concerns? _____ Yes   _____ No.
   If yes, please explain: ______________________________________________________________
   ______________________________________________________________
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II. Medication:

1) If you are currently taking any psychiatric medications please list them in the table below:

<table>
<thead>
<tr>
<th>Name of Drug</th>
<th>Dose</th>
<th>When you take it (place an X in cells that apply)</th>
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<tr>
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</table>
2) If you experience any difficult/uncomfortable side effects from your current medications, please describe:
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Physician who is prescribing the above medications:

Name: ____________________________________________________
Address: __________________________________________________
Phone: _____________________________
Fax: ________________________________
E-mail_______________________________
Is she/he a _____ psychiatrist, _____ your primary care provider _____ other: ____________________________
Approximately how long have you been treated treated by him/her? _________________________________

3) If you are being treated for any other medical condition(s), please identify the condition and the current treatment (including medications):
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

4) Your medication history is as important as your current medications. In the table that follows, identify the medications you've taken, their dates of use, side effects and reasons for discontinuation. If you don't recall the medication name but do know what kind of medicine it was, you can write in the medication class (antidepressant, anxiolytics or anti-anxiety, mood stabilizer, sedative-hypnotic (for sleep) or antipsychotic.)

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Approx. dates of start / stop</th>
<th>Side Effects (if any)</th>
<th>Reason for Discontinuation</th>
</tr>
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</table>

Any other comments you want to make about any of the medications you’ve listed above:

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

5) Have you ever been treated with an antidepressant and found that it made things worse?
   _____ Yes  _____ No. If yes, please explain:

   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________

6) Have you ever been treated with a psychostimulant (usually prescribed for Attention Deficit) and found that it provided no benefit or possibly even made things worse? _____ Yes _____ No.
   If yes, please explain:

   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________

III. History of Mood Difficulties (general issues):

1) Approximately how old were you when stronger than normal mood intensity or mood variability (wider than normal) was first present in your life? _______ Approx. what year: ___________

2) If you perceive that your mood issues began during childhood years (prior to teenage years), please describe what they were:

   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
3) If your mood issues began in mid-adolescence or later, select the type of mood issues that were problematic for you during the first year or two of your mood variability (select all that apply).

____ up moods,
____ down moods
____ mixed moods (negative emotions plus strong energy)
____ other. Please describe: ____________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

4) Have you ever been told by others that your mood states were bigger or more intense than normal?
   _____ Yes   _____ No. If you answer yes, at approximately what age did this first occur? ___________

5) Do you still receive similar feedback in the present? _____ Yes _____ No

6) Within the past few years, have you experienced ...
   Noticeably intense up mood, _____ Yes _____ No
   Noticeably intense down mood _____ Yes, _____ No
   Noticeably intense mixed mood (combined negative mood + strong energy) _____ Yes _____ No

IV. Up mood (check list). Please check all that apply to your up or elevated mood states:

____ Sustained strong happiness or euphoric mood lasting longer than one to two days
____ Higher than normal physical energy
____ Difficulty sitting still (needing to move, exercise and discharge physical energy)
____ Lessened need for sleep (feeling rested after less than usual amount of sleep)
____ Going for one or more nights without sleep and not feeling fatigued
____ Intense goal directed activity – being focused upon an activity almost to the exclusion of everything else
____ Racing thoughts
____ Rapid speech
____ Talking louder than usual
____ Not being able to stop talking until you’ve said what you need to say
____ Increased goal-directed behavior
____ Strong optimism (more than is usual for you)
____ Unrealistic, grandiose perceptions of your capabilities
____ Elevated libido (sexual feelings)
____ Increased sexual behavior with others
____ Poor judgment related to your sexual behavior
____ Increased risk taking behaviors
____ Disorganized and/or scattered thinking
____ Difficulty maintaining focused attention and concentration
____ Delusional thinking (distorted thoughts about reality)
____ Auditory hallucinations (hearing voices or other kinds of sounds that are not real but in the moment you think they are)
____ Visual hallucinations (seeing things that are not real but in the moment you think they are)
Other: ____________________________________________________________________________________________
__________________________________________________________________________________________
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1) Please provide a more detailed description of any of the items you checked above that you think would benefit from further explanation:
__________________________________________________________________________________________
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2) On a scale of 0 to 10, with 10 being the most up or elevated you’ve ever been and 0 being an absence of any elevation, what numeric rating would you give your last mood elevation? __________

3) If you’re not currently up or elevated, approximately how long ago was your last mood elevation? __________

4) If your last elevation was not a 10, what was the approximate month/year when you would have last rated your mood at a 10? ___________________________________________________________________________

5) If you’ve not already written about this in a previous answer, please describe any negative consequences you’ve experienced as a result of elevated mood:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

6) If you do experience "up" mood, what is the average length of time your up moods last? ______________

7) What is the longest an up mood has lasted for you (may be different than the average length you provided)?
   ____ briefer than 2 days, ____ 2 to 3 days, ____ 3 to 7 days, ____ 1 to 2 wks, ____ 2 wks to one month,
   ____ Longer than one month

8) Sometimes with up mood, people may feel really good for a few days and then their good feeling transitions into a mood state that is mixed (high energy plus irritability) or even more negative. Does this ever happen with you? ____ Yes _____ No
If you answered yes to the preceding question, please describe: ________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

9) If you’ve experienced any other aspects of up mood that are not listed above, please describe:
_________________________________________________________________________________________
_________________________________________________________________________________________

V. Down/depressed Mood (check list):

_____ Depressed down unhappy mood  ___________________ Poor attention and concentration
_____ Low energy                              ___________________ Crying spells
_____ Low motivation - loss of enthusiasm   ___________________ Staying in bed
_____ Loss of pleasure from activities that are _______ Sleeping longer than usual for you
   usually pleasurable for you         ___________________ Strong pessimism
_____ Low libido (lower than normal for you) ___________________ Low self esteem
_____ Loss of appetite  ___________________ Strong self-criticism
_____ Eating more than usual                  ___________________ Suicidal thoughts
_____ Interpersonally withdrawn  ___________________ Suicidal attempts

Other: ____________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

1) Please provide a more detailed description or explanation of the items you checked above that you think
would benefit from further description (exception – if you checked suicidal thoughts or attempts, don’t
describe here as there is a separate section on this):
_________________________________________________________________________________________
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2) On a scale of 0 to 10, with 10 being the most acute depression you’ve ever had and 0 being an absence of
depression, what number would you rate your last depression? _____________

3) Approximately when was your last depression (month and year) ________________

4) How long did it last? ______________________________________________________________

5) What is the typical or average length of time your down moods last? _______________________

6) What is the longest period of time you have experienced a down mood state? ___________________

7) When did that longest depression occur? ______________________________________________
VI. Mixed mood (check list):

- Strong irritability/anger
- Being verbally harsh and critical towards others
- Having very low frustration tolerance - quickly getting irritated if things don't go as you want them to
- Angry feelings expressed through physical violence towards objects (punching walls, breaking things, etc)
- Angry feelings expressed through physical violence towards other people
- Other kinds of emotional outbursts due to the irritability/anger
- Having difficulty sleeping due to the intensity of your mood and energy
- Feeling strongly negative and agitated

Other: ________________________________________________________________
_____________________________________________________________________
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1. Please provide a more detailed description or explanation of any items you checked that you think would benefit from further description:
_____________________________________________________________________
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2. Mid-range mood is what we think of as being an absence of elevation or depression. While mid range may not entail "symptoms" as we see in elevated or depressed mood, there may still be aspects of mid range that people with mood disorders describe as uncomfortable. Is this ever true for you? _____ Yes _____ No

Please explain: __________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

VII. Sleep:

1. If you've had up moods, what is the average number of hours you sleep when your mood is up? _______
2. If you've had down moods, what is the average number of hours you sleep when your mood is down? ______
3. Do you ever have difficulty falling asleep or staying asleep because of your elevated mood and energy _____ Yes _____ No
4. If you’re in an up mood and you get significantly less sleep than usual, do you ever find you’re not fatigued the next day? _____ Yes _____ No
5. If you’re in an up mood, do you ever wake up much earlier than usual and find that you feel energized and wide awake? _____ Yes _____ No

6. Have you ever had one or more nights where you have not slept at all because of your elevated energy? _____ Yes _____ No
   
   If you’ve answered yes to any of questions 3 through 6, please provide further explanation:
   
   __________________________________________________________________________________________
   
   __________________________________________________________________________________________
   
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7. Are your sleep and wake times fairly consistent? _____ Yes _____ No,

8. What is your baseline or typical amount of sleep per night when your mood is not up or down? _____hours

9. With regard to your usual lifestyle, what time do you typically go to sleep during the week _________

10. What time do you typically awaken during the week ______________

11. What time do you typically go to sleep on weekends ______________

12. What time do you typically awaken on weekends ______________

13. Do you have any other comments about your sleep patterns and their relationship to your mood states:
   
   __________________________________________________________________________________________
   
   __________________________________________________________________________________________
   
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VIII. Self-Harm and Suicide:

1) Throughout your different moods, have you ever engaged in any self-harming behavior (cutting, scratching, hitting self, burning, etc.) that did not reflect any suicidal intent? _____ Yes _____ No
   
   If yes, please describe the behavior including when it occurred: __________________________________________
   
   __________________________________________________________________________________________
   
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2) Have you ever had suicidal thoughts? _____ Yes _____ No
If yes, please describe the nature of those thoughts including when they have occurred:
___________________________________________________________________________________________
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3) Have you ever acted upon your suicidal thoughts? _____ Yes _____ No
If yes, please describe and include when this occurred and what happened in response to your attempt:
___________________________________________________________________________________________
___________________________________________________________________________________________
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IX. Miscellaneous Mood-related Questions

1) If you think of a pie chart with four sections identified below, approximately what percent would each section have for the last year’s time (total should add up to 100). If your mood variability has been present for less than one year, please identify what length of time your percentage distribution is covering:

Up _____% 
Down _____% 
Mixed _____% 
Mid-range _____%

2) With bipolar disorder, sometimes mood states can switch or become activated as a result of situational occurrences (feeling happy because something really great has occurred) while sometimes mood switching can occur without any clearly identifiable cause. With this in mind, answer the following two questions (answer total should equal 100%)

A) Over the last year approximately what percentage of your mood switching has been in response to situational occurrences? __________

B) Over the last year approximately what percentage of your mood switching has occurred without any identifiable cause or trigger? __________

3) How often does your mood intensity or mood switching occur in response to interactions or incidents that occur with other people: _____ Most of the time _____ Sometimes _____ Rarely

4) If you answered the previous question 5 with "most of the time," is it the case that you often have difficulties with personal relationships? _____ Yes _____ No
If you answered you answered “most of the time” for #3 and/or “yes” for #4, please describe in more detail:

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
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___________________________________________________________________________________________

5) Do you ever experience rapid cycling mood where your mood switches between up and down two or more times within a week? _____ Yes _____ No

6) Do you ever find that your up, down or mixed moods ever coincide with or are strongly influenced by the different seasons of the year? _____ Yes _____ No

If yes, please explain: _________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

XI. Substance Use Issues

Please place an X in the boxes of the non-prescribed substances you have used in the past six months. If the use is continuing through the present please use a double X as in XX

<table>
<thead>
<tr>
<th>Substance</th>
<th>None</th>
<th>Rarely</th>
<th>Few Times</th>
<th>Approx. Once</th>
<th>Few Times</th>
<th>Daily</th>
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<tbody>
<tr>
<td>Alcohol</td>
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<td>Cannabis</td>
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<td>Hallucinogens</td>
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<td>Cocaine</td>
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<td>Amphetamines</td>
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<td>Narcotics/ Pain Killers</td>
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<tr>
<td>Cigarettes</td>
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</table>
1) If you currently do use any substances, including alcohol, do you perceive there to be any relationship between your substance use and your current mood issues? _____ Yes _____ No _____ Maybe.

Please explain: ________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

2) Please describe any other periods of substance use prior to the last few months where you perceive your use was more than just casual and occasional.
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

X. Family History of Psychiatric Disorders:

Make an X in the boxes of relatives that have been diagnosed and/or treated for a mental health issue. Make a double XX in the boxes of those who have not been diagnosed or treated but who most likely did or do struggle with significant aspects of the identified mental health issue:

<table>
<thead>
<tr>
<th></th>
<th>Depression</th>
<th>Suicide</th>
<th>Bipolar Disorder</th>
<th>Anxiety</th>
<th>Substance Abuse</th>
<th>Eating Disorder</th>
<th>Psychosis/Schizophrenia</th>
<th>Other</th>
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<tbody>
<tr>
<td>Paternal Great Uncles/Aunts</td>
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<td>Paternal Grandfather</td>
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<td>Paternal Grandmother</td>
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<td>Paternal Cousins</td>
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1) Please elaborate on the mental health issues of the family members checked in the preceding chart. Also add any other pertinent family mental health issues not identified above.

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

XII. Concluding Remarks

If there is anything else about you that you’ve not yet addressed and you perceive as important to include in conveying a comprehensive picture of yourself, please explain below:

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

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Thank you for taking the time to complete this questionnaire!

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