



**Please read the following instructions to the consumer:**

This simple, five-minute self-assessment is intended to empower you. Answering the questions will give you a chance to tell us how you are doing. Your answers will be used in treatment planning. Answers may also be used in research to help others. You may choose to skip any question that you do not want to answer. There are three ways to answer questions on the self-assessment: circle the number or check the box that corresponds to your answer, or write your answer (always a number) in the boxes provided.

<b>In the past 7 days ...</b>	<b>Never</b>	<b>Rarely</b>	<b>Some- times</b>	<b>Often</b>	<b>Always</b>
1. I felt sad.	1	2	3	4	5
2. I felt worthless.	1	2	3	4	5
3. I felt hopeless about the future.	1	2	3	4	5
4. I enjoyed life.	1	2	3	4	5
5. I felt nervous.	1	2	3	4	5
6. I worried.	1	2	3	4	5
7. I felt tense.	1	2	3	4	5
8. I enjoyed spending time with friends.	1	2	3	4	5
9. I trusted a friend.	1	2	3	4	5
10. I felt satisfied with my friendships.	1	2	3	4	5
11. I yelled at someone when I was angry.	1	2	3	4	5
12. I lost my temper.	1	2	3	4	5
13. I got into physical fights.	1	2	3	4	5
14. I thought I was being followed.	1	2	3	4	5
15. I felt like people were watching me.	1	2	3	4	5
16. I heard voices when I was alone.	1	2	3	4	5
17. My physical health kept me from doing things.	1	2	3	4	5
18. I had goals.	1	2	3	4	5
19. I knew what I should do to control the symptoms of my mental illness.	1	2	3	4	5
20. I felt responsible for my own recovery.	1	2	3	4	5

In the past 7 days (continued) ...	Never	Rarely	Some- times	Often	Always	Not Applicable		
21. Did you take any medication for depression, anxiety, ADHD or any other mental health issue?	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No							
22. My medications helped me.	1	2	3	4	5	*		
23. I took my medications the way they were prescribed.	1	2	3	4	5	*		
24. I was bothered by medication side effects. (For example, shaking and trembling, not being able to think clearly, gaining or losing weight, or sexual problems.)	1	2	3	4	5	*		
25. How many hours did you work for pay? (If none, enter 0.)						<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> </tr> </table> Number of Hours		
26. If you did <b>NOT</b> work for pay, please select one response that best describes your situation. (If you did work for pay, please select, "Does not apply."): <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> Unemployed, but actively looking for paid work</li> <li>2 <input type="checkbox"/> Homemaker</li> <li>3 <input type="checkbox"/> Student</li> <li>4 <input type="checkbox"/> Retired</li> <li>5 <input type="checkbox"/> Disabled</li> <li>6 <input type="checkbox"/> In prison or other institution</li> <li>7 <input type="checkbox"/> Sheltered/non-competitive employment</li> <li>8 <input type="checkbox"/> Other (specify): _____</li> <li>* <input type="checkbox"/> Does not apply</li> </ul>								

The remaining questions ask about the **past 30 days**.

In the past 30 days ...	Never	Rarely	Some- times	Often	Always
27. I had difficulties with transportation.	1	2	3	4	5
28. I liked my living situation.	1	2	3	4	5

**In the past 30 days (continued) ...**

29. How many cigarettes **per day** did you usually smoke? (If none, enter 0.)  
(There are 20 cigarettes in a pack.)

--	--

Number of Cigarettes

30. On how many days did you drink alcohol? (If none, enter 0.)

--	--

Number of Days

31. On how many days did you drink five or more alcoholic drinks? (If none, enter 0.)

--	--

Number of Days

32. On how many days did you use any drugs to get high? (If none, enter 0.)  
(For example, marijuana, meth, cocaine, or narcotics such as Oxycontin or codeine.)

--	--

Number of Days

33. How many times were you arrested? (If none, enter 0.)

--	--

Number of Times

34. How many times has a police officer talked to you about your behavior?  
(Do not include arrests.)

--	--

Number of Times

35. On how many nights did you stay overnight in a psychiatric hospital, or substance abuse program? (If none, enter 0.)

--	--

Number of Nights

36. How many times did you visit the emergency room for emotional or behavioral problems, or for alcohol or drug use? (If none, enter 0.)

--	--

Number of Times

37. Did anyone hurt you physically?  
1  Yes  
0  No

38. Where did you live most of the time? (Check only one.)

- 1  Private house, condo, apartment, rented room (Alone, with friends, a spouse, or family members)
- 11  Private house, condo, apartment, rented room (Dependent on others for assistance in this living situation)
- 3  Institutional Setting (Nursing home, Hospital)
- 4  Jail or correctional facility
- 5  Homeless (Shelter, Car or on the streets)
- 12  Foster home
- 13  Group home, Rehabilitation center, etc.
- 14  Crisis Residence (A time-limited 24-hour residential program)