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**Mental Health Questions (cont.)**

For the following questions, please check the correct box.

**If you have experienced any of these problems, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people?**

Not difficult at all   Somewhat difficult   Very difficult   Extremely difficult

Has your weight changed?	Loss?      Gain?
By how many pounds?	_____ # pounds
Over what period of time did this weight loss/gain take place?	_____ weeks   or   _____ months
Has sleep changed:	More than usual?      Less than usual?
How many hours of sleep do you usually get on average?	_____ # of hours
Please check all that apply. Have you been feeling?	Anxious/worried Angry/frustrated Sad /distraught Guilt/Shame Overwhelmed Other
Do you drink alcohol or take drugs? If yes, please fill out questions below.	Yes   No
In the past few years:	
Have you ever felt you should cut down on your drinking or drug use?	Yes   No
Have other people criticized your drinking or drug use?	Yes   No
Have you ever felt bad or guilty about your drinking or drug use?	Yes   No
Have you ever had a drink or a drug first thing in the morning to steady your nerves or get rid of a hangover?	Yes   No