

<b>SURNAME:</b>		<b>GIVEN NAME:</b>		<b>DATE:</b> MM DD YY	
<b>SEX:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>MARITAL STATUS:</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		<b>AGE:</b> [    ]	
<input type="checkbox"/> In Hospital		<b>RESIDENTIAL STATUS:</b> <input type="checkbox"/> In Other Institution <input type="checkbox"/> At Home		<b>OCCUPATION:</b> (N/A = Not Applicable) <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Disabled	

1		2		3	
<b>Physical Inactivity</b>		<b>Physical Mobility</b>		<b>Pain or Discomfort</b>	
<b>Lack of sweaty vigorous exercise (e.g., running, biking, tennis, hiking, or swimming)</b>		<b>Physical ability to walk, climb stairs, stand, lift, carry or hold objects</b>		<b>Physical pain or discomfort</b>	
0 Active (3 hrs / wk of vigorous exercise)		0 No or little difficulty		0 No or little difficulty	
1 Little Exercise (1 hr/ wk of vigorous exercise)		1 Much difficulty (interferes with life a lot)		1 Much difficulty (interferes with life a lot)	
2 Sedentary (less than 1 hr / wk of exercise)		2 Extreme difficulty (disabling; prevents work)		2 Extreme difficulty (disabling; prevents work)	

4		5		6	
<b>Fatigue</b>		<b>Sleeping Problem</b>		<b>Appetite or Eating Problem</b>	
<b>Tired most of the day (even if not working)</b>		<b>Sleeping much more or less than usual</b>		<b>Eating much more or less than usual</b>	
0 No or little difficulty		0 No or little difficulty		0 No or little difficulty	
1 Much difficulty (interferes with life a lot)		1 Much difficulty (interferes with life a lot)		1 Much difficulty (interferes with life a lot)	
2 Extreme difficulty (disabling; prevents work)		2 Extreme difficulty (disabling; prevents work)		2 Extreme difficulty (disabling; prevents work)	

7		8		9	
<b>Sexual Problems</b>		<b>Seeing or Hearing Problems</b>		<b>Overall Physical Health</b>	
<b>E.g., uninterested in sex; unable to reach normal orgasm; painful sex</b>		<b>E.g., blindness, deafness</b>		<b>Extent to which physical health problems interfere with usual activities</b>	
0 No or little difficulty <input type="checkbox"/> OR N/A		0 No or little difficulty		0 No or little difficulty	
1 Much difficulty (interferes with sex a lot)		1 Much difficulty (interferes with life a lot)		1 Much difficulty (interferes with life a lot)	
2 Extreme difficulty (prevents sex)		2 Extreme difficulty (disabling; prevents work)		2 Extreme difficulty (disabling; prevents work)	
(Please leave the subtotal boxes empty)				<b>Items 1-9 Subtotal:</b>	

10		11		12	
<b>Family Problems</b>		<b>Friendship Problems</b>		<b>Distrust or Suspiciousness</b>	
<b>E.g., death or illness of family member; family discord, neglect, or divorce</b>		<b>E.g., social isolation, rejection, discrimination, death or loss of friend</b>		<b>Distrust and suspiciousness of others</b>	
0 No or little difficulty <input type="checkbox"/> OR N/A		0 No or little difficulty		0 No or little difficulty	
1 Much difficulty (OR has little contact)		1 Much difficulty (OR has few close friends)		1 Much difficulty (interferes with life a lot)	
2 Extreme difficulty (OR has no contact)		2 Extreme difficulty (OR has no close friends)		2 Extreme difficulty (disabling; prevents work)	

13		14		15	
<b>Dependent Behavior</b>		<b>Educational Problems</b>		<b>Occupational Problems</b>	
<b>Excessive reliance on others for assistance</b>		<b>E.g., academic problems; discord with teachers or classmates; poor school</b>		<b>E.g., unemployment; job dissatisfaction; poor job performance; discord with people at work</b>	
0 No or little difficulty		0 No or little difficulty <input type="checkbox"/> OR N/A		0 No or little difficulty <input type="checkbox"/> OR N/A	
1 Much difficulty (interferes with life a lot)		1 Much difficulty (OR failing school courses)		3 Much difficulty (OR works less than 8 hr/wk)	
2 Extreme difficulty (disabling; prevents work)		2 Extreme difficulty (OR quit school)		6 Extreme difficulty (OR not working)	
<b>Items 10-13 Subtotal:</b>					

16		17		18	
<b>Housekeeping Problems</b>		<b>Economic Problems</b>		<b>Housing Problems</b>	
<b>E.g., problems cleaning, cooking, doing laundry, grocery shopping</b>		<b>E.g., over-spending; inadequate income; on welfare or disability pension</b>		<b>E.g., homelessness; inadequate housing; discord with neighbors or landlord</b>	
0 No or little difficulty <input type="checkbox"/> OR N/A		0 No or little difficulty <input type="checkbox"/> OR N/A		0 No or little difficulty	
3 Much difficulty (OR does little housekeeping)		3 Much difficulty (OR on disability pension)		1 Much difficulty (interferes with life a lot)	
6 Extreme difficulty (OR not housekeeping)		6 Extreme difficulty		2 Extreme difficulty (OR homeless)	
<b>Items 14-18 Subtotal:</b>					

19		20		21	
<b>Reckless Thrill-Seeking Behavior</b>		<b>Illegal or Criminal Behavior</b>		<b>Physical Violence</b>	
<b>Recklessly disregards danger thrill-seeking (e.g., dangerous sports, driving, or sex)</b>		<b>Law-breaking behavior that could lead to arrest and imprisonment</b>		<b>Physical violence towards others (e.g., physical assault or property damage)</b>	
0 No or little difficulty		0 No or little difficulty		0 No or little difficulty	
1 Much difficulty OR sometimes		1 Much difficulty OR sometimes		1 Much difficulty OR sometimes	
2 Extreme difficulty OR often		2 Extreme difficulty OR often		2 Extreme difficulty OR often	
<b>Items 19-21 Subtotal:</b>					

22		23		24	
<b>Smoking</b>		<b>Alcohol Abuse</b>		<b>Drug or Medication Abuse</b>	
<b>Nicotine use (e.g., cigarettes, cigars, pipes)</b>		<b>Alcohol use causing harm to self or others</b>		<b>Drug use causing harm to self or others</b>	
0 None		0 No or little difficulty		0 No or little difficulty	
1 Some (but not chain smoking)		1 Much difficulty (interferes with life a lot)		1 Much difficulty (interferes with life a lot)	
2 A lot (chain smoking)		2 Extreme difficulty (disabling; prevents work)		2 Extreme difficulty (disabling; prevents work)	
<b>Items 22-24 Subtotal:</b>					

<b>Agoraphobia</b>	<b>25</b>	<b>Other Phobia</b>	<b>26</b>	<b>Panic Attacks</b>	<b>27</b>
<b>Unable to leave home alone DUE TO unreasonable intense fear or panic</b>		<b>Other unreasonable fear or panic DUE TO a specific situation (e.g., flying, heights)</b>		<b>Brief attacks of unreasonable panic NOT due to a specific situation</b>	
0 No or little difficulty		0 No or little difficulty		0 No or little difficulty	
3 Much difficulty (interferes with life a lot)		1 Much difficulty (interferes with life a lot)		1 Much difficulty (interferes with life a lot)	
6 Extreme difficulty (disabling; prevents work)		2 Extreme difficulty (disabling; prevents work)		2 Extreme difficulty (disabling; prevents work)	
<b>28</b>		<b>29</b>		<b>30</b>	
<b>Obsessions or Compulsions</b>		<b>Sad or Depressed Mood</b>		<b>Apathy</b>	
<b>Obsessive thoughts or compulsive rituals DUE TO unreasonable fear or panic</b>		<b>So unhappy or low-spirited that it caused problems</b>		<b>Lack of interest or enjoyment (e.g. lacks motivation to do required daily activities)</b>	
0 No or little difficulty		0 No or little difficulty		0 No or little difficulty	
1 Much difficulty (interferes with life a lot)		1 Much difficulty (interferes with life a lot)		1 Much difficulty (interferes with life a lot)	
2 Extreme difficulty (disabling; prevents work)		2 Extreme difficulty (disabling; prevents work)		2 Extreme difficulty (disabling; prevents work)	
<b>Items 25-28 Subtotal:</b>					
<b>31</b>		<b>32</b>		<b>33</b>	
<b>Concentration or Attention</b>		<b>Generalized Anxiety</b>		<b>Irritability or Hostility</b>	
<b>Easily bored or can't concentrate</b>		<b>Prolonged, unreasonable intense fear or worry about a NUMBER of different things</b>		<b>Anger, resentment, hatred or cruelty</b>	
0 No or little difficulty		0 No or little difficulty		0 No or little difficulty	
1 Much difficulty (interferes with life a lot)		1 Much difficulty (interferes with life a lot)		1 Much difficulty (interferes with life a lot)	
2 Extreme difficulty (disabling; prevents work)		2 Extreme difficulty (disabling; prevents work)		2 Extreme difficulty (disabling; prevents work)	
<b>34</b>		<b>35</b>		<b>36</b>	
<b>Self-Blame</b>		<b>Risk of Harming Self</b>		<b>Elated Mood</b>	
<b>Feeling worthless, guilty or shamed</b>		<b>Suicidal thoughts OR risk of harming self by self-injury or severe self-neglect</b>		<b>So happy or high-spirited that it caused problems</b>	
0 No or little difficulty		0 No or little difficulty		0 No or little difficulty	
1 Much difficulty (interferes with life a lot)		3 Much difficulty (but suicide isn't imminent)		1 Much difficulty (interferes with life a lot)	
2 Extreme difficulty (disabling; prevents work)		6 Extreme difficulty (suicide is imminent)		2 Extreme difficulty (disabling; prevents work)	
<b>37</b>		<b>38</b>		<b>39</b>	
<b>Over-Talkative or Racing Speech</b>		<b>Hyperactivity</b>		<b>Grandiosity</b>	
<b>E.g., speech racing from topic to topic, or nearly non-stop talking</b>		<b>Must pace or be constantly on the go; over-active</b>		<b>Inflated appraisal of one's worth, power, knowledge, importance, or identity</b>	
0 No or little difficulty		0 No or little difficulty		0 No or little difficulty	
1 Much difficulty (interferes with life a lot)		1 Much difficulty (interferes with life a lot)		1 Much difficulty (interferes with life a lot)	
2 Extreme difficulty (disabling; prevents work)		2 Extreme difficulty (disabling; prevents work)		2 Extreme difficulty (disabling; prevents work)	
<b>40</b>		<b>41</b>		<b>42</b>	
<b>Delusions or Hallucinations</b>		<b>Conceptual Disorganization</b>		<b>Memory</b>	
<b>Bizarre false beliefs; or imaginary voices, visions, smells, or tastes</b>		<b>Disorganized or incoherent speech; or markedly bizarre behavior</b>		<b>Very forgetful (e.g., forgets previous day's conversations or plans)</b>	
0 No or little difficulty		0 No or little difficulty		0 No or little difficulty	
3 Much difficulty (interferes with life a lot)		3 Much difficulty (interferes with life a lot)		3 Much difficulty (interferes with life a lot)	
6 Extreme difficulty (disabling; prevents work)		6 Extreme difficulty (disabling; prevents work)		6 Extreme difficulty (disabling; prevents work)	
<b>43</b>		<b>44</b>		<b>45</b>	
<b>Executive Functioning</b>		<b>Word Aphasia</b>		<b>Flat or Inappropriate Emotions</b>	
<b>Impaired judgment, comprehension, planning, or problem-solving</b>		<b>Loss of the ability to use or understand words (loss of speech, reading, writing)</b>		<b>Loss of the ability to express (or understand) appropriate emotions</b>	
0 No or little difficulty		0 No or little difficulty		0 No or little difficulty (normal facial expression)	
3 Much difficulty (interferes with life a lot)		3 Much difficulty (interferes with life a lot)		3 Much difficulty (flat or inappropriate emotions)	
6 Extreme difficulty (disabling; prevents work)		6 Extreme difficulty (disabling; prevents work)		6 Extreme difficulty (disabling; prevents work)	
<b>46</b>		<b>47</b>		<b>48</b>	
<b>Personal Self-Care</b>		<b>Psychomotor Slowing</b>		<b>Confusion</b>	
<b>Washing, dressing, toileting, feeding self, body odor</b>		<b>Visible generalized slowing of movements and speech</b>		<b>Gets lost near home, doesn't know the year, or not awake enough to drive a car</b>	
0 No or little difficulty		0 No or little difficulty		0 No or little difficulty (oriented + alert)	
3 Much difficulty (interferes with life a lot)		3 Much difficulty (interferes with life a lot)		3 Much difficulty (disoriented / confused)	
6 Extreme difficulty (unable to do self-care)		6 Extreme difficulty (disabling; prevents work)		6 Extreme difficulty (in a stupor or coma)	
<b>49</b>		<b>50</b>		<b>51</b>	
<b>Dependency on Institutional Care</b>		<b>Lack of Insight</b>		<b>Overall Psychosocial Functioning</b>	
<b>Is in residential care (e.g., nursing home, group home, jail) or hospital</b>		<b>Understanding (and willingness to change) one's own personal problems</b>		<b>Functioning in ALL 3 major areas of life (occupational + social + recreational)</b>	
0 Is not in residential or hospital care		0 No or little difficulty		0 Good	
3 Is in (non-hospital) residential care		3 Much difficulty (OR partially refuses help)		3 Fair (1 problem area)	
6 Is in hospital OR recently discharged		6 Extreme difficulty (OR refuses all help)		6 Poor (2-3 problem areas)	
<b>Item 49:</b>		<b>Item 50:</b>		<b>Item 51:</b>	

PATIENT NAME:

AGE: FILE #:

Internet Mental Health		Date		Date		Date		Date			
Quality of Life Scale		1	2	1	2	1	2	1	2		
Physical Functioning	Items (1-9)			Focused Anxiety	Items (25-28)			Need for Institutional Care	Item 49		
Social Functioning	Items (10-13)			Depression	Items (29-35)			Insight	Item 50		
Occupational-Economic Functioning	Items (14-18)			Mania	Items (36-39)			Overall Psychosocial Functioning	Item 51		
Impulsive or Antisocial Behavior	Items (19-21)			Reality Testing	Items (40-41)						
Substance Abuse	Items (22-24)			Intellectual Functioning	Items (42-48)			<b>TOTAL SCORE</b>	Items (1- 51)		

DATES:	DATE 1:	DATE 2:
<b>PROGRESS:</b> * Self-rating of Progress * Immediate Goals	Poor Fair Good Excellent <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Poor Fair Good Excellent <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>PSYCHOLOGICAL PROBLEMS:</b> * Addiction * Behavior * Mood * Thinking	None Mild Moderate Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	None Mild Moderate Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>MEDICAL PROBLEMS:</b> * Physical Complaints * BP, Pulse * Sleep, Weight, Exercise	None Mild Moderate Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	None Mild Moderate Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>VOCATIONAL PROBLEMS:</b> * Paid or Unpaid Work * Finances * Recreation	None Mild Moderate Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	None Mild Moderate Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>SOCIAL PROBLEMS:</b> * Family * Friends * Romance	None Mild Moderate Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	None Mild Moderate Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>TREATMENT:</b>	<b>Prescription:</b>	<b>Prescription:</b>
<b>DIAGNOSIS:</b>	None Mild Moderate Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	None Mild Moderate Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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