

ID Number:

CONTACT INFORMA	ATION				
Legal Name:			Date:	/	/
	First Middle	Last			·
Preferred Name					
Primary Language					
Address:			Phone/Email:	Check boxes if it Call (C) and/or Messages (I	Leave
Street			Home		
City			Cell		
State			Work		
Zip					OK to Send Info?
County			Email		
	the event Aging Cent		Referred By:		
concerned about my safety because he or she was unable to get a hold of me at our scheduled appointment time, I give my permission for my therapist to contact my Emergency Contact as listed above. I understand that no			How did you hear about our services?		
Emergency Contact as listed above. I understand that no information will be released other than that related to the concern about my safety, unless legal requirements relating to the reporting of threats of violence, harm or child or elder abuse or neglect apply.					
Emergency Contact:			Are you receiving o	other services in th	nis huilding?
Contact.	First Las	t	□ No	other services in the	ns bunung:
Relationship			☐ Yes, List Clinics		
Phone					

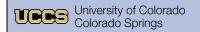
ID Number:

DEMOGRAPHIC INFORMATION								
1. Date of Birth:	/	/	2. Age:					
3. Sex:	<ul><li>☐ Male</li><li>☐ Female</li><li>☐ Other:</li></ul>		4. Ethnicity:	•	nic or Latino			
5. Education Level:	☐ Less than H☐ High Schoo ☐ Some Colle☐ Bachelor's	ege	6. Race: (check all that apply)	<ul> <li>□ Prefer not to answer</li> <li>□ American Indian/Alaska Nat</li> <li>□ Asian</li> <li>□ Native Hawaiian/Other Pacifical</li> <li>□ Black/African American</li> <li>□ White</li> <li>□ Prefer not to answer</li> </ul>				
7. Marital and Partner Status:	<ul><li>□ Never Mar</li><li>□ Married</li><li>□ Committed</li><li>□ Divorced</li><li>□ Widowed</li></ul>	ried or Partnered I Partner	8. Sexual Orientation:	☐ Heterosexual ☐ Homosexual/Lesbian/Gay ☐ Bisexual ☐ Other: ☐ Prefer not to answer				
9. Employment Status:	☐ Full-Time ☐ Part-time ☐ Retired ☐ Volunteeri ☐ Seeking En ☐ Not Emplo	nployment	10. Annual Household Income:  10b. # of people supported:	□ \$0-15,000 □ \$15,001-45,000 □ \$45,001-75,000 □ \$75,001+				
11. Type of work	11. Type of work  Desk job/sedentary  Physical labor  Standing or light walking  Not currently working  Other:			□ No □ Yes, List di -	sability:			
13. Military:  No Military Background  Active Duty Service Member  Retired Service Member  Active Duty Family Member  Retired Family Member  Reserves  Former Military  Former Military Family Member			14. Family changes last 12 months (check all that apply	? □ Divo □ Birth □ Deat	rce is			
15. Children (including step-children) and Others living in your home:								
First Name & Relati	onship Age	Live with you?  ☐ Yes ☐ No	First Name & Rel	ationship Ag	ge Live with you?			
		☐ Yes ☐ No			☐ Yes ☐ No			
		□ Yes □ No			□ Yes □ No			



ID	Number:	

YOUR HEALTH		-						
Check the health providers who have been involved in your health in the <i>past year</i> :								
Provider Type	Name	Prescribes?	Provider Ty	pe Name	Prescribes?			
☐ Primary Care or Family			☐ Personal	Trainer				
Medicine Provider			☐ Health C	oach				
<ul> <li>Mental or Behavioral Health Clinician (counselor,</li> </ul>			☐ Dietitian					
psychotherapist, psychiatrist)			☐ Acupunc	turist				
☐ Neurologist			☐ Chiropra	ctor				
☐ Ophthalmologist/Optometrist			☐ Naturop	ath				
☐ Audiologist			☐ Home He	ealth				
☐ Gastroenterologist			☐ Other: _					
☐ Physical Therapist			□ Other: _					
☐ Massage Therapist			$\square$ Other: _					
Allergies								
1. Do you have any medical allerg	ies? □ N	No □ Yes	If yes, List	:				
SYMPTOM/PROBLEM								
<ol><li>Do you currently have sympton you to come in today?</li></ol>	ns or probler	ms that led	□No□	Yes				
3. If yes, Please list any symptoms	or problems	s you have and	rate the free	nuency and intensity fo	r each			
3.a.	or problems	you have and	Frequency	Rare	Almost constant			
0.0.				1 2 3 4	5 6 7			
			Intensity	Barely noticeable	Very intense			
			<b>,</b>	1 2 3 4	5 6 7			
3.b.			Frequency	Rare	Almost constant			
				1 2 3 4	5 6 7			
			Intensity	Barely noticeable	Very intense			
			_	1 2 3 4	5 6 7			
3.c.			Frequency	Rare	Almost constant			
			Intensity	Barely noticeable	Very intense			
			intensity		5 6 7			
3.d.			Frequency	Rare	Almost constant			
3.0.			requeries	1 2 3 4	5 6 7			
			Intensity	Barely noticeable	Very intense			
				1 2 3 4	5 6 7			



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_	IV	u		N	c		٠

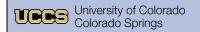
ALCOHOL AND DRUG USE								
Alcohol (drinks per week):	•	12 t 5 fl	alcohol is floz of bee oz of table not of lique	e wine	y one of the	following:		
2. Have you used alcohol excessively <i>in the past year</i> ? ☐ No ☐ Yes								
<ul><li>3. Have you <i>ever</i> used alcohol excessively?</li><li>4. Has anyone in your family <i>ever</i> used alcohol excessively?</li></ul>			□ No	□ Yes				
5. Caffeine (cups or cans per day)	5. Caffeine (cups or cans per day) Caffeine is contained in: Coffee, Tea, Soda and Energy Drinks							
6. Tobacco (amount per day):	_							
7. Has anyone in your family <i>ever</i> used tobacc	o? 🗆	No	□ Yes					
8. E-cigarette or Vaporizer (amount per day):			_					
9. Do you use marijuana?		No	□ Yes	Frequency:				
				Purpose:				
10. Have you used recreational drugs (drugs no prescribed to you) <i>in the past year</i> ?	t	No	□ Yes	List:				
11. Have you <i>ever</i> used recreational drugs?		No	□ Yes	List:				
12. Has anyone in your family <i>ever</i> used recreational drugs?		No	□ Yes	List:				
PRESCRIBED MEDICATIONS (include those pres	_				-			
PRESCRIPTION		,		ER-THE-COUN	NTER MEDIC	ATIONS		
MEDICATIONS	OR NATURAL SUPPLEMENTS				NTS			
Name of Medication Dose Freque	ency		Name of	Medication	Dose	Frequency		



Please respond to each item by marking one box per row.    Excellent   Very good   Good   Fair   Poor	PRO	DMIS – Global Health					
1. In general, would you say your health is: 2. In general, wow low your your quality of life is: 3. In general, how would you rate your physical health? 4. In general, how would you rate your mental health, including your mod and your ability to think? 5. In general, how would you rate your satisfaction with your social activities and relationships? 6. In general, how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.) 7. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair? 8. In the past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable? 9. In the past 7 days, my sleep quality was 10. In the past 7 days, how would you rate your fatigue on average? 11. In the past 7 days, how would you rate your pain on average? 12. Location of Pain:  DUTING the past 7 days, how would you rate your following problems such as a substance on average? 12. Location of Pain:  DUTING the past 7 days, how would you rate your fatigue on average? 13. In the past 7 days, how would you rate your fatigue on average? 14. In the past 7 days, how would you rate your fatigue on average? 15. In the past 7 days, how would you rate your fatigue on average? 16. In the past 7 days, how would you rate your fatigue on average? 17. In the past 7 days, how would you rate your fatigue on average? 18. In the past 7 days, how would you rate your fatigue on average? 19. In the past 7 days, how would you rate your fatigue on average? 20. Feeling down, depressed, or hopeless? 21. Little interest or pleasure in doing things? 22. Feeling down, depressed, or hopeless? 23. Feeling more irritated, grouchy, or angry than usual? 24. Sleeping less than usual, but still have a lot of energy? 25. Starting lots more projects than usual or doing more	Ple	ase respond to each item by marking one box per row					
2. In general, would you say your quality of life is:  3. In general, how would you rate your physical health?  4. In general, how would you rate your mental health, including your mood and your ability to think?  5. In general, how would you rate your satisfaction with your social activities and relationships?  6. In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)  7. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?  8. In the past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?  9. In the past 7 days, my sleep quality was  10. In the past 7 days, how would you rate your fatigue on average?  11. In the past 7 days, how would you rate your pain on average?  12. Location of Pain:  During the past 7 WO (2) WEEKS, how much (or how often) have you been bothered by the following problems?  13. Eelling more irritated, grouchy, or angry than usual?  14. Sleeping less than usual, but still have a lot of energy?  5. Starting lots more projects than usual or doing more  15. Starting lots more projects than usual or doing more  16. Starting lots more projects than usual or doing more  17. Sarahing lots more projects than usual or doing more			Excellent	Very good	Good	Fair	Poor
life is:  3. In general, how would you rate your physical health?  4. In general, how would you rate your mental health, including your mood and your ability to think?  5. In general, how would you rate your satisfaction with your social activities and relationships?  6. In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)  7. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?  8. In the past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?  9. In the past 7 days, my sleep quality was  10. In the past 7 days, how would you rate your fatigue on average?  11. In the past 7 days, how would you rate your pain on average?  12. Location of Pain:  During the past 7 WO (2) WEEKS, how much (or how often) have you been bothered by the following problems?  13. Feeling more irritated, grouchy, or angry than usual?  24. Sleeping less than usual, but still have a lot of energy?  5. Starting lots more projects than usual or doing more	1.	In general, would you say your health is:	5	4	3	2	1
health?  4. In general, how would you rate your mental health, including your mood and your ability to think?  5. In general, how would you rate your satisfaction with your social activities and relationships?  6. In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)  7. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?  8. In the past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?  9. In the past 7 days, my sleep quality was  10. In the past 7 days, how would you rate your fatigue on average?  11. In the past 7 days, how would you rate your pain on average?  12. Location of Pain:  DUSM-5 Level 1  Instructions: The questions below ask about things that might have bothered by the following problems?  13. Feeling more irritated, grouchy, or angry than usual?  14. Little interest or pleasure in doing things?  15. Starting lots more projects than usual or doing more  16. In general, how would you rate your fatigue at the past 7 days, how would you rate your fatigue on average?  17. To what extent are you able to carry out your every poor poor poor fair good very good your good y	2.		5	4	3	2	1
4. In general, how would you rate your mental health, including your mood and your ability to think?  5. In general, how would you rate your satisfaction with your social activities and relationships?  6. In general, please rate how well you carry out your usual social activities and roles. (This includes activities and roles. (This includes activities and roles.) (This includes activities and roles. (This includes activities ac	3.		5	4	3	2	
including your mood and your ability to think?  5. In general, how would you rate your satisfaction with your social activities and relationships?  6. In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)  7. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?  8. In the past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?  9. In the past 7 days, now would you rate your fatigue on average?  10. In the past 7 days, how would you rate your fatigue on average?  11. In the past 7 days, how would you rate your fatigue on average?  12. Location of Pain:  DSM-5 Level 1  Instructions: The questions below ask about things that might have bothered you.  During the past TWO (2) WEEKS, how much (or how often) have you been bothered by the following problems?  1. Little interest or pleasure in doing things?  2. Feeling down, depressed, or hopeless?  3. Feeling more irritated, grouchy, or angry than usual?  4. Sleeping less than usual, but still have a lot of energy?  5. Starting lots more projects than usual or doing more  1. Starting lots more projects than usual or doing more	1						
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usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)  7. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?  8. In the past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?  9. In the past 7 days, my sleep quality was  10. In the past 7 days, how would you rate your fatigue on average?  11. In the past 7 days, how would you rate your fatigue on average?  12. Location of Pain:  13. In the past 7 days, how would you rate your fatigue on average?  13. Little interest or pleasure in doing things?  14. Little interest or pleasure in doing things?  15. Starting lots more projects than usual, but still have a lot of energy?  16. Starting lots more projects than usual or doing more  17. Sompletely Mostly Moderately A little Not at all and a day of the past A distille Not at all and a day of the past A little Not at all and a day of the past A little Not at all and little Not at all and a little Not at all and little Not and little Not at all and little Not and little N	5.	<del>-</del> , , , , , , , , , , , , , , , , , , ,	5	4	3	2	1
activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)  7. To what extent are you able to carry out your everyday physical activities such as walking, climbing statirs, carrying groceries, or moving a chair?  8. In the past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?  9. In the past 7 days, my sleep quality was  10. In the past 7 days, how would you rate your fatigue on average?  11. In the past 7 days, how would you rate your pain on average?  12. Location of Pain:  During the past 7 two (2) WEEKS, how much (or how often) have you been bothered by the following problems?  13. Little interest or pleasure in doing things?  14. Sleeping less than usual, but still have a lot of energy?  15. Starting lots more projects than usual or doing more  Completely Mostly Moderately A little Not at all everydosty. A little	6.	• • • • • • • • • • • • • • • • • • • •	5	4	3	2	1
and responsibilities as a parent, child, spouse, employee, friend, etc.)  7. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?  8. In the past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?  9. In the past 7 days, my sleep quality was  10. In the past 7 days, how would you rate your fatigue on average?  11. In the past 7 days, how would you rate your pain on average?  12. Location of Pain:    During the past TWO (2) WEEKS, how much (or how often) have you been bothered by the following problems?  13. Feeling more irritated, grouchy, or angry than usual?  14. Sleeping less than usual, but still have a lot of energy?  15. Starting lots more projects than usual or doing more    Completely Mostly Moderately A little Not at all world and world world wout at all world and world world world and world world and world an		•					
7. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?  8. In the past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?  9. In the past 7 days, my sleep quality was  10. In the past 7 days, how would you rate your fatigue on average?  11. In the past 7 days, how would you rate your pain on average?  12. Location of Pain:  13. Location of Pain:  14. Little interest or pleasure in doing things?  15. Starting lots more projects than usual or doing more  16. Most a ll and worth and in the past of the past part of the past past past past past past past past							
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stairs, carrying groceries, or moving a chair?  8. In the past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?  9. In the past 7 days, my sleep quality was  10. In the past 7 days, how would you rate your fatigue on average?  11. In the past 7 days, how would you rate your pain on average?  12. Location of Pain:    During the past TWO (2) WEEKS, how much (or how often) have you been bothered by the following problems?  13. Little interest or pleasure in doing things?  14. Sleeping less than usual, but still have a lot of energy?  15. Starting lots more projects than usual or doing more    Never   Rarely   Sometimes   Often   Always   Often   Often   Always   Often   Always   Often   Often	7.	•	Complete	ly Mostly	Moderatel	y A little	Not at all
8. In the past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?  9. In the past 7 days, my sleep quality was  10. In the past 7 days, how would you rate your fatigue on average?  11. In the past 7 days, how would you rate your pain on average?  12. Location of Pain:    During the past TWO (2) WEEKS, how much (or how often) have you been bothered by the following problems?  13. Little interest or pleasure in doing things?  14. Sleeping less than usual, but still have a lot of energy?  15. Starting lots more projects than usual or doing more    Never Rarely   Sometimes Often   Always			5	4	3	2	1
hothered by emotional problems such as feeling anxious, depressed or irritable?  9. In the past 7 days, my sleep quality was  10. In the past 7 days, how would you rate your fatigue on average?  11. In the past 7 days, how would you rate your pain on average?  12. Location of Pain:    Distructions: The questions below ask about things that might have bothered you.	_		Novor	Paroly	Somotimos	Ofton	Always
anxious, depressed or irritable?  9. In the past 7 days, my sleep quality was  10. In the past 7 days, how would you rate your fatigue on average?  11. In the past 7 days, how would you rate your pain on average?  12. Location of Pain:    Distructions: The questions below ask about things that might have bothered you.    During the past TWO (2) WEEKS, how much (or how often) have you been bothered by the following problems?  13. Little interest or pleasure in doing things?  14. Sleeping down, depressed, or hopeless?  15. Starting lots more projects than usual or doing more	8.		Never	Karely	Sometimes		Always
9. In the past 7 days, my sleep quality was  10. In the past 7 days, how would you rate your fatigue on average?  11. In the past 7 days, how would you rate your pain on average?  12. Location of Pain:  DISM-5 Level 1  Instructions: The questions below ask about things that might have bothered you.  During the past TWO (2) WEEKS, how much (or how often) have you been bothered by the following problems?  1. Little interest or pleasure in doing things?  2. Feeling down, depressed, or hopeless?  3. Feeling more irritated, grouchy, or angry than usual?  4. Sleeping less than usual, but still have a lot of energy?  5. Starting lots more projects than usual or doing more		•	5	4	3	2	1
10. In the past 7 days, how would you rate your fatigue on average?  11. In the past 7 days, how would you rate your pain on average?  12. Location of Pain:    Description   Descriptio		anxious, depressed of initiable:	Very poor	Poor	Fair	Good	Very good
11. In the past 7 days, how would you rate your pain on average?  12. Location of Pain:  DSM-5 Level 1  Instructions: The questions below ask about things that might have bothered you.  During the past TWO (2) WEEKS, how much (or how often) have you been bothered by the following problems?  1. Little interest or pleasure in doing things?  2. Feeling down, depressed, or hopeless?  3. Feeling more irritated, grouchy, or angry than usual?  4. Sleeping less than usual, but still have a lot of energy?  5. Starting lots more projects than usual or doing more	9.	In the past 7 days, my sleep quality was	1	2	3	4	5
11. In the past 7 days, how would you rate your pain on average?  12. Location of Pain:  DSM-5 Level 1  Instructions: The questions below ask about things that might have bothered you.  During the past TWO (2) WEEKS, how much (or how often) have you been bothered by the following problems?  1. Little interest or pleasure in doing things?  2. Feeling down, depressed, or hopeless?  3. Feeling more irritated, grouchy, or angry than usual?  4. Sleeping less than usual, but still have a lot of energy?  5. Starting lots more projects than usual or doing more	10.	on average?	5	Mild 4	Moderate 3	2	1
12. Location of Pain:  DSM-5 Level 1  Instructions: The questions below ask about things that might have bothered you.  During the past TWO (2) WEEKS, how much (or how often) have you been bothered by the following problems?  1. Little interest or pleasure in doing things?  2. Feeling down, depressed, or hopeless?  3. Feeling more irritated, grouchy, or angry than usual?  4. Sleeping less than usual, but still have a lot of energy?  5. Starting lots more projects than usual or doing more	11.	In the past 7 days, how would you rate your				Worst ima	aginable Pain
During the past TWO (2) WEEKS, how much (or how often) have you been bothered by the following problems?  1. Little interest or pleasure in doing things?  2. Feeling down, depressed, or hopeless?  3. Feeling more irritated, grouchy, or angry than usual?  4. Sleeping less than usual, but still have a lot of energy?  5. Starting lots more projects than usual or doing more		pain on average?	1 2	3 4	5 6	7 8	9 10
During the past <i>TWO (2) WEEKS</i> , how much (or how often) have you been bothered by the following problems?  1. Little interest or pleasure in doing things?  2. Feeling down, depressed, or hopeless?  3. Feeling more irritated, grouchy, or angry than usual?  4. Sleeping less than usual, but still have a lot of energy?  5. Starting lots more projects than usual or doing more	12.	Location of Pain:					
During the past <i>TWO (2) WEEKS</i> , how much (or how often) have you been bothered by the following problems?  1. Little interest or pleasure in doing things?  2. Feeling down, depressed, or hopeless?  3. Feeling more irritated, grouchy, or angry than usual?  4. Sleeping less than usual, but still have a lot of energy?  5. Starting lots more projects than usual or doing more	DSN	-5 Level 1					
(or how often) have you been bothered by the following problems?  1. Little interest or pleasure in doing things?  2. Feeling down, depressed, or hopeless?  3. Feeling more irritated, grouchy, or angry than usual?  4. Sleeping less than usual, but still have a lot of energy?  5. Starting lots more projects than usual or doing more	Insti	uctions: The questions below ask about things that m	ight have l	oothered yo	ou.		
1. Little interest or pleasure in doing things?  2. Feeling down, depressed, or hopeless?  3. Feeling more irritated, grouchy, or angry than usual?  4. Sleeping less than usual, but still have a lot of energy?  5. Starting lots more projects than usual or doing more    O	Dui	ing the past <i>TWO (2) WEEKS</i> , how much					
1. Little interest or pleasure in doing things?  2. Feeling down, depressed, or hopeless?  3. Feeling more irritated, grouchy, or angry than usual?  4. Sleeping less than usual, but still have a lot of energy?  5. Starting lots more projects than usual or doing more				•			· ·
1. Little interest or pleasure in doing things?  2. Feeling down, depressed, or hopeless?  3. Feeling more irritated, grouchy, or angry than usual?  4. Sleeping less than usual, but still have a lot of energy?  5. Starting lots more projects than usual or doing more	pro	blems?	at all	•	uays		•
3. Feeling more irritated, grouchy, or angry than usual?  4. Sleeping less than usual, but still have a lot of energy?  5. Starting lots more projects than usual or doing more	1.	Little interest or pleasure in doing things?	0		2	3	4
4. Sleeping less than usual, but still have a lot of energy?  5. Starting lots more projects than usual or doing more	2.	Feeling down, depressed, or hopeless?	0	1	2	3	4
energy?  5. Starting lots more projects than usual or doing more	3.	Feeling more irritated, grouchy, or angry than usual?	0	1	2	3	4
5. Starting lots more projects than usual or doing more	4.	• •	0	1	2	3	4
	5.	Starting lots more projects than usual or doing more	0	1	2	3	4

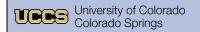
ID Number:

During the past <b>TWO (2) WEEKS</b> , how much (or how often) have you been bothered by the following problems?	None Not at all	Slight Rare, less than a day or two	Mild Several days	Moderate More than half the days	Severe Nearly every day	
6. Feeling nervous, anxious, frightened, worried, or on edge?	0	1	2	3	4	
7. Feeling panic or being frightened?	0	1	2	3	4	
8. Avoiding situations that make you anxious?	0	1	2	3	4	
<ol><li>Unexplained aches and pains (e.g., head, back, joints, abdomen, legs)?</li></ol>	0	1	2	3	4	
10. Feeling that your illnesses are not being taken seriously enough?	0	1	2	3	4	
11. Thoughts of actually hurting yourself?	0	1	2	3	4	
12. Hearing things other people couldn't hear, such as voices even when no one was around?	0	1	2	3	4	
13. Feeling that someone could hear your thoughts, or that you could hear what another person was thinking?	0	1	2	3	4	
14. Problems with sleep that affected your sleep quality over all?	0	1	2	3	4	
15. Problems with memory (e.g., learning new information) or with location (e.g., finding your way home)?	0	1	2	3	4	
16. Unpleasant thoughts, urges, or images that repeatedly enter your mind?	0	1	2	3	4	
17. Feeling driven to perform certain behaviors or mental acts over and over again?	0	1	2	3	4	
18. Feeling detached or distant from yourself, your body, your physical surroundings, or your memories?	0	1	2	3	4	
19. Not knowing who you really are or what you want out of life?	0	1	2	3	4	
20. Not feeling close to other people or enjoying your relationships with them?	0	1	2	3	4	
21. Drinking at least 4 drinks of any kind of alcohol in a single day?	0	1	2	3	4	
22. Smoking any cigarettes, a cigar, or pipe, or using snuff or chewing tobacco?	0	1	2	3	4	
23. Using any of the following medicines ON YOUR OWN, that is, without a doctor's prescription, in greater amounts or longer than prescribed [e.g., painkillers (like Vicodin), stimulants (like Ritalin or Adderall), sedatives or tranquilizers (like sleeping pills or Valium), or drugs like marijuana, cocaine or crack, club drugs (like ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)]?	0	1	2	3	4	



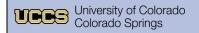
ID Number:	
	ID Number:

PC-PTSD
In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you
1. Have had nightmares about it or thought about it when you did not want Yes ONO NO to?
2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?
3. Were constantly on guard, watchful, or easily startled? Yes ONO
4. Felt numb or detached from others, activities, or your surroundings?  Yes  No
SCREEN IIAB
For each question, check only one box that describes you best. Your response should reflect your typical eating habits. Feel free to write comments beside any question.
1. Has your weight changed in the past 6 months?
No/Unsure  Yes, I gained  No, my weight stayed within a few pounds.  No, my weight stayed within a few pounds.  One of the pounds of the
weight has changed.  About 5 pounds  About 5 pounds
2. Do you skip meals?  Never or rarely Sometimes Often every day  2
3. How would you describe your appetite?  Very good Good Fair Poor  4 2 0
4. Do you cough, choke or have pain when swallowing Never Rarely Sometimes always food OR fluids?
5. How many pieces or servings of fruit and vegetables do you eat in a day?  Fruit and vegetables can be canned, fresh, frozen, or juice.  Five or more Four Three Two two
6. How much fluid do you drink in a day?  Examples are water, tea, coffee, herbal drinks, juice, and soft drinks, but not alcohol.  Eight or Five to Three to About two Less than two cups four cups cups two cups
7. Do you eat one or more meals a day with someone?  Never or rarely Sometimes Often always
8. Which statement best describes meal preparation for you?    I enjoy cooking most of my meals.   I sometimes find cooking a chore.   I usually find cooking a chore.   I'm satisfied with the quality of food prepared by others.   I'm not satisfied with the quality of food prepared by others.



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PHYSICAL ACTIVITY						
1a. Are you regularly physically active	☐ Yes: I have bee	n physically active for more	than 6 months			
for approximately 150 mins/week	$\square$ Yes: I have become physically active within past 6 months					
or 30 mins/day on most days?	☐ Yes: I am physic	cally active once in a while,	not consistently			
	■□ No: I have beer	n thinking about becoming	physically active, not yet			
ļ	■☐ No: I am not ph	nysically active, nor plannin	g to become physically			
	active		, , ,			
1b. If no, how long has it been since						
you have been physically active?	(month	s)				
2. When are you physically active?	$\square$ At work					
	$\square$ At home					
	$\square$ Transportation					
	☐ Leisure time					
	$\square$ Other, describe	2:				
3. What type of physical activities are	☐ Not physically a	active   Pilates	☐ Tennis			
you currently performing?	☐ Walking	☐ Group fitness cla	ss   Pickleball			
(Check all that apply)	☐ Hiking	☐ Yoga	☐ Tai Chi			
	☐ Jogging/runnin	g 🗆 Golf	☐ Meditation			
	☐ Stretching	☐ Strength training	☐ Other, Describe:			
	☐ Team sports	□ Cycling				
4. In the past 7 days, how often did you	u do the following	Number of days you did	Average number of			
types of activities		this activity	minutes/day?			
4a. Vigorous physical activity						
4b. Walking						
4c. Sitting						
5. What time of day are you typically	☐ Not physically a	active	1			
physically active?	☐ Morning					
	☐ Afternoon					
	□ Evening					
6. Which social context do you prefer	☐ Not currently a	ctive   Family member				
for workouts?	☐ Myself/alone	☐ With a small grou	ıp/team			
	☐ Trainer/coach	☐ With a large grou				
		8 8	• •			
	☐ Friend					
7. Has a healthcare professional	☐ Friend ☐ Arthritis	☐ Weight gain				
7. Has a healthcare professional suggested physical activity for any		☐ Weight gain☐ Pain				
suggested physical activity for any of the following symptoms:	<ul><li>☐ Arthritis</li><li>☐ Anxiety</li></ul>	□ Pain				
suggested physical activity for any	☐ Arthritis					



ID Number:

#### **HEALTH HISTORY**

For each item listed indicate your lifetime, past year and family history by placing a check in the column.

**Self: Lifetime** - Applies to you at **ANY** time in your life.

Self: Past Year - YOU have had in the past 12 months.

Family – (Left side only) Any of the following that your mother, father, or siblings have ever had.

	elf	3140 01	nly) Any of the following that <i>your I</i>	nother, jul	Se		igo nave ever nau.
Life- time	Past Year	Family			Life- time	Past Year	
			Abnormal heart rhythm				Immunizations up to date
			Alzheimer's/Dementia				Use birth control
			Arthritis				Ever been pregnant
			Asthma				Sexually transmitted diseases
			Bone density problems (osteoporosis or osteopenia)				Had abortion, miscarriage or sti birth
			Cancer				Wear bike helmet
			Chicken pox				Use seat belt regularly
			Depression				Exercise regularly
			Diabetes				Special diet, List:
			Eating disorder				Digestion issues:
			Gastritis/ulcer				Gas
			Heart attack				Bloat
			Heart disease				Constipation
			High blood pressure				Diarrhea
			High cholesterol				Falls: How many in past year?
			Kidney problems				Headaches
			Liver problems				Head Injury
			Measles				Serious Injury
			Mumps				Bone fractures
			Other mental health problem				Joint replacement
			Rheumatic fever				Back pain
			Stroke				Numbness
			Thyroid problems				Tingling
			Tuberculosis				Swelling
SURG	GICAL	HISTORY	(lifetime)				Traumatic event
Ye	ar	Describe	2				Exposure to chemicals
							Feel safe in relationships
							Physical abuse
							Sexual abuse
							Suicide attempt

University of C Colorado Sprir	IDN	ID Number:					
SCREENING HISTORY Aging Center – Individual Therapy							
1. Visual Difficulties:	<ul> <li>□ Cataracts</li> <li>□ Diabetic retinal disease</li> <li>□ Macular degeneration</li> <li>□ Hypertensive retinal disease</li> <li>□ Glaucoma</li> <li>□ Other, describe:</li> </ul>	2. Hearing Difficulties:	witho	ng aids ng Problems out aids r, describe:			
3. Mobility Assistive D	Oevices: Cane  Walker  Wheelchair  Prosthesis  Other, describe:						
LAST QUESTION!							
1. What does a "Healt	thy You" look like?						