

Cynthia Robles, MFT

Patient Questionnaire

Intake Assessment

Please tell us your condition as of today.

1. Have you felt irritable, tired, trouble with concentration or memory?

No a little Somewhat a lot

2. Have you felt nervous, shaky, short of breath or heart palpitations?

No a little Somewhat a lot

3. Have you felt an increase in pressured speech or grandiose?

No a little Somewhat a lot

4. Have you been impulsive or had aggressive behavior?

No a little Somewhat a lot

5. Have you engaged in reckless or risk taking behavior?

No a little Somewhat a lot

6. Have you had an increase or decrease in sleep or appetite?

No a little Somewhat a lot

7. Have you had a change in your daily routine, work or school performance?

No a little Somewhat a lot

9. Has there been an increase of problems in your relationships, marriage or family?

No a little Somewhat a lot

10. Have you felt despair or hopelessness?

No a little Somewhat a lot

11. Have you started or increased the amount of alcohol / drug use?

No a little Somewhat a lot

12. Have you had thoughts of hurting yourself or others?

No a little Somewhat a lot