

Self Assessment: Substance Abuse

Please respond TRUE (T) or FALSE (F) to the following items as they apply to you.

Part 1

- I use or have used alcohol or drugs for recreational purposes.
- I use alcohol despite the fact that I am under the legal age for alcohol use.
- I use drugs that I know to be illegal.
- I use drugs that have not been prescribed to me by a doctor.
- I have experienced problems at school or work as a result of alcohol or drugs.
- I have experienced problems with family relationships due to alcohol or drugs.
- I have experienced legal problems as a result of alcohol or drugs.
- I continue to use alcohol and drugs despite pressure from my family and friends to stop.
- I continue to use alcohol and drugs despite legal pressure to stop.
- I continue to use alcohol and drugs despite the problems it causes.
- I continue to use alcohol and drugs despite risk to my health.
- I have been under the influence of alcohol or drugs while at school or work.
- I have placed someone at risk as a result of my drug or alcohol use.
- I have been involved in a dangerous situation as a result of drugs or alcohol.
- I have committed a crime under the influence of drugs or alcohol.
- I have committed a crime to provide myself with drugs or alcohol.
- I have become a different person because of alcohol or drugs.
- I know that my use of drugs or alcohol is problematic.
- TOTAL TRUE responses FOR Part 1.

Part 2

- It seems to take increasing amounts of alcohol or drugs to achieve intoxication.
- Alcohol or drugs seem less potent than they used to be.
- I have experienced withdrawal symptoms from alcohol or drugs.
- I often continue to ingest alcohol or drugs to avoid withdrawal symptoms.
- I have been sick from stopping drug or alcohol use.
- I have often used more alcohol or drugs than originally intended.
- I have often experienced periods of increased alcohol or drug use.
- I find it difficult to stop once I start using alcohol or drugs.
- I have tried to stop my use of alcohol or drugs.
- I have been in treatment for my drug or alcohol use.
- I have been involved with a support group such as NA, AA, or RA.
- I have been incarcerated for an alcohol or drug related offense.
- I do not feel that I have control of my alcohol or drug use.
- I believe that alcohol or drugs have ruined my life.
- TOTAL TRUE responses for Part 2.

Scoring: A total of 3 or more TRUE responses to Part 1 indicates the potential for some abuse concerns. A score of 4 or more to Part 2 indicates the potential for dependence concerns.

Self Assessment: Anger

Please respond TRUE (T) or FALSE (F) to the following items as they apply to you.

- T F 1. I have been called a hot head or told that I have a problem with anger.
- T F 2. I get into fights or arguments.
- T F 3. I have a difficult time keeping friends due to disagreements.
- T F 4. I get into trouble for the way I react to things.
- T F 5. I often feel annoyed, irritated, or frustrated.
- T F 6. A lot of things get under my skin.
- T F 7. I often get angry while driving.
- T F 8. People are often afraid of me and my reactions.
- T F 9. I have had legal difficulties stemming from my anger.
- T F 10. I have been told that I needed anger management classes.
- T F 11. I often blow things out of proportion.
- T F 12. I often feel like I am going to explode.
- T F 13. I often feel that everyone else is an idiot.
- T F 14. I like to argue.
- T F 15. When I get angry, I do or say things that I later regret.
- T F 16. I have been so angry that I can't remember what I did or said.
- T F 17. I have hit someone when they angered me.
- T F 18. While growing up, my family fought a lot.
- T F 19. When I'm angry, I often look for fights.
- T F 20. Anger has caused me significant problems.

Scoring: Four or more TRUE responses indicate that you may have an issue with anger.

Self Assessment: Anxiety

Please rate the following items as they apply to the way you are feeling right now.

0 = Never

1 = Sometimes

2 = Often

4 = Mostly

- _____ 1. I tend to be a worrier.
- _____ 2. I feel restless and can't seem to get comfortable.
- _____ 3. I have a hard time letting things go.
- _____ 4. I tend to over analyze events and experiences.
- _____ 5. I never seem to be able to relax or feel calm.
- _____ 6. I often lie awake at night because I can't stop thinking.
- _____ 7. I feel uncomfortable in social situations.
- _____ 8. I feel stressed.
- _____ 9. I have experienced panic attacks.
- _____ 10. I tend to over think situations.
- _____ 11. I tend to make little things into big things.
- _____ 12. I often feel tense and "on edge".
- _____ 13. I still feel worried about events that are over and done with.
- _____ 14. I often worry about what others are thinking or feeling about me.
- _____ 15. I get very upset if events don't go the way that they "should".
- _____ 16. I find that counting is a comfort to me
- _____ 17. I like things to be in order and get upset if they are out of order.
- _____ 18. I engage in actions that I can't control and don't really understand.
- _____ 19. I engage in rituals or habits that take up a lot of time and energy.
- _____ 20. I am a nervous person.
- _____ 21. I frequently have thoughts that scare me.
- _____ 22. I avoid certain people and situations because they frighten me.
- _____ 23. I sometimes have thoughts I can't control.
- _____ 24. I often feel that I am in a dream.
- _____ 25. I sometimes feel as if I am watching myself from outside of my body.

_____ TOTAL SCORE

Scoring: Tally the items and total the score in the space provided above. A score of 8 or more indicates that you may be experiencing serious levels of anxiety and may need to take some action to address it.

Self Assessment: Attention Deficit-Hyperactivity

Please respond to these items as they apply to you or your child using the following key:

0 = Never **1 = Sometimes** **2 = Often** **4 = Mostly**

- _____ 1. Makes careless mistakes that adversely affect work or projects
- _____ 2. Struggles to maintain concentration
- _____ 3. Has difficulty sustaining attention resulting in adverse outcomes
- _____ 4. Lacks focus during social interactions and conversations
- _____ 5. Has problems with task completion
- _____ 6. Is disorganized
- _____ 7. Seeks to avoid tasks requiring prolonged effort and sustained attention
- _____ 8. Has trouble keeping track of materials and loses items
- _____ 9. Is easily distracted
- _____ 10. Seems lost and forgetful
- _____ **TOTAL FOR ITEMS 1-10**
- _____ 11. Has trouble sitting still
- _____ 12. Seems to fidget, squirm, and move constantly
- _____ 13. Always on the go
- _____ 14. Has difficulty working or playing quietly
- _____ 15. Talks excessively
- _____ **TOTAL FOR ITEMS 11-15**

Scoring: A score of 10 or more for items 1-10 indicates that there may be a problem with inattention. A score of 8 or more for items 11-15 indicates that there may be a problem with impulsivity and/or hyperactivity. This is not intended to render an official diagnosis but rather help identify the need for further exploration.

Self Assessment: Conduct Problems

Please respond to the following items based on how they relate to you or your child using the following key:

0 = Never

1 = Sometimes

2 = Often

4 = Mostly

- _____ 1. Loses temper or gets mad easily
- _____ 2. Argues with adults, including parents and teachers
- _____ 3. Is defiant and disregards rules and limits
- _____ 4. Is deliberately annoying and enjoys teasing others
- _____ 5. Has difficulty accepting responsibility or blames others for own mistakes
- _____ 6. Is sensitive and easily annoyed by others
- _____ 7. Is angry and resentful
- _____ 8. Is spiteful and vindictive
- _____ **Total for items 1 - 8**
- _____ 9. Bullies, threatens, and intimidates others
- _____ 10. Engages in physical aggression
- _____ 11. Has used a weapon or dangerous item against others
- _____ 12. Treats people with cruelty
- _____ 13. Is cruel to animals
- _____ 14. Has stolen from a person, home, or business
- _____ 15. Has forced someone into sexual activity
- _____ 16. Has purposely started a fire to damage property
- _____ 17. Has deliberately destroyed property
- _____ 18. Has broken into someone's home, building, or car
- _____ 19. Uses lies to con others and get items or favors
- _____ 20. Has shoplifted or picked pockets
- _____ 21. Ignores curfew and other parental restrictions and rules
- _____ 22. Has run away from home overnight on at least two occasions
- _____ 23. Has run away and stayed gone for an extended period of time
- _____ 24. Is often truant from school
- _____ **Total for items 9 - 24**

Scoring: Tally the scores for each set of items and compare the following guidelines. A score of 8 or more for items 1-8 suggests the potential for oppositional and defiant behaviors while 6 or more for items 9-24 suggests the presence of more serious conduct concerns.

Self Assessment: Self-Concept Form

Please answer TRUE (T) or FALSE (F) to the following statements as they apply to how you feel.

- | | | |
|---|---|--|
| T | F | 1. I am as good as most other people. |
| T | F | 2. I can do some things fairly well. |
| T | F | 3. People generally like me. |
| T | F | 4. I am usually proud of what I accomplish. |
| T | F | 5. If I make an error I do not beat myself up too badly. |
| T | F | 6. I can usually bounce back from upsets or disappointments. |
| T | F | 7. I can usually expect to be successful if I try my best. |
| T | F | 8. I do not let myself stay down for too long. |
| T | F | 9. I feel that mistakes are just a part of life. |
| T | F | 10. I generally like myself. |
| T | F | 11. I don't mind trying new things. |
| T | F | 12. I like meeting new people. |
| T | F | 13. I have a good number of friends. |
| T | F | 14. I have a good number of talents and abilities. |
| T | F | 15. I am happy with myself. |

Scoring: The more true responses the more positive your self-concept.

Self Assessment: Depression

Rate the following items as they apply to the way you are feeling right now.

0 = Never

1 = Sometimes

2 = Often

4 = Mostly

_____ 1. I feel sad and empty.

_____ 2. I don't enjoy being with family or friends.

_____ 3. I am not interested in sex.

_____ 4. I don't find many things interesting or enjoyable.

_____ 5. I don't have much of an appetite.

_____ 6. I overeat when I'm not hungry.

_____ 7. I can't seem to get a good night's sleep.

_____ 8. I am easily annoyed, irritated, or frustrated.

_____ 9. I'm sleepy all the time or spend too much time in bed.

_____ 10. I feel like I'm moving in slow motion.

_____ 11. I don't know what to do with myself.

_____ 12. I have trouble concentrating or paying attention.

_____ **TOTAL for Part 1.**

_____ 13. I feel worthless.

_____ 14. I feel powerless and helpless.

_____ 15. I feel hopeless.

_____ **TOTAL for Part 2.**

_____ 16. I feel that life is not worth living.

_____ 17. I feel that suicide is the only way out.

_____ 18. I have been seriously thinking about hurting myself or others.

_____ 19. I have a plan to harm myself.

_____ 20. I have no reason to live.

_____ **TOTAL for Part 3.**

Self Assessment: Depression

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Scoring: Tally the scores for each item and total them in the space provided at the end of each section. Then use the following criteria to analyze your score.

Part 1: A score of 10 or more indicates that you are experiencing some depressed symptoms. This does not mean that you are depressed, but your mood is definitely more negative than positive at the moment. You may need to consider taking action to address these concerns.

Part 2: A score of 6 or more indicates that you are experiencing some negative thinking patterns. These usually result in a strong negative mood. With a score of 6 or higher, you should consider undertaking some action to address these concerns.

Part 3: A score of 1 or more indicates that you may be at risk for suicide and should address this ***immediately!!!!***

Self Assessment

Nine Symptom Checklist

1. Over the last 2 weeks, how often have you been bothered by any of the following problems?

Read each item carefully, and circle your response.

a. Little interest or pleasure in doing things

Not at all *Several days* *More than half the days* *Nearly every day*

b. Feeling down, depressed, or hopeless

Not at all *Several days* *More than half the days* *Nearly every day*

c. Trouble falling asleep, staying asleep, or sleeping too much

Not at all *Several days* *More than half the days* *Nearly every day*

d. Feeling tired or having little energy

Not at all *Several days* *More than half the days* *Nearly every day*

e. Poor appetite or overeating

Not at all *Several days* *More than half the days* *Nearly every day*

f. Feeling badly about yourself, feeling you are a failure, or feeling you have let yourself or family down

Not at all *Several days* *More than half the days* *Nearly every day*

g. Trouble concentrating on things such as reading the newspaper or watching television

Not at all *Several days* *More than half the days* *Nearly every day*

h. Moving or speaking so slowly that other people could have noticed; being so fidgety and restless that you have been moving around a lot more than usual

Not at all *Several days* *More than half the days* *Nearly every day*

i. Thinking that you would be better off dead or you want to hurt yourself in some way

Not at all *Several days* *More than half the days* *Nearly every day*

2. If you have checked off any problem on this questionnaire so far, 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*

Self Assessment

Nine Symptom Checklist: Scoring Tally Sheet

1. Over the last 2 weeks, how often have you been bothered by any of the following problems?
Read each item carefully, and circle your response.

	Not at all	Several days	More than half days	Nearly every day
	0	1	2	3
a. Little interest or pleasure in doing things				
b. Feeling down, depressed, or hopeless				
c. Trouble falling asleep, staying asleep, or sleeping too much				
d. Feeling tired or having little energy				
e. Poor appetite or overeating				
f. Feeling badly about yourself, feeling you are a failure, or feeling you have let yourself or family down				
g. Trouble concentrating on things such as reading the newspaper or watching television				
h. Moving or speaking so slowly that other people could have noticed; being so fidgety and restless that you have been moving around a lot more than usual				
i. Thinking that you would be better off dead or you want to hurt yourself in some way				
TOTALS				

2. If you have checked off any problem on this questionnaire so far, 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
0	1	2	3

Self Assessment

Nine Symptom Checklist: How To Score

Scoring Method For Diagnosis

Major Depressive Syndrome is suggested if:

- Of the 9 items, 5 or more are circled as at least “More than half the days”
- Either item 1a or 1b is positive, that is, at least “More than half the days”

Minor Depressive Syndrome is suggested if:

- Of the 9 items b, c, or d are circled as at the least “More than half the days”
- Either item 1a or 1b is positive, that is, at least “More than half the days”

Scoring Method For Planning & Monitoring Treatment

Question One

- To score the first question, tally each response by the number value of each response:

Not at all = 0

Several Days = 1

More than half the days = 2

Nearly every day = 3

- Add the numbers together to total the score
- Interpret the score by using the guide listed below:

SCORE	ACTION
≤ 4	The score suggests the patient may not need depression treatment
>5-14	Physician uses clinical judgment about treatment, based on patient's duration of symptoms and functional impairment
≥15	Warrants treatment for depression, using antidepressant, psychotherapy and/or a combination of treatment

Question Two

In question two the patient responses can be one of four: not difficult at all, somewhat difficult, very difficult, and extremely difficult. The last 2 responses suggest that the patient's functionality is impaired. After treatment begins, the functional status is again measured to see if the patient is improving.