

Client Name: _____

Date: _____

Intake Evaluation - Client Self-Report

Please rate from 0 to 10 for each description within the last month/lifetime.

	Rate on a scale of 0-10 (0 = never and 10 = constantly) Please circle		Notes
	An Issue in the Past Month	Worst Month in my Lifetime	
Excessive Guilt Feelings	0-1-2-3-4-5-6-7-8-9-10	0-1-2-3-4-5-6-7-8-9-10	
Feelings of Worthlessness	0-1-2-3-4-5-6-7-8-9-10	0-1-2-3-4-5-6-7-8-9-10	
Low Energy Level	0-1-2-3-4-5-6-7-8-9-10	0-1-2-3-4-5-6-7-8-9-10	
Difficulty Concentrating	0-1-2-3-4-5-6-7-8-9-10	0-1-2-3-4-5-6-7-8-9-10	
Feeling Alone	0-1-2-3-4-5-6-7-8-9-10	0-1-2-3-4-5-6-7-8-9-10	
Feel Like a Burden	0-1-2-3-4-5-6-7-8-9-10	0-1-2-3-4-5-6-7-8-9-10	
Hopeless	0-1-2-3-4-5-6-7-8-9-10	0-1-2-3-4-5-6-7-8-9-10	
Withdrawing from your Support System	0-1-2-3-4-5-6-7-8-9-10	0-1-2-3-4-5-6-7-8-9-10	
Dramatic Mood Changes	0-1-2-3-4-5-6-7-8-9-10	0-1-2-3-4-5-6-7-8-9-10	
Reckless/Dangers Behavior	0-1-2-3-4-5-6-7-8-9-10	0-1-2-3-4-5-6-7-8-9-10	
Physically Agitated/Can't Sit Still	0-1-2-3-4-5-6-7-8-9-10	0-1-2-3-4-5-6-7-8-9-10	
Chronic Pain	0-1-2-3-4-5-6-7-8-9-10	0-1-2-3-4-5-6-7-8-9-10	
Feeling Trapped	0-1-2-3-4-5-6-7-8-9-10	0-1-2-3-4-5-6-7-8-9-10	
Writing About Death	0-1-2-3-4-5-6-7-8-9-10	0-1-2-3-4-5-6-7-8-9-10	
Thoughts About Hurting Yourself	0-1-2-3-4-5-6-7-8-9-10	0-1-2-3-4-5-6-7-8-9-10	
Giving Away Possessions	0-1-2-3-4-5-6-7-8-9-10	0-1-2-3-4-5-6-7-8-9-10	
Have You Been Saying, "Goodbye" to People?	0-1-2-3-4-5-6-7-8-9-10	0-1-2-3-4-5-6-7-8-9-10	
Working to Get Your Financial Affairs in Order	0-1-2-3-4-5-6-7-8-9-10	0-1-2-3-4-5-6-7-8-9-10	
Thoughts About Hurting Someone Else	0-1-2-3-4-5-6-7-8-9-10	0-1-2-3-4-5-6-7-8-9-10	

Reviewed by: _____

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