



Client Mental Health Assessment Questionnaire

Date: _____

Counselor: _____

Client Name: _____ Age: _____ Date of Birth: _____

Have you in the past or do you currently experience any of the following? (Check all that apply)

Tension	Hopelessness	Irritability	Intrusive Thoughts
Worry too much	Lack of Pleasure/Motivation	Uncontrollable anger	Impulsive behaviors
Trembling/Sweating	Suicidal thoughts (wanting to hurt yourself)	Homicidal thoughts	Restlessness
Heart Racing	Not Eating	(wanting to hurt someone else)	High energy (keyed up/can't stop)
Obsessive thoughts	Binge Eating	Sleeping Problems	Hyperactivity
Lack of Concentration	Overeating	Nightmares or bad dreams	Sexual concerns
Fatigue (lack of energy)	Purging	Flashbacks	Other: _____
Forgetfulness	Substance Abuse	Hallucinations (hearing voices or seeing things)	
Crying Spells			

Check any areas being affected by the items marked above? (Check all that apply) Emotionally Marriage/Family
 Mentally Physically Sexually Socially School Work Legally Other: _____

Have you experienced any of the following abuses? (Check all that apply)

Emotional Mental Physical Sexual Witnessed another being abused Have abused others

Answer the following if any items above are checked: When did the abuse occur, for how long, and who was the abuser?

Place an "X" in the column that best fits you for each statement

I...	Often	Sometimes	Rarely
Communicate well with others.			
Get along well with authority figures.			
Get along well with my peers.			
Am able to set goals & work towards them.			
Get support from my family and/or friends.			
Am satisfied with my relationships.			
Understand how to be safe in my intimate relationships.			
Like myself, even when others reject me.			
Can laugh at myself.			
Am happy to be me.			
In my current relationship...	Often	Sometimes	Rarely
We argue and fight about everything.			
When we are together I feel like I am walking on eggshells.			
I feel responsible for our problems.			
Alcohol and/or drugs affect our relationship.			
I feel isolated and depressed.			
I feel controlled by my spouse/partner.			
I have experienced or am currently experiencing...	Yes	No	
Damage to personal relationships and/or have difficulties at work/school due to my anger.			
Legal issues (e.g. traffic tickets, history of arrests, probation, etc.).			
I have or am currently...	Yes	No	
Experiencing legal, financial, health, work, school, family, friendship or relationship problems because of my alcohol and/or drug use.			
Using alcohol or drugs to cope with life.			
Calling myself an alcoholic or addict.			
Being treated for substance abuse.			
Have a family history of substance abuse.			