



A New Life
Christian Counseling

A New Life Is Possible One Step at a Time
www.anlcc.com

Portland:
9727 NE Sandy Blvd., Suite 274
Portland, OR 97220
Phone: (503) 548-7737

PROFESSIONAL DISCLOSURE STATEMENT FOR JAY MCCALL, M.DIV.

This statement is supplied for your information and protection. It provides information regarding my approach to counseling, education, training and credentials, your rights as a client, and my fees.

APPROACH TO COUNSELING: First, I limit my practice of individual counseling to exclude female clients. I will not conduct an individual counseling session with a female.

Second, my approach to counseling incorporates a focused, short-term, goal oriented view of the counseling process. I understand my role as a professional mental health provider is to present a plan of treatment to my clients with expectations of the work needing to be accomplished throughout the counseling process. This plan of treatment will be reviewed on a regular basis with the client in order to maintain a focused approach to the treatment offered.

Third, the typical process of counseling begins with a phase to gather information and the creation of the treatment plan. During the next phase the client will be learning new skills and making changes to achieve the goals of the treatment plan. The third phase is reviews the changes made and the goals of the treatment plan. If goals are achieved then the fourth phase is begins. The fourth phase terminates the counseling process. I believe there is tremendous potential for personal exploration and growth within each individual. My role as a counselor is to assist those individuals, couples, families, and groups that are motivated to change at least one aspect of their thoughts, feelings, or behaviors. As a professional counselor, it is my endeavor to utilize various approaches and techniques in order to best serve the needs of the client.

Sessions between a counselor and client may be very intimate emotionally and psychologically. Client and counselor understand that the relationship will remain on a professional level rather than a personal one. Contact will be limited to the paid sessions in the office or over the phone. The client and counselor shall not engage in physical contact, socialize, give gifts to each other, nor establish any relationship other than the stated counseling relationship. Counseling sessions focus exclusively on client concerns.

I practice under the code of ethics established by the American Association of Christian Counselors and by the American Association of Pastoral Counselors (AAPC). Currently, I have chosen to not become licensed in the state of Oregon as a Licensed Professional Counselor.

CLIENT RIGHTS: As a client, you are rightfully entitled

- To expect that the staff has met the minimal qualifications of training and experience required by state law.
- To report complaints to the proper authorities
- To be informed of the cost of professional services before receiving these services;
- To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving these services;
- To obtain permission to view your file, by way of written request stating reason(s) to the therapist
- To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the exceptions to confidentiality of information obtained in the course of services that include the following:
 - Reporting suspected abuse of a child, developmentally disabled person, or a dependent adult;
 - Reporting imminent danger to client or others, including (but not limited to) suicidal behavior or when a client is HIV positive and is unwilling to inform individuals with whom he/she is intimately involved;
 - Reporting information required in court proceedings, or by client's insurance company, or other relevant agencies;
 - Student consultation or supervision;
 - Defending claims brought by client against therapist;
 - Client has signed a release of information authorizing said disclosure.

Therapy is understood to be a choice made by the client, among available options. Options include other centers, therapies, support groups, self-help resources, and other modes of treatment. Medical treatment may also be another viable option. The client may choose not to seek treatment at this time. If therapy is chosen, client's symptoms may worsen before improving, fail to improve, or continue to worsen. Some clients need only a few sessions to achieve their goals, while others may require months or even years of counseling. The client has the right to terminate at any time, however, it is understood that premature termination may result in the return or worsening of the initial symptoms or problems.

Clients are encouraged to talk with the counselor directly if dissatisfied with services received, desirous of a second opinion or referral, or if intending to discontinue appointments.

EDUCATION: My education includes a Masters of Divinity Degree in Counseling Psychology from Western Evangelical Seminary, as well as two years of post-graduate training in clinical psychology at Pacific University. I also hold a Bachelor of Arts Degree in Communications from Simpson University in Redding, California.

I have received specialized training in anger management, treating sexual abuse victims, group therapy, crisis counseling and suicide prevention, men's issues, and premarital and marital counseling.

In accordance with the recommended practices stated by the AACC and the AAPC, I participate in continuing education and training in order to further enhance the effectiveness of my counseling skills. As part of my personal and professional growth, as well as ongoing commitment to improvement and integrity, I maintain weekly consultation with other professionals in the pastoral and counseling fields.

FEES: Group fees are \$15-\$35 per participant each 90-minute session, depending on group size, topic, and if necessary, financial difficulty. Group intakes are typically \$50, unless otherwise mentioned. My fees for individual therapy are based upon a sliding scale for the amount of time spent or reserved, at the rate of \$35 to \$85 per session. Sessions are typically 50 minutes long, except initial "intake" sessions and some couples and family sessions, which are 75 minutes long and billed at 1.5 times the session amount. Rates and payment arrangements will be determined at the time of scheduling.

CANCELLATION POLICY: Clients are expected to contact the counselor at least 24 hours in advance to cancel or reschedule an appointment. Full fees may be charged for missed sessions.

EMERGENCY SERVICES: If in need of emergency services, the client should call a crisis line at (503) 988-4888 or 1-(800) 273-8255 or call 911.

ACKNOWLEDGEMENT OF RECEIPT: I/We, _____, have read and fully understand the information provided to me by Jay McCall, M.Div. in his Professional Disclosure Statement.

Client/Guardian Signature

Date

Client/Guardian Signature

Date

Jay McCall, M.Div.

A New Life Christian Counseling
INTAKE FORM

Today's Date: ____/____/____

Personal Information

Name:		Age:	Sex:
Date of Birth: / /	Marital Status:	Cell Phone #: () -	
Address:		Work Phone #: () -	
City:	State:	Zip:	Message Phone #: () -
# of Children:	Their Ages:	Home Phone #: () -	
Nearest Relative Living Separately:		Their Phone #: () -	
Partner's Name:		Their Phone #: () -	

Education / Employment Information

Last grade completed in school:	Are you employed now? ____Yes ____No
Present Occupation:	Company Name:
Main occupation during past 5 years:	

Spiritual History

Name of Person(s) Who Introduced You to Christ:	Age at Conversion:
List a Few Words to Describe Your Personal Faith:	
List Those Who Support You Most Spiritually:	

General Information

How did you hear about us? _____

Problems you want help with: _____

How much have you worked during the past two years? _____

Describe your education (# of years of school, special training, etc.): _____

Describe any psychological problems you have or have had (e.g. periods of depression, anxiety, fears, phobias, problems with anger, confusion, etc.): _____

Describe your living situation: _____

Did anyone in your family die before you were 18 years old? ____Yes ____No

Who? _____ How old were you? _____

Other family deaths? _____

PLEASE FILL OUT ALL THREE PAGES

When were you last examined by a physician? _____ Name _____

Present physician's name _____ Phone number _____

List any major health problems for which you have received treatment: _____

Do you or your family members currently have or have ever had any of the following: (Please check all that apply)

	SELF	FAMILY
HEART PROBLEMS	_____	_____
CANCER	_____	_____
NERVOUS BREAKDOWN	_____	_____
STROKE	_____	_____
CHRONIC ILLNESS _____	_____	_____
ALCOHOL OR DRUG ABUSE	_____	_____
LEGAL PROBLEMS	_____	_____
LEARNING DISABILITY	_____	_____
DEPRESSION	_____	_____
OTHER _____	_____	_____

List any medications you are now taking (prescription and non-prescription): _____

Have you been abused or assaulted? YES NO DON'T REMEMBER (Circle One)

Did you witness abuse between your parents? YES NO DON'T REMEMBER (Circle One)

Did you witness abuse between parent and child? YES NO DON'T REMEMBER (Circle One)

Have you ever received psychiatric or psychological help or counseling of any kind before?

YES _____ NO

If you have, please explain: _____

List everyone currently living in your home, including family and other:

NAME	AGE	BIRTHDATE	RELATIONSHIP

Please circle any of the following which concern you:

- | | | | |
|-------------------|------------------------|-----------------|------------------|
| NERVOUSNESS | DEPRESSION | FEARS | SHYNESS |
| SEXUAL PROBLEMS | SUICIDAL THOUGHT | SEPARATION | DIVORCE |
| FINANCES | ANGER | SELF-CONTROL | FRIENDS |
| SLEEP PROBLEMS | STRESS | WORK/SCHOOL | RELAXATION |
| HEADACHES | TIREDNESS | LEGAL MATTERS | MEMORY |
| AMBITION | ENERGY | INSOMNIA | MAKING DECISIONS |
| LONELINESS | INFERIORITY FEELINGS | CONCENTRATION | EDUCATION |
| CAREER CHOICES | MARRIAGE/RELATIONSHIPS | HEALTH PROBLEMS | TEMPER |
| NIGHTMARES | CHILDREN | EATING PROBLEMS | UNHAPPINESS |
| SEXUAL ABUSE | PHYSICAL ABUSE | BOWEL TROUBLES | BEING A PARENT |
| MY THOUGHTS | STOMACH PROBLEMS | GAMBLING | BINGE EATING |
| EATING TOO LITTLE | TOO HEAVY OR THIN | SPIRITUALITY | UNFORGIVENESS |

Please circle any of the following strengths you have:

- | | | | | |
|------------|-------------|---------------|----------------|---------------|
| CONFIDENT | HARD WORKER | ORGANIZED | SYMPATHETIC | GOOD LISTENER |
| DEPENDABLE | SENSITIVE | LOGICAL | LOYAL | GRACIOUS |
| DECISIVE | RESPONSIBLE | UNDERSTANDING | SENSE OF HUMOR | PATIENT |
| OTHER | | | | |

Please use the chart below to describe your use of drugs. Complete the "yes" or "no" lines for each drug listed, and if "yes", answer the remaining questions on the line.

	No, I Never Used	Yes, I Used	If yes, age at first use	When using, frequency of use (daily, weekly, etc.)	How long since last used?
Tobacco					
Alcohol					
Marijuana/Hashish					
Cocaine					
Crack					
Crank					
Meth/Amphetamine/Speed					
Hallucinogens (LSD, Mushrooms, Mescaline, etc.)					
Coffee					
Other					

Please add any additional information which you feel may be helpful to us: _____

THANK YOU FOR FILLING OUT THIS FORM



A New Hope

Sexual Activity Survey

NAME: _____ DATE: _____

(Respond to each question by checking either the Yes or No box)

		Yes	No	
1.	Do you often feel "horny" and desiring sex more often than other people you know?			
2.	Have you always thought and acted properly in regards to sexual matters?			
3.	Do you regularly view pornographic images on the internet?			
4.	Have you ever masturbated?			
5.	Do you feel more anger than other people you know?			
6.	Do you sexually fantasize about someone that you have had some casual contact?			
7.	Have you ever had any legal problems (civil or criminal) due to your sexual behaviors?			
8.	Do you frequent adult video stores?			
9.	Have you ever struggled with your sexual activities?			
10.	Do you feel separated from God because of your sexual behaviors?			
11.	Do you have periods where you cannot control your sexual thoughts and fantasies?			
12.	Do you spend time in chat rooms chatting about sexual matters?			
13.	Have you ever sexually cheated on your spouse or partner?			
14.	Have you ever thought of someone as a sexual object?			
15.	Have you ever reduced your participation in church activities because of your guilt?			
16.	Do you feel God has abandoned you because of your sexual sin?			
17.	As an adult, have you ever inappropriately touched or were sexual with a minor?			
18.	Do you always avoid looking at sexual images in the media or films?			
19.	Do you ever feel depressed or hopeless over your sexual behaviors?			
20.	Have you ever tried to quit a type of sexual activity and could not stop acting out?			
21.	Have you ever been sexual with a prostitute?			
22.	Do you ever have thoughts about having homosexual sexual relations?			
23.	Do you ever think you're a horrible person because of your sexual behaviors?			
24.	Do you think about having group sexual experiences?			
25.	Do you always remove yourself away from sexual temptation?			
26.	Have you ever been arrested for sexual solicitation?			
27.	Do you own pornographic videos, magazines, or pictures?			
28.	Do you like pornographic images showing brutality and humiliation towards others?			
29.	Do you feel agitated when you cannot have a "daily sexual release"?			
30.	Do you feel bored most of the time unless you are being sexual or thinking about sex?			
31.	Do you have a high level of stress in your life?			
32.	Do you feel you have completely conquered sexual temptation?			
33.	Have you ever asked God to take away your sexual drive or sexual organs?			
34.	Have you ever felt disturbed over your sexual activities?			
35.	Do you enjoy viewing pornographic images of children?			
36.	Have you ever had sexual activity with a pet or farm animal?			
37.	Do you think about sexual activities when you are at church services?			

(Respond to each question by checking either the Yes or No box)

		Yes	No	
38.	Do you ever cross-dress in order to find or enhance your sexual experiences?			
39.	Do you ever use drugs or alcohol to enhance your sexual experience?			
40.	Do you ever expose yourself to others in public?			
41.	Have your sexual activities hurt your relationships with your loved ones?			
42.	Have you ever had a homosexual experience?			
43.	Do you feel you need to be tested for Sexually Transmitted Diseases?			
44.	Do you ever secretly watch others through windows of their houses or apartments?			
45.	Have you ever met someone online and the relationship became sexual?			
46.	Have you lied about your sexual activities?			
47.	Have you ever excessively masturbated until you physically hurt?			
48.	Have you ever used alcohol or drugs to take sexual advantage of someone else?			
49.	Do you go to strip bars, dance clubs or lingerie modeling looking for sex ?			
50.	Do you feel the need to be in a romance at all times?			
51.	Do you neglect your responsibilities because of your sexual behaviors?			
52.	Do you feel a need to be sexual in order to feel good about yourself?			
53.	Do you seduce and manipulate others to have sexual relations with you?			
54.	Do you think that your "special sexual needs" make you different than others?			
55.	Do you fantasize and masturbate to calm down or to go to sleep?			
56.	Do you feel ashamed of your sexual behaviors?			
57.	Do you think about past and future sexual activities?			
58.	Do you think if you're sexual with someone then you will have them under your power?			
59.	Have you ever had cyber-sex?			
60.	Have you had sexual relations with anonymous partners?			
61.	Do you visit internet websites to meet potential sexual partners?			
62.	Have you ever spend money you couldn't afford to facilitate your sexual activities?			
63.	Have you always been honest?			
64.	Have you been romantically or sexually involved with more than one person at a time?			
65.	Do you regularly read romance or erotic novels?			
66.	Have you ever sexually fantasized?			
67.	Do you think you are morally bankrupt?			
68.	Have you ever traded sexual behaviors for drugs, goods, or other favors?			
69.	Have you ever been reprimanded at a work site for being sexually inappropriate?			
70.	Do you experience sexual arousal when you feel physical pain or humiliation?			
71.	Have you ever participated in high-risk sexual activities that could destroy your life?			
72.	Do you spend long periods of time thinking about sex?			
73.	Have you ever felt that all sexual activities are sinful and gross?			
74.	Do you believe others would reject you if they knew your sexual activities?			
75.	Do you sexualize others that you see in public places?			
	Totals			



Client's Name: _____
 Age: _____ Sex: _____ M _____ F

There are two parts to this scale. The first part consists of a series of statements which may or may not reflect your personal experience. The second part contains a number of incomplete sentences which you will be asked to complete.

Please read the following statements. For each statement circle the number which best represents your experience.

5 - Many Times Per Day 4 - Every Day 3 - Some Days 2 - Once In a While 1 - Almost Never 0 - Never

I feel God's presence.	5	4	3	2	1	0
During worship, or other times when connecting with God, I feel joy which lifts me out of my daily concerns.	5	4	3	2	1	0
I find strength in my faith and spirituality.	5	4	3	2	1	0
I find comfort in my faith and spirituality.	5	4	3	2	1	0
I feel deep inner peace and harmony.	5	4	3	2	1	0
I ask for God's help in the midst of daily activities.	5	4	3	2	1	0
I feel guided my God in the midst of daily activities.	5	4	3	2	1	0
I feel God's love for me personally.	5	4	3	2	1	0
I feel God's love for me through others.	5	4	3	2	1	0
I feel thankful for my blessings.	5	4	3	2	1	0
I feel a selfless caring for others.	5	4	3	2	1	0
I accept others even when they do things I think are wrong.	5	4	3	2	1	0
I desire to be closer to God.	5	4	3	2	1	0

Complete the following sentences with your initial and quick response. There is no right or wrong answer.

1. God, the Father, _____
2. In heaven _____
3. When I think about Jesus _____
4. I am afraid God will _____
5. When I pray, I picture God _____
6. In the church _____
7. The Bible _____
8. The Holy Spirit _____



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Portland Office Location:
Eastside Foursquare Ministry Campus
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Vancouver Office Location:
Park Tower Addition
201 NE Park Plaza Dr., Suite 293-L
Vancouver, WA 98684
Brad Peterson: (360) 980-7906
Greg Goostree: (360) 773-4715
Sara Pirolo: (360) 980-4436
Office Fax: (360) 326-1859

REDUCED FEE SCHEDULE

A New Life Christian Counseling is able to provide services affordably, according to the following policies:

- 1) All fees are based on a sliding scale of \$35-\$85 per session, based on income.
- 2) Fees are to paid at the start of each session, unless client billing has been previously arranged.
- 3) Session are typically 60 minutes long, except initial "intake" sessions and some couples sessions, which are 90 minutes long and billed at 1.5 times the session amount.
- 4) A 24-hour notice must be given if you are not able to make your session. Otherwise, you will be charged for the complete session.
- 5) Group fees are typically \$15-\$35 per participant each session, depending on group size, topic, and if necessary, financial difficulty.

Look over the Fee Schedule and circle the amount that corresponds to your household's monthly net (take home) income, and number of dependents on that income. Fees may be reviewed every 3 months, at your request only.

Net Income (Take home) per month	Number of dependents in household (Parents, children, other dependents)			
	0-1	2	3	4 or more
Below \$800	\$41	\$39	\$37	\$35
801- 1200	\$47	\$45	\$43	\$41
1201- 1600	\$53	\$51	\$49	\$47
1601- 2000	\$59	\$57	\$55	\$53
2001- 2400	\$65	\$63	\$61	\$59
2401- 2800	\$71	\$69	\$67	\$65
2801- 3200	\$77	\$75	\$73	\$71
3201- 3500	\$85	\$83	\$81	\$79
3500 & Above	Full Fee			

Your hourly fee for counseling is \$_____ per session, and you will be expected to pay this at the time of each session. (Session Fee X 1.5 = _____)

Client

Date

Counselor

Date

PSYCHOLOGICAL/SOCIAL HISTORY

Instructions: Answer the following questions as they apply to you. On some questions no answers will apply so do not mark anything. Circle the right answers. Some questions will have more than one answer, so circle all that apply. Put a check mark by any answers you want to discuss.

NAME: _____ AGE _____ DATE _____ SEX _____
 OCCUPATION _____

- What is your cultural heritage? (1 answer)
1. Asian
 2. African-American
 3. Caucasian (white)
 5. Hispanic
 6. Native American
 8. Other
1. Who primarily raised you? (1 answer)
 1. Natural Parents
 2. Father Only
 3. Mother Only
 4. Father and Stepmother
 5. Mother and Stepfather
 6. Adoptive Parents
 7. Foster Parents
 8. Institutional Caretakers
 9. Aunt and/or Uncle
 10. Brother and/or Sister
 11. Maternal Grandparent(s)
 12. Paternal Grandparent(s)
 13. Other
 2. How would you characterize your childhood? (Answer all that apply)

1. Happy	5. Hard to Remember
2. Frightening	6. Secure
3. Unhappy	7. Painful
4. Dull	8. Regimented
 3. Which descriptor(s) characterize your mother (maternal caretaker)? (answer all that apply)

1. Warm	8. Domineering
2. Distant	9. Abusive
3. Uncaring	10. Faultfinding
4. Strict	11. Understanding
5. Unpleasant	12. Perfect
6. Rejecting	13. Affectionate
7. Overprotective	
 4. Which (descriptor(s) characterize your father (paternal caretaker)? (answer all that apply)

1. Warm	8. Domineering
2. Distant	9. Abusive
3. Uncaring	10. Faultfinding
4. Strict	11. Understanding
5. Unpleasant	12. Perfect
6. Rejecting	13. Affectionate
7. Overprotective	
 5. How would you describe your parents' (or parent substitutes') relationship? (answer all that apply)

1. Warm	8. Domineering
2. Distant	9. Abusive
3. Uncaring	10. Faultfinding
4. Strict	11. Understanding
5. Unpleasant	12. Perfect
6. Rejecting	13. Affectionate
7. Overprotective	
 6. How many brother and sisters did you have? (1 answer)

1. One	6. Six
2. Two	7. Seven
3. Three	8. More than seven
4. Four	9. None
5. Five	
 7. Which descriptors characterize you as a child (0 to 12 years of age)? (Answer all that apply)

1. Outgoing	8. Emotional
2. Shy	9. Irresponsible
3. Active	10. Nervous
4. Aggressive	11. Rebellious
5. Awkward	12. Serious
6. Happy	13. Stubborn
7. Friendly	
 8. What was your order of birth? (1 answer)

1. Oldest	3. Youngest
2. Middle	4. Only Child
 9. What were problems for you as a child (0 to 12 years of age)? (Answer all that apply)

1. None	10. Academic
2. Getting along with mother	11. Physical/medical problems
3. Getting along with father	12. Nerves
4. Getting along with sibling(s)	13. Felt I was a burden to my parents
5. Getting along with peers	14. Overweight
6. Getting along with teacher	15. Underweight
7. Bed-wetting	16. Having my feelings hurt
8. Nightmares	17. Fear of failure
9. Excessive fears or worries	
 10. What did your parents (parent caretakers) argue about? (Answer all that apply)

1. Money	6. Jealousy
2. Discipline of children	7. Not taking care of the home
3. Relatives interfering	8. Not being a good provider
4. Drinking	9. Never argued
5. Sex	
 11. What was your father's (paternal caretaker's) occupation)? (1 answer)

1. Homemaker	9. Unemployed
2. Professional	10. Disabled
3. Owner of Business	11. Government Service
4. Skilled Craftsman	12. Personal Service (e.g. Hair Stylist, Maid)
5. Office Worker	13. Military Service
6. Salesperson	14. Executive
7. Skilled Laborer	15. Does Not Apply
8. Unskilled Laborer	
 12. What was your mother's (maternal caretaker's) occupation)? (1 answer)

1. Homemaker	9. Unemployed
2. Professional	10. Disabled
3. Owner of Business	11. Government Service
4. Skilled Craftsman	12. Personal Service (e.g. Hair Stylist, Maid)
5. Office Worker	13. Military Service
6. Salesperson	14. Executive
7. Skilled Laborer	15. Does Not Apply
8. Unskilled Laborer	

13. How would you describe your mother's method of discipline? (1 answer)
1. Strict
 2. Fairly Strict
 3. Fair
 4. Lenient
 5. Inconsistent
13. How would you describe your father's method of discipline? (1 answer)
1. Strict
 2. Fairly Strict
 3. Fair
 4. Lenient
 5. Inconsistent
14. What fears did you have as a child (0 to 12 years of age)? (Answer all that apply)
1. No significant fears
 2. Death
 3. Might Fail
 4. Might be seriously injured or become ill
 5. Strangers
 6. Might be laughed at
 7. Might be abandoned - lose my parents
 8. Animals
 9. Other children
15. How far did you go in school? (1 answer)
1. Completed less than 6 grades
 2. Completed elementary school
 3. Completed junior high (9th grade)
 4. Attended high school but did not receive a diploma
 5. Received a G.E.D.
 6. Graduated from high school
 7. Vocational or Business school training beyond high school
 8. Attended college but did not graduate
 9. Graduated from college - four year degree
 10. Completed college course work at the graduate level
 11. Earned a Master's Degree
 12. Earned a Doctoral Degree
16. How would you rate your intellectual ability? (1 answer)
1. Below average
 2. Average
 3. Above average
 4. Superior/gifted
17. Were you ever held back in school? (1 answer)
1. No
 2. Yes
19. In general, what grades did you make in school? (1 answer)
1. Many D's and F's
 2. Mostly C's
 3. Mostly A's and B's
 4. Mostly A's
20. Did you ever get in trouble while in school? (1 answer)
1. No
 2. Occasionally
 3. Often
21. Did you have any problems learning to read? (1 answer)
1. No
 2. Yes
22. Did you have any problems learning math? (1 answer)
1. No
 2. Yes
23. Did your peers ridicule, tease or make fun of you more than other kids? (1 answer)
1. No
 2. Yes
24. Rate your family's economic status during childhood and adolescence: (1 answer)
1. Poverty level (received welfare)
 2. Working Class
 3. Middle Class
 4. Upper Middle Class
 5. Wealthy
25. Who provided the main source of income for your family? (1 answer)
1. Mother
 2. Father
 3. A Relative
 4. Social Service (Welfare, Unemployment, Disability)
 5. A Friend of the Family
 6. Other
26. Did your parents agree on how money should be spent? (1 answer)
1. Agreed most of the time
 2. Disagreed
 3. Disagreed frequently
27. Did your family experience any financial problems? (1 answer)
1. No
 2. Occasionally
 3. Often
28. Currently, how much money does the household earn that you now live in? (1 answer)
1. Less than \$8,000
 2. \$8,000 - \$20,000
 3. \$20,000 - \$40,000
 4. \$40,000 - \$75,000
 5. \$75,000 - \$125,000
 6. \$125,000 - \$200,000
 7. More than \$200,000
29. Have you had any major changes in income during the last 2 years? (1 answer)
1. No
 2. Decreased significantly
 3. Increased significantly
30. What is your family's primary source of income? (1 answer)
1. My Earnings
 2. My Partner's Earnings
 3. Relatives
 4. Disability Payments
 5. Unemployment
 6. Welfare
 7. Investments
 8. Other
31. Is providing enough income for your family a big stress in your life? (1 answer)
1. No
 2. Yes
32. Are you presently employed? (1 answer)
1. No
 2. Yes
33. How long have you been working at this job? (1 answer)
1. Less than 6 months
 2. 6 months to one year
 3. 1 to 3 years
 4. 3 to 5 years
 5. 5 to 10 years
 6. 10 to 15 years
 7. 15 to 20 years
 8. More than 20 years
 9. Does not apply
34. How many hours per week do you work? (1 answer)
1. Less than 10
 2. 10 to 20
 3. 20 to 30
 4. 30 to 45
 5. More than 45
 6. Does not apply
35. In general, how do you enjoy your work? (1 answer)
1. Enjoyable
 2. Neutral
 3. Unenjoyable
 4. Does not apply
36. Have you ever been fired? (1 answer)
1. No
 2. Yes
37. Have you ever been laid off? (1 answer)
1. No
 2. Yes
38. What is the longest period of time you held one job? (1 answer)
1. Less than 1 year
 2. 1 to 3 years
 3. 3 to 5 years
 4. 5 to 10 years
 5. More than 10 years
39. Since starting full-time work, what is your longest non-work period? (1 answer)
1. Less than 1 month
 2. 1 to 6 months
 3. 6 months to 1 years
 4. 1 to 3 years
 5. 3 to 5 years
 6. 5 to 10 years
 7. More than 10 years

40. Do you have any problems at work? (1 answer)
1. No
 2. Yes
41. What kinds of work have you performed in the past? (Answer all that apply)
- | | |
|-------------------------|--|
| 1. A Homemaker | 8. An Unskilled Laborer |
| 2. A Professional | 9. Have Never Worked |
| 3. An Owner of Business | 10. In Government Service |
| 4. A Skilled Craftsman | 11. Personal Service (e.g. Hair Stylist, Maid) |
| 5. An Office Worker | 12. An Executive |
| 6. A Salesperson | 13. Other |
| 7. A Skilled Laborer | |
42. Have you ever served in the military? (1 answer)
1. No
 2. Yes
43. Which branch did you serve in? (1 answer)
- | | |
|-------------------|----------------|
| 1. Does not apply | 4. Navy |
| 2. Air Force | 5. Marines |
| 3. Army | 6. Coast Guard |
44. How long did you serve? (1 answer)
- | | |
|-----------------------|-----------------------|
| 1. Does not apply | 6. 4 to 6 years |
| 2. Less than 3 months | 7. 6 to 10 years |
| 3. Less than 1 year | 8. 10 to 15 years |
| 4. 1 to 2 years | 9. More than 15 years |
| 5. 2 to 4 years | |
45. What kinds of problems did you experience while in the military? (Answer all that apply)
1. Getting used to following rules and regulations
 2. Taking orders
 3. Nerves
 4. Began using drugs
 5. Began using alcohol to excess
 6. Was reprimanded by my superiors for my conduct
 7. Had to perform special duty because of my conduct (K.P., Latrine, etc)
 8. Did time in the stockade/brig
 9. Was court marshaled
 10. Went AWOL
 11. Other
 12. Does not apply/none
46. Were you stationed in a combat zone? (1 answer)
- | | |
|--------------------------------|---------------------------------|
| 1. Does not apply | 6. Yes, for 1 to 2 years |
| 2. No | 7. Yes, for 2 to 3 years |
| 3. Yes, for less than 3 months | 8. Yes, for 3 to 4 years |
| 4. Yes, for 3 to 6 months | 9. Yes, for longer than 4 years |
| 5. Yes, for 6 months to 1 year | |
47. What was the highest rank you attained? (1 answer)
1. Does not apply
 2. Enlisted person
 3. Noncommissioned Officer
 4. Officer
48. What were the terms of your discharge? (1 answer)
1. Does not apply
 2. Still on active duty
 3. Honorably discharged due to mental problems
 4. Honorably discharged due to physical problems
 5. Honorable discharge
 6. Dishonorably discharged
49. Did you ever see a psychologist or psychiatrist while in the military? (1 answer)
1. Does not apply
 2. No
 3. Was hospitalized for mental problems
 4. For evaluation and treatment (outpatient)
 5. For evaluation only
50. Do you have a service-connected disability? (1 answer)
- | | |
|-------------------|------------------------|
| 1. Does not apply | 4. Mental |
| 2. No | 5. Physical and Mental |
| 3. Physical | |
51. Which of the following have you used? (Answer all that apply)
- | | |
|--------------------|--|
| 1. None | 8. Heroin |
| 2. Cocaine | 9. Marijuana |
| 3. Barbiturates | 10. Tranquilizers without prescription |
| 4. Amphetamines | 11. Pain pills without prescription |
| 5. Hallucinogenics | 12. PCP |
| 6. Opium | |
| 7. Qualludes | |
52. Have you ever felt there was a time you drank too much alcohol? (1 answer)
1. No
 2. Yes, on one occasion
 3. Yes, on several occasions
 4. Yes, on more than several occasions
53. On the average, how often do you drink alcohol? (1 answer)
- | | |
|-------------------------|-------------------------|
| 1. Never | 4. Once a week |
| 2. Once or twice a year | 5. Several times a week |
| 3. Once a month | 6. Daily |
54. How would you describe your illegal drug usage? (1 answer)
- | | |
|--------------------------|----------------------------|
| 1. Never used drugs | 4. Once a week |
| 2. Once or twice a year | 5. A couple of time a week |
| 3. Once or twice a month | 6. Daily |
55. Have you ever been involved in an alcoholism or drug treatment program? (1 answer)
1. No
 2. Yes
56. Did your parents have a problem with alcohol when you were a child? (1 answer)
- | | |
|----------------|---------------------------------|
| 1. No | 4. Both parents did |
| 2. Mother only | 5. The person who raised me did |
| 3. Father only | |
57. Do you smoke cigarettes? (1 answer)
1. No, never have
 2. No, I quit smoking
 3. Yes, a pack a week or less
 4. Yes, approximately one-half pack a day
 5. Yes, a pack a day
 6. Yes, more than a pack a day
58. Have any family members ever experienced mental illness? (Answer all that apply)
- | | |
|-----------|---|
| 1. No | 5. Sibling(s) [brother(s) and sister(s)] |
| 2. I have | 6. Grandparents |
| 3. Mother | 7. Outside the immediate family (uncle, aunt, etc.) |
| 4. Father | |
59. Did you have any bad illnesses as a child (e.g., hospitalizations)? (1 answer)
1. No
 2. Yes
60. Have you had any significant accidents in the past 3 years? (1 answer)
1. No
 2. Yes
61. Have you had any major illnesses or hospitalizations in the past 3 years? (1 answer)
1. No
 2. Yes
62. Rate your general level of health. (1 answer)
- | | |
|--------------|-------------------|
| 1. Excellent | 4. Poor |
| 2. Good | 5. Extremely Poor |
| 3. Fair | |
63. Are you currently under the care of a physician? (1 answer)
1. No
 2. Yes

64. What medications are you currently taking? (Answer all that apply)
1. None
 2. Pain pills
 3. Antibiotics
 4. Anti-inflammatory pills
 5. Anticonvulsant pills
 6. Hear pills
 7. High blood pressure pills
 8. Tranquilizers
 9. Antidepressants
 10. Vitamins
 11. Insulin
 12. Allergy Pills
 13. Stomach pills
 14. Other
65. What is your marital status? (1 answer)
1. Single, but involved in an intimate relationship
 2. Single
 3. Divorced
 4. Separated
 5. Married
 6. Widowed
66. Have you ever been divorced? (1 answer)
1. No
 2. Yes
67. How long have you been with your current partner? (1 answer)
1. Not involved in an intimate relationship at this time
 2. Less than 1 year
 3. 1 year
 4. 2 years
 5. 3 years
 6. 4 years
 7. 5 years
 8. More than 5 years
 9. More than 10 years
 10. More than 15 years
 11. More than 20 years
 12. More than 25 years
 13. More than 30 years
68. How many children do you have? (1 answer)
1. 1
 2. 2
 3. 3
 4. 4
 5. 5
 6. 6
 7. 7
 8. More than 7
 9. None
69. How would you describe your partner? (Answer all that apply)
1. Warm
 2. Unhappy
 3. Distant
 4. Uncaring
 5. Happy
 6. Unpleasant
 7. Enjoyable
 8. Abusive
 9. Faultfinding
 10. Understanding
 11. Perfect
 12. Indifferent
 13. Argumentative
 14. Boring
 15. Stimulating
 16. Unforgiving
 17. Tense
 18. Affectionate
 19. Does not apply
70. Are you having problems with your child(ren)'s behavior? (1 answer)
1. No
 2. Yes
 3. Does not apply
71. Is the frequency of sex a problem? (1 answer)
1. No
 2. Yes
72. What are your living arrangements? (1 answer)
1. Living with relatives in their home
 2. Living with friends in their home
 3. Renting a home
 4. Renting an apartment
 5. Buying a home
 6. Own my own home
 7. Boarder
 8. Living in a dorm
 9. Other
73. How often do you and your partner argue? (1 answer)
1. Never
 2. Rarely
 3. Once a month
 4. Once a week
 5. Several times a week
 6. Daily
 7. Several times a day
 8. Does not apply
74. Has your relationship ever been threatened by an affair? (1 answer)
1. No
 2. Yes, my affair
 3. Yes, my partner's affair
 4. Does not apply
75. What interests do you and your partner share? (Answer all that apply)
1. None
 2. Children
 3. Work-related
 4. Sports
 5. Hobbies or crafts
 6. Movies
 7. Theater
 8. Music
 9. Politics
 10. Socializing with friends
 11. Television
 12. Religious activities
 13. Club activities
 14. Talking
 15. Games
 16. Camping
 17. Hunting/fishing
 18. Other
 19. Does not apply
76. How well do you feel your partner fulfills his/her role with you? (1 answer)
1. Very well
 2. Fairly Well
 3. Poorly
 4. Very poorly
 5. Does not apply
77. Do you eat a balanced diet? (1 answer)
1. No
 2. Yes
78. Do you participate in a regular exercise program? (1 answer)
1. No
 2. Yes
79. How would you characterize your size? (1 answer)
1. Very thin
 2. Thin
 3. About average
 4. A little heavy
 5. Heavy
 6. Very heavy
80. Which of the following have you experienced in the past two years? (Answer all that apply)
1. Marital reconciliation
 2. Jail term
 3. Retirement
 4. Fired at work
 5. Change in health of family member
 6. Marital separation
 7. Divorce
 8. Death of spouse/ partner
 9. Pregnancy
 10. More or less arguments with partner
 11. None
81. Which of the following have you experienced in the past two years? (Answer all that apply)
1. Death of a close friend
 2. Marriage
 3. Death of a close family member
 4. Change in financial state
 5. Personal injury or illness
 6. Change to different line of work
 7. Business readjustment
 8. Gain a new family member
 9. Sexual worries
82. How would you rate your ability to cope with life? (1 answer)
1. Very good
 2. Good
 3. Fair
 4. Poor
83. How would you describe yourself? (Answer all that apply)
1. Quiet
 2. Outgoing
 3. Talkative
 4. Shy
 5. Active
 6. Aggressive
 7. Temperamental
 8. Self-confident
 9. Wild
 10. Carefree
 11. Stubborn
 12. Easygoing
 13. Friendly
 14. Smart
 15. Impatient
 16. Responsible
 17. Rebellious
 18. Unassertive

84. How would you describe your mental state? (Answer all that apply)
- | | |
|-------------------|-----------------------|
| 1. Tense | 10. Disappointed |
| 2. Depressed | 11. Regretful |
| 3. Forgetful | 12. Irritable |
| 4. Sad | 13. Calm |
| 5. Worried | 14. Scared |
| 6. Fearful | 15. Hyperactive |
| 7. Angry | 16. Nervous |
| 8. Unenthusiastic | 17. Happy |
| 9. Confused | 18. None of the above |
85. Have you ever had legal problems? (Answer all that apply)
- | | |
|--------------------------|--------------|
| 1. No | 3. Arrested |
| 2. Civil (e.g., Divorce) | 4. Convicted |
86. What is the primary problem bothering you? (1 answer)
- | | |
|------------------------|-------------------------|
| 1. Marriage | 8. Physical (ill/tired) |
| 2. Family | 9. Alcohol |
| 3. Loneliness | 10. Drugs |
| 4. Moodiness | 11. Sex |
| 5. Depression | 12. Memory |
| 6. Anxiety | 13. Work |
| 7. Low self-confidence | 14. Other |
87. How long ago did you begin to be troubled by this problem?
(1 answer)
- | | |
|----------------------------|---------------------------|
| 1. Within the past month | 6. Between 5 and 10 years |
| 2. Between 1 and 6 months | 7. Over 10 years |
| 3. Between 6 and 12 months | 8. All my life |
| 4. Between 1 and 2 years | 9. Does not apply |
| 5. Between 2 and 5 years | |
88. Rate the degree to which this problem has affected your life.
(1 answer)
- | | |
|------------------|-------------------|
| 1. Very little | 4. A good deal |
| 2. A little | 5. A great deal |
| 3. A fair amount | 6. Does not apply |
89. How often do you experience this problem? (1 answer)
- | | |
|-------------------------|--------------------------|
| 1. Many times a day | 6. Several times a month |
| 2. Several times a day | 7. Monthly |
| 3. Daily | 8. Several times a year |
| 4. Several times a week | 9. Less than once a year |
| 5. Once a week | 10. Does not apply |
90. What other kinds of problems are bothering you? (Answer all that apply)
- | | |
|-------------------------|--------------------|
| 1. Marriage | 9. Alcohol |
| 2. Family | 10. Drugs |
| 3. Loneliness | 11. Sex |
| 4. Moodiness | 12. Memory |
| 5. Depression | 13. Work |
| 6. Anxiety | 14. Other |
| 7. Low self-confidence | 15. Does not apply |
| 8. Physical (ill/tired) | |