



# A New Life Christian Counseling

*A New Life Is Possible One Step at a Time*

www.anlcc.com

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## **PROFESSIONAL DISCLOSURE STATEMENT FOR SARA PIROLO, MA**

This statement regarding the counseling process is supplied for your protection and assistance in making an informed choice about treatment. It provides information regarding my approach to counseling, education, credentials, confidentiality, your rights as a client, and my fees.

**APPROACH TO COUNSELING:** My role as a professional counselor is to come alongside individuals, couples, families or groups who are motivated to engage in a process of personal exploration and growth. The decision to enter counseling takes a great deal of courage, and is a significant first step in working through the troubling pain, circumstance, crisis, or dilemma that inspires a client to begin the therapeutic process. My desire is to collaborate with clients as they explore their thoughts, feelings and beliefs to better understand the way they see themselves, their circumstances, and their world. With this new and deeper understanding, I believe that clients are able to seek change, identify personal goals, understand conflicts, discover new options, and make informed choices. In my work, I endeavor to use a variety of techniques and approaches to best meet the needs of the individual. For therapy to have the greatest benefit and progress to be made, it is important that client and counselor agree on mutual goals for the therapeutic process.

My approach is informed by a Christ-centered worldview, although I am comfortable working with individuals from differing faith perspectives, and will not impose my own beliefs on clients. I am open to having faith and spirituality be included as a part of the therapeutic process, but I also respect the decision of those who do not wish to discuss this aspect of their lives.

When clients share personal information and the counselor responds with compassion, respect and authenticity, sessions may seem emotionally and psychologically intimate. To maintain a safe environment, 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 and all interactions will be solely for the client's benefit.

**EDUCATION & CREDENTIALS:** I graduated from Western Seminary with a Master of Arts in Counseling. I also completed a year of graduate coursework in the Marriage and Family Therapy program at Seattle Pacific University, prior to transferring to Western Seminary for the completion of my degree. I am registered in the state of Washington as a Mental Health Counselor Associate (Associate License #MC60118469), and am currently working toward becoming a Licensed Mental Health Counselor. As part of my personal and professional growth, I am supervised by Hannah Fischer, a Licensed Mental Health Counselor in the state of Washington (License #LH00010659; Phone #360-635-1851). I also engage in regular consultation with other professionals in the counseling field, and participate in continuing education and training to further enhance the effectiveness of my counseling skills. I practice under the Code of Ethics established by the American Counseling Association, of which I am a member (ID #6284172). I abide by the ethics and laws established by the Washington Administrative Code and the Revised Code of Washington for Licensed Mental Health Counselors.

**CONFIDENTIALITY:** Everything said in therapy is confidential and will not be disclosed, except when, based upon information gained from the client or a third party, the counselor is required or permitted by the HIPAA Privacy Standard or Washington State Law, including the following: (1) Reporting of suspected abuse or neglect of a child, developmentally disabled person, or a dependent adult; (2) Action to protect from potential suicidal behavior; (3) Warning to encourage safety when there is threatened harm to another, which may include knowledge that the client has a communicable and life-threatening disease when there is an unwillingness to inform individuals with

whom the client is intimately involved; (4) Reporting information required in court proceedings, by client's insurance company, or relevant agencies; (5) In the event that a complaint is filed by the client against the counselor; (6) Client signs a release of information authorizing disclosure; (7) Payment by check permits bank employees to view names of clients; (8) Electronic communication by phone, text, email, fax or internet, increases the risk of breach of confidentiality with electronic transmission and caller identification; (9) and, if insurance reimbursement is sought, confidentiality is waived.

In keeping with generally accepted standards of practice, periodic supervision and consultation is made regarding the management of cases with my supervisor and with other health professionals, who are also bound by the rules of confidentiality as stated herein.

**CLIENT RIGHTS:** Counseling is understood to be a choice made by the client. Alternative options include other counseling centers, books, support groups, self-help resources, and other modes of treatment. Medical treatment may also be an option. The client may choose not to seek treatment at this time. If therapy is chosen, outcomes cannot be guaranteed. Clients may benefit from treatment and experience improvement in symptoms, or symptoms could worsen before improving, fail to improve, or even potentially continue to worsen without improvement. 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 terminating prematurely may result in the return or worsening of initial problems and symptoms.

It is appropriate for clients to raise questions about the counselor's orientation and training, diagnoses, fee policies, and course of treatment. Communication between client and counselor is considered to be part of the clinical record, which is accessible to the client upon written request to view or to obtain copies. Records are maintained for a period of seven years from date of termination. 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. If the counselor is not able to resolve the client's concerns, a complaint can be filed with the Washington State Department of Health. Questions can be directed to 360.236.2620. The address to which the complaint is sent is: Complaint Intake, PO Box 47857, Olympia WA, 98504-7857. The State of Washington provides standardization procedures for the licensure of mental health professionals and the enforcement of laws to assure the public of the adequacy of professional competence and conduct in the healing arts. Acts of unprofessional conduct are listed under RCW 18.130.180, a copy of which may be obtained from the Department of Health at the address above.

**FEES:** Fees are to be paid at the start of each session in the form of cash or check. My fees for individual therapy are based upon an adjusted fee scale at the rate of \$35 to \$85 per session. Sessions are typically 50 minutes long, except initial intake sessions and some couple and family sessions, which are 90 minutes long and billed at 1.5 times the normal session amount. Rates and payment arrangements will be determined at the time of scheduling. There is a \$15 fee charged for each NSF returned ("bounced") check.

**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 without prior notification.

**EMERGENCY SERVICES:** If in need of emergency services, the client should call the Clark County Crisis Line at 360.696.9560 or 1.800.626.8137, or for emergency situations that require immediate response, call 911.

**ACKNOWLEDGEMENT OF RECEIPT:** I/We, \_\_\_\_\_, have read and fully understand the information provided to me/us by Sara Pirolo, MA in this statement.

\_\_\_\_\_  
Client/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sara Pirolo, MA Signature

\_\_\_\_\_  
Date

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**



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 \_\_\_\_\_



# A New Life Christian Counseling

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[www.anlcc.com](http://www.anlcc.com)

**Portland Office Location:**  
Eastside Foursquare Ministry Campus  
9727 NE Sandy Blvd., Suite 374  
Portland, OR 97220  
Brad Peterson: (503) 753-4440  
Jay McCall: (503) 548-7737  
Robyn Honeycutt: (503) 545-7846  
Office Fax: (503) 296-2071

**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 (9<sup>th</sup> 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) |                    |