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**Self-Report Questionnaire – Adult**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Instructions:** Looking back over **the last week, including today**, help me understand how you have been feeling. Read each item and mark () the answer that best describes your current situation. For this questionnaire, “work” is defined as employment, school, housework, volunteer work, and so forth.

1. **I have trouble falling asleep or staying asleep.**  
 0 Never    1 Rarely    2 Sometimes    3 Frequently    4 Almost Always
2. **I feel no interest in things.**  
 0 Never    1 Rarely    2 Sometimes    3 Frequently    4 Almost Always
3. **I feel stressed at work, school, or other daily activities.**  
 0 Never    1 Rarely    2 Sometimes    3 Frequently    4 Almost Always
4. **I blame myself for things.**  
 0 Never    1 Rarely    2 Sometimes    3 Frequently    4 Almost Always
5. **I am satisfied with life.**  
 0 Never    1 Rarely    2 Sometimes    3 Frequently    4 Almost Always
6. **I feel irritated.**  
 0 Never    1 Rarely    2 Sometimes    3 Frequently    4 Almost Always
7. **I have thoughts of ending my life.**  
 0 Never    1 Rarely    2 Sometimes    3 Frequently    4 Almost Always
8. **I feel weak.**  
 0 Never    1 Rarely    2 Sometimes    3 Frequently    4 Almost Always
9. **I find my work, school, or other activities satisfying.**  
 0 Never    1 Rarely    2 Sometimes    3 Frequently    4 Almost Always
10. **I feel fearful.**  
 0 Never    1 Rarely    2 Sometimes    3 Frequently    4 Almost Always
11. **I use alcohol or drugs to get going in the morning.**  
 0 Never    1 Rarely    2 Sometimes    3 Frequently    4 Almost Always
12. **I feel worthless.**  
 0 Never    1 Rarely    2 Sometimes    3 Frequently    4 Almost Always
13. **I am concerned about family troubles.**  
 0 Never    1 Rarely    2 Sometimes    3 Frequently    4 Almost Always
14. **I feel lonely.**  
 0 Never    1 Rarely    2 Sometimes    3 Frequently    4 Almost Always
15. **I have frequent arguments.**  
 0 Never    1 Rarely    2 Sometimes    3 Frequently    4 Almost Always
16. **I have difficulty concentrating.**  
 0 Never    1 Rarely    2 Sometimes    3 Frequently    4 Almost Always
17. **I feel hopeless about the future.**  
 0 Never    1 Rarely    2 Sometimes    3 Frequently    4 Almost Always

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18. **I am a happy person.**  
 0 Never    1 Rarely    2 Sometimes    3 Frequently    4 Almost Always
19. **Disturbing thoughts come into my mind that I cannot get rid of.**  
 0 Never    1 Rarely    2 Sometimes    3 Frequently    4 Almost Always
20. **People criticize my drinking (or drug use).**  
 0 Never    1 Rarely    2 Sometimes    3 Frequently    4 Almost Always
21. **I have an upset stomach.**  
 0 Never    1 Rarely    2 Sometimes    3 Frequently    4 Almost Always
22. **I am not working or studying as well as I used to.**  
 0 Never    1 Rarely    2 Sometimes    3 Frequently    4 Almost Always
23. **I have trouble getting along with friends and close acquaintances.**  
 0 Never    1 Rarely    2 Sometimes    3 Frequently    4 Almost Always
24. **I have trouble at work/school because of drinking or drug use.**  
 0 Never    1 Rarely    2 Sometimes    3 Frequently    4 Almost Always
25. **I feel that something bad is going to happen.**  
 0 Never    1 Rarely    2 Sometimes    3 Frequently    4 Almost Always
26. **I feel nervous.**  
 0 Never    1 Rarely    2 Sometimes    3 Frequently    4 Almost Always
27. **I feel that I am not doing well at work/school.**  
 0 Never    1 Rarely    2 Sometimes    3 Frequently    4 Almost Always
28. **I feel something is wrong with my mind.**  
 0 Never    1 Rarely    2 Sometimes    3 Frequently    4 Almost Always
29. **I feel "blue."**  
 0 Never    1 Rarely    2 Sometimes    3 Frequently    4 Almost Always
30. **I am satisfied with my relationships with others.**  
 0 Never    1 Rarely    2 Sometimes    3 Frequently    4 Almost Always

Staff Use:

Check One

\_\_\_\_\_ Intake Assessment

\_\_\_\_\_ Quarterly Assessment

\_\_\_\_\_ Discharge Assessment