

**Please provide the following information below. Please note that the data you provide here is protected as confidential information.**

Date:

Full Name (please print):

\_\_\_\_\_

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Occupation:

Education:

Marital Status:

☐ Not Married ☐ Domestic Partnership ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Please list any children/age: \_\_\_\_\_

Address: \_\_\_\_\_

(Number, Street and Apt #)

\_\_\_\_\_

(City) (State) (Zip)

Home Phone: (      )

May I leave a message? ☐ Yes ☐ No

Cell/Other Phone: (      )

May I leave a message? ☐ Yes ☐ No

E-mail: \_\_\_\_\_

May I email you? ☐ Yes ☐ No

Insurance Name and Member ID: \_\_\_\_\_

☐ I am not using insurance

Please list the names of any medications you currently take: \_\_\_\_\_

## **Behavioral Inventory I<sup>1</sup>**

*Please read each group of statements of this 21-item questionnaire. Circle only one response that best describes how you have been feeling the past two weeks, including today. If more than one response in statement applies to you, circle the highest letter in that group.*

1. A. I do not feel sad.  
B. I feel sad much of the time.  
C. I feel sad all the time.  
D. I am so sad or unhappy that I can't tolerate it.
2. A. I am not discouraged about my future.  
B. I feel more discouraged about my future now than before.  
C. I do not expect things to work out for me.  
D. My future is hopeless and will get worse.
3. A. I do not feel like a failure.  
B. I have failed more than I should have.  
C. As I look back, I see many failures.  
D. I feel like I am a total failure as a person.
4. A. I get as much pleasure as I ever did from the things I enjoy.  
B. I don't enjoy things as much as before.  
C. I get very little pleasure from the things I used to enjoy.  
D. I can't get any pleasure from things I enjoyed before.
5. A. I don't feel unusually guilty.  
B. I feel guilty over many things I have done or didn't do  
C. I feel quite guilty most of the time.  
D. I feel guilty all the time.
6. A. I don't feel like I am being punished.  
B. I feel I may be punished.  
C. I expect to be punished.  
D. I feel I am being punished.
7. A. I feel the same about myself as ever.  
B. I have lost confidence in myself.  
C. I am disappointed in myself.  
D. I dislike myself.
8. A. I don't criticize or blame myself more than usual.  
B. I am more self-critical than I used to be.  
C. I criticize myself for all of my faults.  
D. I blame myself for everything bad that happens.

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<sup>1</sup> Adapted from Beck Depression Inventory, Second Edition by Aaron Beck

9. A. I don't have thoughts of hurting myself.  
B. I have thoughts of killing myself, but I would not carry them out.  
C. I would like to kill myself.  
D. I would kill myself if I had the chance.
10. A. I don't cry anymore than I used to.  
B. I cry more than I used to.  
C. I cry over every little thing.  
D. I feel like crying, but I can't.
11. A. I am no more restless or wound up than usual.  
B. I feel more restless or wound up than usual.  
C. I am restless and agitated that it's hard to stay still.  
D. I am so restless or agitated that I have to keep moving or doing something.
12. A. I have not lost interest in other people or activities.  
B. I am less interested in other people or things than before.  
C. I have lost most of my interest in other people or things.  
D. It's hard to get interested in anything.
13. A. I make decisions as well as usual.  
B. I find it more difficult to make decisions than usual.  
C. I have much greater difficulty with making decisions than before.  
D. I have trouble making any decisions.
14. A. I do not feel I am worthless.  
B. I don't consider myself as worthwhile and useful as I used to.  
C. I feel more worthless when I compare myself to other people.  
D. I feel utterly worthless.
15. A. I have as much energy as I did before.  
B. I have less energy than I used to have.  
C. I don't have enough energy to do very much.  
D. I don't have energy to do anything.
16. A. I have not experienced changes in my sleep pattern.  
B. I sleep somewhat more than usual.  
C. I sleep somewhat less than usual.  
D. I sleep a lot more than usual.  
E. I sleep a lot less than usual.  
F. I sleep most of the day.  
G. I wake up 1-2 hours early and can't get back to sleep.
17. A. I am no more irritable than usual.  
B. I am more irritable than usual.  
C. I am much more irritable than usual.  
D. I am irritable all of the time.

18. A. I have not experienced any change in my appetite.  
B. My appetite is somewhat less than usual.  
C. My appetite is somewhat greater than usual.  
D. My appetite is much less than before.  
E. My appetite is much greater than before.  
F. I have no appetite at all.  
G. I crave food all the time.
19. A. I can concentrate well.  
B. I can't concentrate as well as usual.  
C. It's hard to keep my mind on anything for very long.  
D. I can't concentrate on anything.
20. A. I am no tired or fatigued than usual.  
B. I get more tired or fatigued more easily than usual.  
C. I am too tired or fatigued to do a lot of the things I used to do.  
D. I am too tired or fatigued to do most of the things I used to do.
21. A. There is no recent change in my interest in sex.  
B. I am less interested in sex.  
C. I am much less interested in sex now.  
D. I have lost interest in sex completely.

## **Behavioral Inventory II<sup>2</sup>**

*Please read each item in the rows on the left side. Indicate how much you have been bothered by that symptom during the past month, including today, by circling the number in the corresponding space in the columns next to each item.*

	<b>Not At All</b>	<b>Mildly-it didn't bother me</b>	<b>Moderately-it wasn't pleasant</b>	<b>Severely-it bothered me a lot</b>
Numbness or tingling	0	1	2	3
Feeling hot	0	1	2	3
Wobbliness in legs	0	1	2	3
Unable to relax	0	1	2	3
Fear of worst happening	0	1	2	3
Dizzy or lightheaded	0	1	2	3
Heart pounding or racing	0	1	2	3
Unsteady	0	1	2	3
Terrified or afraid	0	1	2	3
Nervous	0	1	2	3
Feeling of choking	0	1	2	3
Hands trembling	0	1	2	3
Shaky	0	1	2	3
Fear of losing control	0	1	2	3
Difficulty breathing	0	1	2	3
Fear of dying	0	1	2	3
Scared	0	1	2	3
Indigestion	0	1	2	3
Faint or lightheaded	0	1	2	3
Face flushed	0	1	2	3
Hot or cold sweats	0	1	2	3

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<sup>2</sup> Adapted from Beck Anxiety Inventory by Aaron Beck.