Center for Therapeutic Services & Psychodiagnostics

Self-Appraisal Form

Listed below are a number of categories in which people commonly find some difficulties. Please indicate how you are functioning in each area, and circle the appropriate number. Please circle one number for every item.

Not A Problem Somewhat A Problem A Moderate Problem A Serious Problem A Severe Problem

1 2 3 4 5

I. Physical Functions

1.	Sleep Pattern	1	2	3	4	5
2.	Eating Pattern	1	2	3	4	5
3.	Bladder Control	1	2	3	4	5
4.	Bowel Control	1	2	3	4	5
5.	Seizures or Convulsions	1	2	3	4	5
6.	Speech (stuttering)	1	2	3	4	5
7.	Weight Problem	1	2	3	4	5
8.	Sexual Functioning	1	2	3	4	5

II. Experience at Work/School/Home

9.	General Performance	1	2	3	4	5
10.	General Satisfaction	1	2	3	4	5
11.	Lateness	1	2	3	4	5
12.	Absenteeism	1	2	3	4	5
13.	Negative Feelings About Work/School/Family	1	2	3	4	5
14.	Relationships with Supervisors/Spouse	1	2	3	4	5
15.	Relationships with Co-Workers, Peers, Children	1	2	3	4	5

III. Behavior

16.	Difficulty with Daily Routine	1	2	3	4	5
17.	Letting Others Take Advantage of You	1	2	3	4	5
18.	Hyperactivity (cannot sit still)	1	2	3	4	5
19.	Difficulty Paying Attention	1	2	3	4	5
20.	Doing Things Impulsively	1	2	3	4	5
21.	Repeating Certain Acts Again and Again	1	2	3	4	5
22.	Physically Abusing Others	1	2	3	4	5
23.	Using Alcohol to Cope with Problems	1	2	3	4	5
24.	Using Drugs to Cope with Problems	1	2	3	4	5
25.	Lying	1	2	3	4	5
26.	Stealing	1	2	3	4	5
27.	Withdrawal from Others	1	2	3	4	5
28.	Dependency (relying on others to take care of you)	1	2	3	4	5
29.	Oppositional Behavior	1	2	3	4	5
30.	Poor Peer Relationships	1	2	3	4	5
31.	Problems with Conduct	1	2	3	4	5
32.	Not Trusting Others	1	2	3	4	5
33.	Hostile Behaviors	1	2	3	4	5

IV. Feelings& Moods

34.	Depression (sadness)	1	2	3	4	5
35.	Unnatural Happiness	1	2	3	4	5
36.	Frequent Mood Swings	1	2	3	4	5
37.	Anxiety	1	2	3	4	5
38.	Lack of Energy	1	2	3	4	5
39.	Feeling Angry	1	2	3	4	5
40.	Not Liking Self	1	2	3	4	5
41.	Not Liking Others	1	2	3	4	5

V. Inward Thoughts and Ideas

42.	Thoughts About Hurting Yourself	1	2	3	4	5
43.	Thoughts About Hurting Others	1	2	3	4	5
44.	Having Unwanted Thoughts Again and Again	1	2	3	4	5
45.	Worrying About Your Health	1	2	3	4	5
46.	Believing You are Inferior to Others or Strange Beliefs	1	2	3	4	5
47.	Seeing Things That Are Not There	1	2	3	4	5
48.	Hearing Things That Are Not There	1	2	3	4	5
49.	Experiencing Confusion	1	2	3	4	5
50.	Memory Problems	1	2	3	4	5

VI. Alcohol & Drug Use

51.	Have you ever felt you should cut down on your drinking or drug use?	1	2	3	4	5
52.	Have people annoyed you by criticizing yourdrinking or drug use?	1	2	3	4	5
53.	Have you felt bad or guilty about your drinking or dug use?	1	2	3	4	5
54.	Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?	1	2	3	4	5

VII. Other Difficulties

(Add any items not previously noted)

55. _____	1	2	3	4	5
56. _____	1	2	3	4	5
57. _____	1	2	3	4	5

_____Initial _____ 1 month _____3 months
_____6 months _____9 months _____12 months
_____ Other (specify)_____