

**Wentworth & Associates PC**  
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**Self Report Questionnaire - Adult**

**Name:** \_\_\_\_\_ **Therapist:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Instructions:** Looking back over **the last week, including today**, help us 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.**  
 4 Never     3 Rarely     2 Sometimes     1 Frequently     0 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.**  
 4 Never     3 Rarely     2 Sometimes     1 Frequently     0 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
18. **I am a happy person.**  
 4 Never     3 Rarely     2 Sometimes     1 Frequently     0 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.**  
 4 Never     3 Rarely     2 Sometimes     1 Frequently     0 Almost Always

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Staff Use:  
 Check One

\_\_\_ Intake Assessment

\_\_\_ Quarterly Assessment

\_\_\_ Discharge Assessment

*All cases will be reviewed by Kristi LeBeau, Director of Quality Management and Robert Burnstein, M.D. our Medical Director.*

**Note: All of our therapists are independent contractors and are licensed and able to provide psychological assessment and treatment to children, adolescents, adults, and seniors**