

**Wentworth & Associates, PC**  
**11111 Hall Road, Suite 303**  
**Utica, MI 48317**  
**586-997-3153**  
**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     1 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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**Wentworth and Associates Issue Specific Questions**

- Please list the issue that prompted you to seek treatment: \_\_\_\_\_
- Regarding this issue, how much distress is it causing you at this time? Please circle the number that corresponds to your level of distress:

No distress 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 A lot of distress

- Please rate your level of satisfaction with the treatment you have received at Wentworth and Associates thus far.

No treatment 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 Very Satisfied

Staff Use:  
 Check One

- Intake Assessment  
 Quarterly Assessment  
 Discharge Assessment