<u>PSYCI</u>	HIATRIC STATUS Client ID #
How many times have you been treated for any psychological or emotional problems?	THE FOLLOWING ITEMS ARE TO BE COMPLETED BY THE INTERVIEWER
In a hospital As an outpatient or private patient	At the time of the interview, is patient: 0 - No 1 - Yes 14. Obviously depressed, withdrawn
2. Do you receive a pension for a psychiatric disability? 0 - No 1 - Yes	15. Obviously hostile 16. Obviously anxious/nervous
Have you had a significant period, (that was not a direct result of drug/alcohol use), in which you have: 0 - No 1 - Yes Past 30 In your days life 3. Experienced serious depression	17. Having trouble with reality testing, thought disorders, paranoid thinking 18. Having trouble comprehending, concentrating,
4. Experienced serious anxiety or tension 5. Experienced hallucinations	remembering 19. Having suicidal thoughts
6. Experienced trouble understanding, concentrating or remembering 7. Experienced trouble controlling violent behavior	INTERVIEWER SEVERITY RATING 20. How would you rate the patient's need for psychiatric/psychological treatment?
8. Experienced serious thoughts of suicide 9. Attempted suicide 10. Been prescribed medication for any	CONFIDENCE RATINGS Is the above information significantly distorted by:
psychological/emotional problem	21. Patient's misrepresentation? 0 - No 1 - Yes 22. Patient's inability to understand? 0 - No 1 - Yes
11. How many days in the past 30 have you experienced these psychological or motional problems? FOR QUESTIONS 12 & 13 PLEASE ASK PATIENT	Severity Profile
TO USE THE PATIENT'S RATING SCALE	Problems 1 2 3 4 5 6 7 8
12. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?	Medical Employment
13. How important to you now is treatment for these psychological problems?	Alcohol Drug
	Illegal Activity Family/Social Psychiatric

Comments: