1. How many times have you been treated for any psychological or emotional problems?
   - In a hospital
   - As an outpatient or private patient

2. Do you receive a pension for a psychiatric disability?
   - 0 - No
   - 1 - Yes

Have you had a significant period, (that was not a direct result of drug/alcohol use), in which you have:
   - 0 - No
   - 1 - Yes

3. Experienced serious depression
4. Experienced serious anxiety or tension
5. Experienced hallucinations
6. Experienced trouble understanding, concentrating or remembering
7. Experienced trouble controlling violent behavior
8. Experienced serious thoughts of suicide
9. Attempted suicide
10. Been prescribed medication for any psychological/emotional problem

11. How many days in the past 30 have you experienced these psychological or motional problems?

   FOR QUESTIONS 12 & 13 PLEASE ASK PATIENT TO USE THE PATIENT’S RATING SCALE

12. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?

13. How important to you now is treatment for these psychological problems?

14. Obviously depressed, withdrawn
15. Obviously hostile
16. Obviously anxious/nervous
17. Having trouble with reality testing, thought disorders, paranoid thinking
18. Having trouble comprehending, concentrating, remembering
19. Having suicidal thoughts

INTERVIEWER SEVERITY RATING
20. How would you rate the patient's need for psychiatric/psychological treatment?

CONFIDENCE RATINGS
Is the above information significantly distorted by:
21. Patient's misrepresentation? 0 - No  1 - Yes
22. Patient's inability to understand? 0 - No  1 - Yes

Severity Profile

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Comments: