Client Name: _____

Client Self-Report Form

UNCOPE

Substance Use

Alcohol: ☐ Never ☐ Rarely ☐ Moderate ☐ Daily

Tobacco/Nicotine: ☐ Never ☐ Previous, but quit: _____ Type/Frequency: _____

Illicit Drugs: ☐ Never ☐ Type/Frequency: _____

Prescription/OTC Drugs: ☐ Never ☐ Type/ Frequency: _____

☐ Yes ☐ No Have you spent more time drinking or using than you intended to?

☐ Yes ☐ No Have you ever neglected some of your usual responsibilities because of using alcohol or drugs?

☐ Yes ☐ No Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?

☐ Yes ☐ No Has your family, a friend, or anyone else ever told you they objected to your alcohol or drug use?

☐ Yes ☐ No Have you ever found yourself preoccupied with wanting to use alcohol or drugs?

☐ Yes ☐ No Have you ever used alcohol or drugs to relieve emotional discomfort, such as sadness, anger or boredom?

PES

Pre-Employment Activities

Education/Training- I understand the educational and training opportunities available to me and I am able to access them

☐ This is Just like me ☐ This is mostly like me ☐ Somewhat like me ☐ Less like me ☐ Not at all like me

Comments: _____
_____

Personal Career Planning- I understand how to access services to assist me in career-related issues to gain employment

☐ This is just like me ☐ This is mostly like me ☐ Somewhat like me ☐ Less like me ☐ Not at all like me

Comments: _____
_____

Employment Opportunities- I am able to identify and find employment opportunities consistent with my strengths, abilities and preferences

☐ This is just like me ☐ This is mostly like me ☐ Somewhat like me ☐ Less like me ☐ Not at all like me

Comments: _____
_____

Support employment and Work Practices
Supported Employment- I understand my role at work and use job coaching and support at my work site

Client Name: _____

☐ This is just like me ☐ This is mostly like me ☐ Somewhat like me ☐ Less like me ☐ Not at all like me

Comments: _____
_____

Work History- I have worked consistently in the past and I am able to maintain employment

☐ This is just like me ☐ This is mostly like me ☐ Somewhat like me ☐ Less like me ☐ Not at all like me

Comments: _____
_____

Gainful Employment- I understand how employment income will affect benefits

☐ This is just like me ☐ This is mostly like me ☐ Somewhat like me ☐ Less like me ☐ Not at all like me

Comments: _____
_____

I have been successful in the interview process and I am able to get and maintain a job

☐ This is just like me ☐ This is mostly like me ☐ Somewhat like me ☐ Less like me ☐ Not at all like me

Comments: _____
_____

Communicable Disease Risk Assessment

Have you had any of the below factor that may have put you at risk for a communicable disease such as HIV/AIDs, STDs, Hepatitis B or C, or TB?

Unprotected sexual relations with more than one partner during the past 24 months? ☐
Sexual relations with anyone who is infected with HIV/AIDs, Hepatitis, or an STD? ☐
Sexual relations with anyone who injects drugs? ☐
Injected drugs or shared needles? ☐
Received money, drugs or other favors for sexual relations? ☐

Anxiety
Have your feelings caused you distress or interfered with your ability to get along socially with friends or family? ☐ Yes ☐ No

How often have you felt nervous, anxious or on edge?
☐ Almost always ☐ Almost never ☐ Most of the time ☐ Some of the time

How often were you not able to stop worrying or controlling your worry?
☐ Almost always ☐ Almost never ☐ Most of the time ☐ Some of the time

How often is stress a problem for you handling such things as: Health, Finances, Family or Social Relations, Work? ☐ Almost always ☐ Almost never ☐ Most of the time ☐ Some of the time

How often do you get the social and emotional support you need?
☐ Almost always ☐ Almost never ☐ Most of the time ☐ Some of the time

Client Name: _____

PHQ9 Performed date and time: _____ _____

Over the last two weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things:

☐ Not at all ☐ Several days ☐ More than half ☐ Nearly every day

Feeling down, depressed or hopeless:

☐ Not at all ☐ Several days ☐ More than half ☐ Nearly every day

Trouble falling or staying asleep or sleeping too much:

☐ Not at all ☐ Several days ☐ More than half ☐ Nearly every day

Feeling tired or having little energy:

☐ Not at all ☐ Several days ☐ More than half ☐ Nearly every day

Poor appetite or overeating: ☐ Not at all ☐ Several days ☐ More than half ☐ Nearly every day

Feeling bad about yourself- or that you are a failure or have let yourself or your family down:

☐ Not at all ☐ Several days ☐ More than half ☐ Nearly every day

Trouble concentrating on things such as reading the newspaper or watching television:

☐ Not at all ☐ Several days ☐ More than half ☐ Nearly every day

Moving or speaking so slowly that other people could have noticed, or the opposite- being so fidgety or restless that you were moving around a lot more than usual:

☐Not at all ☐ Several days ☐ More than half ☐ Nearly every day

Thoughts that you would be better off dead or of hurting yourself:

☐Not at all ☐ Several days ☐ More than half ☐ Nearly every day

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult

Advance Directive

Does client have a Advance Directive? ☐ Yes ☐ No

Does client desire a Advance Directive plan? ☐ Yes ☐ No

Would client like more information about Advance Directive planning? ☐ Yes ☐ No

What information was client given regarding Advance Directive? _____

_____

_____

CSSRS Adult since LT

Wish to be dead ☐ Yes ☐ No

Suicidal Thoughts ☐ Yes ☐ No

Suicidal Thoughts with method (without specific plan or intent to act) ☐ Yes ☐ No

Suicidal Intent (without specific plan) ☐ Yes ☐ No

Suicidal Intent with specific plan ☐ Yes ☐ No

Client Name: _____

Suicide Behavior ☐ Yes ☐ No