

Questionnaire

1.) What type of services are you seeking? (Circle one)

Mental Health

Substance Use

Mental Health and Substance Use

2.) Who is referring you for services?

3.) Is your housing currently stable? (Circle one) Yes No

If not, why?

4.) Have you previously received mental health and or substance use services? If so, where and when?

5.) Have you been psychiatrically hospitalized in the past? (Circle one) Yes No

If so, when and where?

6.) Are you experiencing work-related or school-related stressors? (Circle one) Yes No

Please explain:

7.) Have your mental health or substance use issues caused problems in your relationships?

(Circle one) Yes No

Please describe.
