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.

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________