

PSYCHOTHERAPY ASSESSMENT CHECKLIST (PAC)

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Date _____

Name _____ DOB _____

(Please use additional pages if you need extra space for answers)

MAIN PROBLEMS: Please list the major problems that you would like help with in therapy, and rate the severity of each one according to the scale below:

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

Not a Problem Mild Problem Moderate Problem Severe Problem Couldn't be worse **RATING**

1. _____

2. _____

3. _____

Briefly describe what motivated you to seek therapy at this time (rather than some time earlier or later): _____

HEALTH & MEDICAL PROBLEMS: Do you have any serious medical conditions? (If yes, please describe)..... No Yes

Problems with: Lightheadedness, dizziness Feeling of imbalance Headaches Indigestion, nausea Vomiting
 Dry mouth, difficulty swallowing, lump in the throat Diarrhea Constipation Circulation Tight chest Short of Breath
 Rapid or irregular heart Frequent Urination Body Aches/ Pain Numbness/tingling Weakness in the arms or legs
 Vision, hearing disturbance Attention/concentration Sweating, cold chills, hot waves, hot flushing Gyne/Menstrual

Please list any medications you are taking: _____

How would you rate your overall health? Excellent ___ Good ___ Fair ___ Poor ___

In Past Year, how many: Visits to doctor ___ Sick days ___ Cigarettes-day ___ Alcoholic drinks/day ___

Psychotherapy sessions, **ever** ___

Number of family members with: Alcohol/drug problems ___ Psychiatric problems (eg, depression, psychosis) ___

DAILY FUNCTIONING: Please give a rough estimate of how many hours in a typical week you spend in the following:

Working in your primary job ___

Parenting/Caretaking of others ___

Doing household chores, bills, etc ___

TV, Movies ___

Computer, internet (social network, games)..... ___

Physical recreation or exercise of some kind ___

Hobbies (crafts, music, reading, etc.)..... ___

Social activity with friends, family ___

Church, charity, spiritual or inspirational activities ___

Quiet, non-productive, or relaxing time ___

Average number of hours of sleep per night ___

LIFELONG FUNCTIONING: Please check the best and worst times of your life:

Age Best Times Average Worst Times

0-5 _____

6-12 _____

13-19 _____

20-29 _____

30-39 _____

40-49 _____

50-59 _____

60-69 _____

70-79+ _____

CURRENT STRESSFUL EVENTS: Legal ___ Financial ___ Family problems ___ Family illness ___ Your health ___
 Other _____

Are you in an abusive relationship? No__ Somewhat__ Yes__

Recent losses (jobs, relationships, or difficult changes) _____

WORST TIME IN LIFE (Please briefly describe). (Remember to use additional pages if needed:)

Who helped you through it? _____

Are there things that cause you to feel ashamed or would be difficult to discuss? (No need to specify) No Yes

BEST TIME IN LIFE (Please briefly describe) _____

_____ Was there someone to share it with? Yes No

Do you have a close friend who is supportive and someone you can confide in during difficult times? Yes No

What have you done that you are **MOST PROUD OF?** _____

What are your **STRENGTHS** (How do you cope) when times are hard? _____

Do you feel you are a person of worth at least on an equal basis with others? VeryMuch/ Much/ Somewhat/ A little/ No

How much enjoyment or pleasure are you currently getting out of living? VeryMuch/ Much/ Somewhat/ A little/ None

What is your income range? Under \$20,000 ___ /\$20-39,000 ___ /\$40-59,000 ___ /\$60-80,000 ___ / Over \$80,000 ___

SELF-ASSESSMENT OF FUNCTIONING: Please rate (from 1-10) how well you feel you are currently functioning in each of the three areas listed below, according the following scale:

10 ----- 9 ----- 8 -----7----- 6 ----- 5 ----- 4-----3 ----- 2 ----- 1

Excellent Functioning Mild difficulty Moderate difficulty Severe Difficulty Barely able to function

1. General Mood (Depression, Anxiety, etc.) _____ **2. Social Relationships?** _____ **3. Daily work or school?** _____

MD

In the last month has there been a period of time (of 2 weeks or more) when you were feeling depressed or down most of the day nearly every day? No Yes

Have you felt a lot less interested in things or unable to enjoy the things you used to enjoy? Was it most of the day nearly every day for at least two weeks? No Yes

PMD

Have you **ever** had a 2 week period when you were feeling depressed or down more days than not?..... No Yes

PDD

For 2 years or more, have you been bothered by depressed mood most of the day, more days than not? No Yes

Have you experienced any of the following? Please check:

Pronounced weight loss or weight gain	_____	Difficulty concentrating/indecisive	_____
Sleeping too much or too little	_____	Fatigue or loss of energy	_____
Fidgety/Agitated or restless behavior	_____	Recurrent thoughts of death, dying or hurting yourself	_____
Feeling slowed down, sluggish	_____	Making a plan for suicide	_____
Feelings of worthlessness or excessive guilt....	_____	Taking some action toward suicide ...	_____

MN

In the last month, has there been a period of time when you were feeling so good, high, excited or hyper that other people thought you were not your normal self or you got into trouble? (Did anyone say you were manic? Was that more than just feeling good?) No Yes

Has there been a period of time when you felt so irritable that you shouted at people or started fights/arguments?No Yes

PMN

Have you **ever** had a time when you were feelings so good or hyper that other people thought you were not your normal self or you were so irritable that you got into trouble? Did anyone say you were manic?... No Yes

DEL

Have you had unusual beliefs or experiences that others do not understand or believe: for example, that other people were talking about you or taking special notice of you? OR that you have a special talent? OR that others were conspiring against you?..... No Yes

What about receiving special messages from people or from the way things were arranged around you, or from the newspaper, radio, or TV? No Yes

SCH

Other than when you were depressed or feeling high, has there been a time when you heard voices, had visions, or saw or smelled things that others couldn't see or smell? No Yes

Has it been difficult to keep up with same-aged peers life milestones like education, work, relationships?. No Yes

ALC

Was there ever a period in your life when you drank too much or kept increasing how much you drank?. No Yes

Has alcohol ever caused problems for you, such as driving impaired, getting in a fight, missing work, or relationships ended?No Yes

Has anyone ever expressed concern about your drinking - or has a doctor told you to stop drinking? No Yes

Have you gone 'on the wagon' or ever tried to cut down on your drinking without success? No Yes

Have you ever gone through withdrawal?No Yes

DRG

Have you used any street drugs, or used prescription drugs in an amount or way that wasn't prescribed? No Yes

Was there ever a period in your life when you drugged too much or kept increasing how much you used?.No Yes

Have drugs ever caused problems for you, such as driving impaired, getting in a fight, missing work, or relationships ended?No Yes

Has anyone ever expressed concern about your drug use - or has a doctor told you to stop using? No Yes

Have you gone 'on the wagon' or ever tried to cut down on your drug use without success? No Yes

Have you ever gone through withdrawal?No Yes

PAN

Have you ever had a panic attack, when you suddenly felt frightened, anxious, uncomfortable, worried about going crazy or dying and developed a lot of physical symptoms (e.g., heart-pounding, trembling, dizziness, unable to breath, nausea)?.....No Yes

If yes, has the panic attack been followed by persistent concern about having additional attacks, worry about the implications or consequences of the attack, or a significant change in behavior related to the attacks?No Yes

AGR

Have you been afraid of being outside your house alone, being in open spaces, being in crowds, standing in line, being in closed spaces like a theatre, or traveling on planes, buses or trains? No Yes

Have you felt any of the following? Please check:		
Pounding, racing heart. ___	Chest pain or discomfort ___	Fear of losing control, going crazy..... ___
Sweating ___	Nausea/abdominal distress.....___	Fear of dying ___
Trembling, shaking ___	Dizzy, lightheaded or faint.....___	Chills or hot flushes ___
Shortness of breath ___	Numbness or tingling sensation. ___	
Feelings of choking ___	Feelings of unreality or detached from oneself ___	

SOC

Is there anything that you are severely afraid of or uncomfortable doing in front of other people like speaking, eating or writing because you fear being humiliated or embarrassed? No Yes

PHB

Are there any other things that you are especially and instantly afraid of such as heights, closed places, flying, snakes, certain kinds of animals or insects, seeing blood, getting a shot/needle? No Yes

GAD

In the last six months, have you been particularly nervous or anxious, unable to sleep, irritable, unable to concentrate? No Yes
Have you also been worrying uncontrollably that a lot of terrible things might happen? No Yes

Have you been troubled by any of the following? Please check:		
Restlessness or feeling keyed up or on edge ___	Irritability ___	
Being easily fatigued ___	Muscle tension ___	
Difficulty concentrating or mind going blank ___	Difficulty sleeping or restless sleep ... ___	

PTSD

Is there a traumatic event or memory that keeps coming back in nightmares, flashbacks or thoughts—that you try to avoid, can't put out of your mind, & which continues to cause you great distress? No Yes

OC

Have you ever been bothered by thoughts, impulses or images that caused anxiety and kept coming back even when you tried not to have them? No Yes
What about awful thoughts, like being contaminated by germs or dirt, hurting someone against your will, or leaving the stove on? No Yes
Was there ever anything that you had to do over and over again and couldn't resist doing, like washing your hands again and again, counting up to a certain number or checking something several times to make sure you'd done it right? No Yes

BDD

Have you ever been preoccupied with defects or flaws in your appearance that others don't see? No Yes
Was there something that you did (checking, grooming, picking) or thought in response to those concerns? No Yes

H, T, Ex

Do you have difficulties discarding with items and possessions, feel the need to save them, such that your home is becoming cluttered or other people in your life are encouraging you to declutter? No Yes
Have you ever pulled out your hair causing hair loss and failed when trying to stop? No Yes
Have you picked at your skin, causing yourself a wound or injury? No Yes

5: SOM&ILL

Have you had physical symptoms that caused distress or disruption to your life?..... No Yes
IF YES: Did you persistently think about their seriousness OR experience high anxiety OR spend an excess amount of time or energy attending to them?..... No Yes
Have you worried that you had an illness or something was wrong, even when a doctor told you there was nothing the matter? No Yes
IF YES: Did you persistently think about their seriousness OR experience high anxiety OR spend an excess amount of time or energy attending to that for 6 months?..... No Yes

5: ANO

Have you ever had a time when you significantly restricted your energy intake, resulting in a significantly low body weight (for your age, sex, health at the time)?..... No Yes

Have you ever had an intense fear of gaining weight or becoming fat despite low body weight?..... No Yes
Have you ever engaged in behavior to prevent weight gain despite low body weight?..... No Yes
Have you ever had difficulties accurately perceiving your body weight/shape?..... No Yes
Have you ever felt your body weight/shape unduly influenced your self-evaluation?..... No Yes
Have you ever failed to recognize the seriousness of your low weight? No Yes

5: BUL

Have you often had times when you binged/your eating was out of control? No Yes
Have you ever made yourself throw-up, used laxatives or exercised a lot to prevent weight gain? No Yes
Have you ever felt your body weight/shape unduly influenced your self-evaluation?..... No Yes

5: ADHD

Have you had trouble concentrating on things or paying attention for at least 6 months? No Yes
Have you had symptoms of hyperactivity, impulsivity, or restlessness that has persisted for at least 6 months?
.....No Yes

Personality traits

5: AVD

1. Have you avoided jobs or tasks that involved having to deal with a lot of people? No Yes
2. Do you avoid getting involved with people unless you are certain they will like you? No Yes
3. Do you find it hard to be "open" even with people you are close to? No Yes
4. Do you often worry about being criticized or rejected in social situations? No Yes
5. Are you usually quiet when you meet new people? No Yes
6. Do you believe that you're not as good, as smart, or as attractive as most other people? No Yes
7. Are you afraid to try new things? No Yes

5: DEP

1. Do you need a lot of advice or reassurance from others before you can make everyday decisions? . No Yes
2. Do you depend on other people to handle important areas in your life such as finances, child care or living arrangements? No Yes
3. Do you find it hard to disagree with people even when you think they are wrong? No Yes
4. Do you find it hard to start work on tasks when there is no one to help you? No Yes
5. Have you often volunteered to do things that are unpleasant? No Yes
6. Do you usually feel uncomfortable when you are by yourself? No Yes
7. When a close relationship ends, do you quickly need to find someone else you can rely on? No Yes
8. Do you worry a lot about being left alone to take care of yourself? No Yes

5: OC

1. Are you the kind of person who focuses on details, order, organization or likes to make lists and schedules? No Yes
2. Do you have trouble finishing jobs because you spend so much time trying to get things exactly right?.....No Yes
3. Do you (or others) feel that you are so devoted to work (school) that you have no time for others or for fun?NoYes
4. Do you have very high standards about what is right and what is wrong? No Yes
5. Do you have trouble throwing things out because they might come in handy someday?No Yes
6. Is it hard for you to let other people help you unless they agree to do things exactly the way you want? No Yes
7. Is it hard for you to spend money on yourself and other people even when you have enough? No Yes
8. Are you often so sure you are right that it doesn't matter what other people say? No Yes
9. Have other people told you that you are stubborn or rigid? No Yes

P-A/NEG

1. When someone asks you to do something that you don't want to do, do you then work slowly or do a bad job?
..... No Yes
2. Often, if you don't want to do something, do you just "forget" to do it? No Yes
3. Do you often feel that other people don't understand you, or don't appreciate how much you do? No Yes
4. Are you often grumpy and likely to get into arguments? No Yes
5. Have you found that most of your bosses, teachers, doctors, and others who are supposed to know what they
are doing, really don't? No Yes
6. Do you often think that it's not fair that other people have more than you do? No Yes
7. Do you often complain that more than your share of bad things have happened to you? No Yes
8. Do you angrily refuse to do what others want and then later feel bad and apologize? No Yes

DPR

1. Do you usually feel unhappy or like life is no fun? No Yes
2. Do you believe that you are basically an inadequate person and often don't feel good about yourself? ... No Yes
3. Do you often put yourself down or blame yourself for things that haven't worked out? No Yes
4. Are you a worrier? No Yes
5. Do you often judge others harshly and easily find fault with them? No Yes
6. Do you think that most people are basically no good? No Yes
7. Do you almost always expect things to turn out badly? No Yes
8. Do you often feel guilty about things you have or haven't done? No Yes

SDF

1. Have you repeatedly been involved with friends or lovers who have taken advantage of you or let you down? No Yes
2. Have you sometimes gotten into bad situations where you wound up being taken advantage of? No Yes
3. Do you often refuse help from other people because you don't want to bother them? No Yes
4. When people try to help you, do you find it hard to accept or do you make it hard for them to help you? .. No Yes
5. When you are successful, do you feel depressed or like you don't deserve it, or do something to spoil it? No Yes
6. Do you often turn down the chance to do things that you really enjoy? No Yes

5: PAR

1. Do you often have to keep an eye out to stop people from using you or hurting you? No Yes
2. Do you spend a lot of time wondering if you can trust your friends or the people you work with? No Yes
3. Do you find that it is best not to confide in others because they will use it against you? No Yes
4. Do you often pick up hidden threats or insults in what people say or do? No Yes
5. Are you the kind of person who holds grudges or takes a long time to forgive when insulted or slighted? No Yes
6. Are there many people that you can't forgive because they did or said something to you a long time ago? No Yes
7. Do you often get angry or lash out when someone criticizes or insults you in some way? No Yes
8. Have you often suspected that your spouse or partner has been unfaithful? No Yes

5: SZD

1. When you are out in public and see people talking, do you often feel that they are talking about you? No Yes
2. Do you often feel that things that have no special meaning to most people are really meant to give you a message? No Yes
3. Do you often detect hidden messages in seemingly unrelated events? No Yes
4. Have you ever felt that you could make things happen just by making a wish or thinking about them? No Yes
5. Have you had personal experiences with the supernatural? No Yes
6. Do you believe that you have a 'sixth sense' that allows you to know or predict things that others can't? ... No Yes
7. Do you often think that objects or shadow are really people or animals or that noises are actually voices?.. No Yes
8. Have you had the sense that some person or force is around you, even though you cannot see anyone?.. No Yes
9. Do you often see auras or energy fields around people? No Yes
10. Are there very few people that you are really close to outside of your immediate family? No Yes
11. Do you often feel nervous when you are with other people? No Yes

5: STP

1. Do you lack close friends or confidants other than your immediate family? No Yes
2. Do you have social anxiety that does not settle even when you get to know someone very well?.....No Yes
3. Do others think your language or personal appearance are odd, eccentric or peculiar?.....No Yes
4. Do you have odd beliefs or magical thinking that guide your behavior (e.g., superstitions, clairvoyance, telepathy) out of step with your culture?.....No Yes
5. Would you almost always rather do things alone than with other people? No Yes
6. Could you be content without ever being sexually involved with another person? No Yes
7. Are there really very few things that give you a lot of pleasure? No Yes
8. Does it NOT matter to you what people think of you? No Yes
9. Do you find that nothing makes you very happy or very sad? No Yes

5: HIS

1. Are you uncomfortable if you are not the center of attention? No Yes
2. Do you flirt a lot? No Yes
3. Do you often find yourself "coming on" to people? No Yes
4. Do you try to draw attention to yourself by the way you dress or look? No Yes
5. Do you often make a point of being dramatic and colorful? No Yes
6. Do you often change your mind about things (opinions) depending on the people you're with or what you have just read or seen on TV? No Yes
7. Do you have lots of friends that you are very close to? No Yes

5: NAR

- | | |
|---|--------|
| 1. Do most people fail to appreciate your very special talents or accomplishments? | No Yes |
| 2. Have people told you that you have too high an opinion of yourself? | No Yes |
| 3. Do you think a lot about the power, fame, or recognition that will be yours someday? | No Yes |
| 4. Do you think a lot about the perfect romance that will be yours someday? | No Yes |
| 5. When you have a problem, do you almost always insist on seeing the top person? | No Yes |
| 6. Do you feel it's important to spend time with people who are special or influential? | No Yes |
| 7. Is it very important to you that people pay attention to you or admire you in some way? | No Yes |
| 8. Do you think it's NOT necessary to follow certain rules or social conventions when they get in your way? | No Yes |
| 9. Do you feel that you are the kind of person who deserves special treatment? | No Yes |
| 10. Do you often find it necessary to step on a few toes to get what you want? | No Yes |
| 11. Do you often have to put your needs above other people's? | No Yes |
| 12. Do you often expect other people to do what you ask without question because of who you are? | No Yes |
| 13. Are you NOT really interested in other people's problems or feelings? | No Yes |
| 14. Are you often envious of others? | No Yes |
| 15. Do you feel that others are often envious of you? | No Yes |
| 16. Do you find that very few people are worth your time and attention? | No Yes |

5: BOR

- | | |
|--|--------|
| 1. Have you often become frantic when you thought that someone you really care about was going to leave you? | No Yes |
| 2. Do your relationships with people you really care about have a lot of extreme ups and downs? | No Yes |
| 3. Have you abruptly changed your sense of who you are and where you are headed? | No Yes |
| 4. Does your sense of who you are often change dramatically? | No Yes |
| 5. Have there been lots of sudden changes in your goals, career plans, religious beliefs, and so on? | No Yes |
| 6. Have you often done things impulsively (e.g., spending, sex, reckless driving)? | No Yes |
| 7. Have you tried to hurt or kill yourself or threatened to do so? | No Yes |
| 8. Have you ever cut, burned or scratched yourself on purpose? | No Yes |
| 9. Are you a 'moody' person? | No Yes |
| 10. Do you chronically feel empty inside? | No Yes |
| 11. Do you often have temper outbursts or get so angry that you lose control? | No Yes |
| 12. Do you hit people or throw things when you get angry? | No Yes |
| 13. Do even little things get you very angry? | No Yes |
| 14. When you are under a lot of stress, do you get suspicious of other people or feel especially spaced out?... No Yes | No Yes |

SINCE THE AGE OF 15:

5: ANT

- | | |
|---|--------|
| 1. Have you repeatedly broken laws for which you could have been arrested?..... | No Yes |
| 2. Have you repeatedly deceived others by lying, using aliases, or conning for profit or pleasure?..... | No Yes |
| 3. Have you act fail to plan ahead or act impulsively?..... | No Yes |
| 4. Have you repeatedly get into physical fights or assault others?..... | No Yes |
| 5. Have you act recklessly in a way that would put your own or others safety at risk?..... | No Yes |
| 6. Have you act fail to consistently work or honour financial obligations?..... | No Yes |
| 7. Have you lack remorse, guilt, feel indifferent, or rationalize the hurt, mistreatment, or theft you caused?..... | No Yes |

BEFORE THE AGE OF 15:

5: CD

- | | |
|---|--------|
| 1. Did you bully or threaten other kids? | No Yes |
| 2. Did you start fights? | No Yes |
| 3. Did you hurt or threaten someone with a bat, brick, broken bottle, knife or a gun? | No Yes |
| 4. Did you ever deliberately try to cause someone physical pain and suffering? | No Yes |
| 5. Did you torture or hurt animals on purpose? | No Yes |
| 6. Did you ever rob, mug or forcibly take something from someone by threatening him or her? | No Yes |
| 7. Did you ever force someone to have sex with you? | No Yes |
| 8. Did you set fires? | No Yes |
| 9. Did you deliberately destroy things that weren't yours? | No Yes |
| 10. Did you ever break into a house, other buildings, or cars? | No Yes |
| 11. Did you lie a lot or "con" other people? | No Yes |
| 12. Did you sometimes steal, shoplift things or forge someone's signature? | No Yes |
| 13. Did you run away from home and stay away overnight? | No Yes |
| 14. Would you often stay out very late, long after the time you were supposed to be home? | No Yes |
| 15. Did you often skip school? | No Yes |