

CLAIMANT MENTAL QUESTIONNAIRE

NAME: _____

SSN: _____

DOB: _____

1. Have you been seen one or more times by a psychologist, a psychiatrist, a mental health counselor, a psychiatric social worker, minister, or other person, including your regular physician for treatment or evaluation for any mental impairment?

Yes No

If yes, please bring the names and addresses of those persons with you to your appointment.

2. Have you been hospitalized for treatment or evaluation for any mental impairment?

Yes No

If yes, please bring the names and addresses of those hospitals with you to your appointment.

3. Have you been prescribed any medication for any mental impairment even if you no longer take it?

Yes No

If yes, please bring the names of those medicines, the dose you were prescribed, the directions you were given for taking them and the doctor who prescribed them with you to your appointment and when you took them. This is the information provided on the medicine bottle by the drug store. You can also just bring the medicine bottles.

4. Have you been given any psychological test (IQ, Achievement, Personality, for example) in the last five years?

Yes No

If yes, bring the names of the tests you have been given, who gave it to you, and about when it was given to your appointment.

5. Have you ever been given a psychiatric diagnoses (a name for what the doctors say is wrong with you)?

Yes No

If yes, bring the names of those diagnoses with you to your appointment, when you were diagnosed and by whom you were diagnosed.

6. Have you ever been treated for abuse of alcohol, street drugs or prescription drugs?

Yes No

If yes, please be prepared to discuss your treatment, including the names of the doctors and others who treated you, what the treatment amounted to, whether it involved a 12 step program, etc.

7. If you answered “yes” to question 6, have you ever been in trouble with the police, landlords, neighbors, employers, your family, or anyone because of your abuse of alcohol, street drugs or prescription drugs?

Yes No

If yes, please be prepared to discuss the trouble you have been in at your appointment.

8. Please place a check mark beside each statement below that describes you. If you are not sure what the statement means, put a question mark (?) instead.

- a. _____ I have lost interest in my normal activities.
- b. _____ I feel nervous or anxious a lot.
- c. _____ I don't sleep well.
- d. _____ I have trouble making my own decisions.
- e. _____ Sometimes I suddenly feel fear or panic.
- f. _____ I like to be with people.
- g. _____ I have trouble understanding directions.
- h. _____ I have considered or attempted suicide.
- i. _____ I lack confidence.
- j. _____ I am sad most of the time.
- k. _____ I am able to pay attention to activities I like.
- l. _____ I have been told in the last two years to cut down or stop using alcohol or drugs.
- m. _____ People make me happy.
- n. _____ I make bad decisions in a work setting.

- o. _____ I have trouble remembering recent things.
- p. _____ I sleep too much.
- q. _____ People in the workplace have liked me.
- r. _____ I am intelligent.
- s. _____ I have hope for my future.
- t. _____ I hear voices or see things that other people do not see or hear.
- u. _____ I sometimes use alcohol or street drugs to help myself feel better.
- v. _____ I sometimes overuse my prescriptions to help myself feel better.
- w. _____ I am basically a happy person despite all of my problems.
- x. _____ I can do simple jobs or tasks as long as I do not have to deal with a lot of people.
- y. _____ I depend on others too much.
- z. _____ I feel guilty a lot.
- aa. _____ I have trouble getting along with family, neighbors or others.
- bb. _____ I have trouble with my temper.
- cc. _____ I do not trust people.
- dd. _____ I could do some jobs but people will not hire me.
- ee. _____ Sometimes I lose control over my body parts.
- ff. _____ People are out to get me.
- gg. _____ I have been told that I am in good physical health.
- hh. _____ I think I have a serious undiagnosed illness.
- ii. _____ My appetite or eating has changed.
- jj. _____ I have racing or confusing thoughts.
- kk. _____ I know things will get better.

- ll. _____ I had help filling out this questionnaire.
- mm. _____ I have trouble or would have trouble using the bus.
- nn. _____ My behavior is socially appropriate.
- oo. _____ I have trouble paying attention for more than a few minutes.
- pp. _____ When it is expected of me I can be on time for an event.
- qq. _____ I have no trouble remembering procedures and instructions.
- rr. _____ I can avoid normal hazards.
- ss. _____ I am able to learn a job and after I have I can work a full day without extra help.
- tt. _____ I can accept instructions and respond to criticism.

9. Would you be unable to complete a regular work day without your mental problems interfering in some way?

- Yes No

If yes, please be prepared to discuss this at your appointment.

10. Would your mental problems keep you from working?

- Yes No

If yes, be prepared to discuss this at your appointment.

11. After you have answered all of the questions, please date and sign the questionnaire.

_____ Date: _____