

**UNIFIED COMMUNITY SERVICES
AODA INTAKE QUESTIONNAIRE**

NAME _____

DATE _____

Please answer the following questions. Your answers will help us develop a comprehensive understanding of your concerns. If you need more space, please use the back of the page.

I. Briefly describe the problem that brought you here today:

II. Below is a list of concerns that people report. Please circle any that are problematic for you:

Sleeping	Eating	Alcohol	Drugs
Memory decline	Shame	Guilt	Decision making
Anxiety	Depression	Fear	Worries
Feeling down	Overspending	Irritability	Anger outbursts
Hitting others	Suicidal thoughts	Verbal abuse	Poor frustration tolerance
Hallucinations	Being hit/hurt	Mood swings	Sexual difficulties
Nightmares	Panic attacks	Hopelessness	Sadness
Mind racing	Unwanted thoughts	Breaking things	Hurting yourself
Communication	Flashbacks	Hoarding/collecting	Concentration
Bullied	Gambling	Legal	Excessive Internet Use
Homelessness	Finances	Relationship Issues	Family
Grief	Parenting	Aggression	Self Esteem
Sexual Identity	Uselessness	Trauma	Health

II. Please share any other information that will help us understand your problems:

Signature of Person Who Completed This Form _____