

ALIFE BASE
(Psychosocial Functioning at Initial Visit)

Please rate the following categories of the subject's psychosocial functioning with regard to the past 3 months.

Interviewers Initials

Child's Initials

1. Student Work

If subject has not been enrolled in a student program at all during the past month, was this due to psychopathology? Yes No
and/or for some other reason? Yes No

-----IF YES, SKIP TO INTERPERSONAL RELATIONS-----

Degree of impairment in student work:

2. Interpersonal Relations with Family

- A. Biological parents
- B. Step-parents
- C. Siblings
- D. Girlfriend/boyfriend
- E. Other important relatives

2a. Interpersonal Relationships with Friends

3. Work

Rate up to three categories if appropriate:

4. Employment or Self-Employment

If subject has not been employed at all during the past month, was this due to psychopathology? Yes No
and/or for some other reason? Yes No

-----IF YES, SKIP TO HOUSEHOLD DUTIES-----

How many hours a week during the past week were spent in employment activities?

Degree of impairment in work activities:

This form is completed at the initial assessment ONLY. The date below should be the date of the Initial Assessment.

SITE Colorado Pittsburgh Cincinnati

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DATE / / 20



5. Household Duties

If subject has ***not*** performed any household duties at all during the past month, was this due to psychopathology?

Yes No

and/or for some other reason?

Yes No

-----IF YES, SKIP TO RECREATION-----

Degree of impairment in household activities:

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6. Recreation

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7. Sexual Functioning

A. Marital status

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B. Sexual orientation

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C. Sexual activities

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D. Frequency of sexual activities

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E. Number of partners

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F. Level of Sexual Risk

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8. Satisfaction

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9. Global Social Adjustment

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