

PSYCHOSOCIAL FUNCTIONING- FOLLOW UP VISITS ONLY

Visit: 3 month 6 month 9 month 12 month 18 month 24 month

This form covers follow up months: to:

Please rate the following categories of the subject's psychosocial functioning ***since the last interview.*** Ratings are based on the worst week of each month.

Dates being rated for each month (e.g., start date: 4/15/05, end date: 5/15/05)*: start date: _____ end date: _____
**Months rated in 4 wk. intervals starting with the intake date*

1. Student Work

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

Degree of impairment in student work:

Month	Month	Month	Month	Month	Month
<input type="text"/>					

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

2. Interpersonal Relations with Family

A. Biological parents

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B. Step-parents

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C. Siblings

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D. Girlfriend/boyfriend

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E. Other important relative:

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2a. Interpersonal Relationships with Friends

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3. Work

Rate up to three categories if appropriate:

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<input type="text"/>					
<input type="text"/>					



42941

Colorado Pittsburgh Cincinnati

ID:

Today's date: / / 20

4. Employment or Self-Employment

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

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

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-----

6. Recreation

7. Sexual Functioning

- A. Marital status
- B. Sexual orientation
- C. Sexual activities
- D. Frequency
- E. Number of partners
- F. Level of Sexual Risk

8. Satisfaction

9. Global Social Adjustment

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

Month__	Month__	Month__	Month__	Month__	Month__
<input type="text"/>					

Degree of impairment in work activities:

<input type="text"/>					
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Degree of impairment in household activities:

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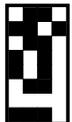
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