Preferred Contact # ____________________________

Circle times you are available:

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Counseling Model

Please read the following before becoming a participant in counseling. If you agree with the Counseling Model, please complete this packet and submit it to the Counseling Ministry. You may mail it to 4400 N. Peachtree Road Atlanta, GA 30338--Attention Counseling Ministry. It may also be faxed to 770-234-8373 or e-mailed to counseling@fba.org.

Becoming a participant in counseling involves completing application materials that include the Beck Depression Inventory II (BDI II), the Holmes-Rahe Stress Test and the Taylor Johnson Temperament Analysis (TJTA). The TJTA will be completed prior to the first counseling session.

Our counseling approach consists of a Spiritual/Educational perspective. It is geared to believers who have, by faith, trusted in Christ’s blood atonement for freedom from their sin and guilt.

Counseling at FBA is based on a perspective referred to as “The Exchanged-life” or “Christ-as-Life”. This perspective will be the focus of any individual or marital counseling. Our belief is that underlying every problem is a spiritual issue. Therefore, the focus of our counseling is not on behavior change but on spiritual transformation of the individual.

When an individual participates in this model of counseling, it is expected that his or her desire is to mature in Christ and to know Him more intimately. Our policy further maintains, the participant must request counseling themselves and must be committed to pursuing counseling without outside influences upon doing so.

A specific process is involved in this model of counseling for individuals and couples. It begins with clarifying the problem, establishing goals for counseling, getting a personal history as well as a history of the problem. This information is utilized to identify false beliefs and defeating behaviors that have been brought into adult relationships. These patterns will be charted out for each individual.
After this, each participant will be introduced to the spiritual solution. There will be assignments to contrast the individual's old patterns with the Truth of scripture. The basis of the solution is understanding one's identity in Christ. It also includes focusing on Christ's sufficiency for meeting all of one's needs. A participant's learning to relinquish dependency on his/her old ways in order to allow Christ to be lived out through him/her in relationships is essential. This involves addressing issues such as anger, forgiveness, purposes of adversity, personal “brokenness” and surrender. Then, there is the process of discipling the participant in abiding in Christ, and renewing the mind to Truth as he/she faces daily circumstances.

**Homework will be an integral part of the change process.** Counseling will not be effective if the homework is not accomplished. Expect to come for counseling appointments only after all of homework is done. Reading books for discussion as well as listening and viewing assignments are required as large parts of the homework.

Those who decide to come for **marriage counseling** must understand that one spouse is not to participate as a result of an ultimatum given by the other spouse. Both must agree to our stated perspective. It must be understood that in marriage counseling, the solution will **not** include giving hope that the other spouse will change.

We do not accept court mandated counseling clients. Regarding children/family counseling, we will not participate in child custody issues or any issues that involve us as participants in court proceedings or may result in court proceedings in the future. In these circumstances, referrals will be given.

**Those who participate in counseling are required to:**

1. **Attend** all sessions.
2. Be **on time** for every counseling appointment.
3. Have a heart’s desire for **knowing Christ and for growing to maturity in Him**, because our counseling model is based on this - and does not involve primarily teaching behavior modification and “dos” and “don’ts”. The Spiritual focus is on change of the PERSON and being transformed by the renewing of the mind.
4. Understand that behavioral changes such as **communication skills, problem-solving techniques, and anger management strategies will not be considered the solutions** to the participant’s problems. Personal transformation in Christ is the only answer and hope for **relational as well as personal issues**.
5. **Not** expect personal healing and peace to depend on the circumstances, spouse or another person changing. Fulfillment and freedom from emotional pain is to be found only in understanding God’s grace, identity in Christ, and pursing an intimate relationship with Him.
6. Participants with a **substance abuse addiction** are to be referred to a treatment program before counseling can begin. Once the participant has completed the treatment program, the counselor may proceed with counseling assuming that the participant is faithful to his or her aftercare program.
7. **Complete weekly homework.** This may involve an hour + per week. Homework may include reading, writing, audio and/or viewing assignments, doing relational exercises, or all of the above.

8. **Not come to a session unless homework is completed** as assigned. This is because in the counseling process, each session builds upon the previous session and upon the homework.

9. **Agree to refrain from discussing with anyone else, outside of counseling sessions, problematic relationships and what takes place in counseling.**

10. **Not** participate in counseling **because a spouse or another person is expecting it,** but because the participant has a desire for personal change through knowing Christ.

11. Realize that the purpose of counseling **will not be to change another person** with whom there is a relationship.

12. **Electronic devices such as cell phones, tablets, and laptops must be turned off during counseling sessions.** In addition, the use of these devices is not permitted in the Counseling Ministry Reception Area. To respect the privacy and confidentiality of others, please use the area outside of the Counseling Ministry Office for these purposes.

I understand the conditions of participating in counseling, and I agree to the expectations listed above:

**Signed** ___________________________ **Date** _________

**Signed** ___________________________ **Date** _________
APPLICATION FOR ADULTS

NAME ___________________________ AGE _____ DATE OF BIRTH ____________

SPouse’S NAME (IF MARRIED) ___________________ AGE _____ DATE OF BIRTH ____________

ADDRESS

______________________________________________________________________________

CITY ________________________________ STATE ______ ZIP ________________

PHONE (Hm) ____________________________ (Wk) ____________________________

(Cell) ____________________________ (E-mail) ____________________________

EMPLOYER ____________________________ JOB TITLE __________________________

What sort of work are you doing now? ________________________________

Does your present work satisfy you? __________ Yes __________ No

If no, please explain:_________________________________________________________

What kind of jobs have you held in the past? ________________________________

EDUCATION (High School) __________________________________ (College) __________

RELIGIOUS BACKGROUND ____________________________

PRESENT CHURCH MEMBERSHIP ____________________________________________

Please indicate ALL Marital Relationships (past and present):

<table>
<thead>
<tr>
<th>Single</th>
<th>Engaged</th>
<th>Wedding Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>Date(s)</td>
<td></td>
</tr>
<tr>
<td>Separated</td>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>Widow/er</td>
<td>Date(s)</td>
<td></td>
</tr>
<tr>
<td>Divorced</td>
<td>Date(s)</td>
<td></td>
</tr>
</tbody>
</table>

NAMES AND AGES OF YOUR CHILDREN:

1. ___________________________ Age ______ 4. ___________________________ Age ______

2. ___________________________ Age ______ 5. ___________________________ Age ______

3. ___________________________ Age ______ 6. ___________________________ Age ______

Designate any of above that are stepchildren by circling the number.

PLEASE LIST THE NUMBER OF: Miscarriage(s) _____ Abortion(s) _____
PERSONAL AND SOCIAL HISTORY

Father's Name ______________________ Age ____________________
Health ____________________________
Occupation_________________________ Deceased Date/Cause ____________________

Mother's Name ______________________ Age ____________________
Health ____________________________
Occupation_________________________ Deceased Date/Cause ____________________

Parents Separated or Divorced and Date:  __Yes  __ No   Date: ____________________

If you were not raised by your parents, by whom were you raised and during what years:
______________________________

Give a brief description of your Father's (or substitute) personality and his attitude toward you (past & present):
______________________________

Give a brief description of your Mother's (or substitute) personality and her attitude toward you (past & present):
______________________________

PLEASE LIST YOUR BROTHERS AND SISTERS BY AGE (INCLUDE YOURSELF, AND ANY HALF-BROTHERS AND SISTERS).

1. Age __________ 4. Age __________
2. Age __________ 5. Age __________
3. Age __________ 6. Age __________

(Please Complete Reverse Side Also)

Check any of the following that applied during your childhood/adolescence:

___ Happy childhood  ___ Not enough friends  ___ Verbal, physical, sexual abuse
___ Unhappy childhood  ___ School problems  ___ Severely bullied or teased
___ Emotional problems  ___ Financial problems  ___ Eating disorder
___ Behavior problems  ___ Strong religious convictions  ___ Abortion (s)
___ Legal trouble  ___ Drug use  ___ Exposed to pornography
___ Death in family  ___ Used alcohol  ___ Other: __________
___ Medical problems  ___ Severely punished  ___ ___________________
___ Ignored

Please comment: ______________________

______________________________

IN CASE OF EMERGENCY, WHOM SHOULD WE NOTIFY?

NAME ___________________________ RELATIONSHIP ___________________________
ADDRESS _______________________________________________________________
PHONE ________________________________________________________________
PLEASE COMPLETE THE FOLLOWING:

HAVE YOU REACHED THE PLACE IN YOUR SPIRITUAL LIFE WHERE YOU KNOW FOR CERTAIN THAT IF YOU WERE TO DIE TODAY THAT YOU WOULD GO TO HEAVEN?

YES ______________ NO _______________ UNCERTAIN ________________

IF YOU CHECKED YES, ACCORDING TO YOUR BELIEFS, ON WHAT BASIS WOULD GOD LET YOU INTO HIS HEAVEN?

-------------------------------------------------------------------------------------------------------------------------------

HAVE YOU RECEIVED COUNSELING BEFORE? _______ AT FIRST BAPTIST ATLANTA? _______
DATE(S) OF PREVIOUS COUNSELING _______ NAMES OF COUNSELOR(S) ________________

-------------------------------------------------------------------------------------------------------------------------------

ARE YOU UNDER THE CARE OF A PHYSICIAN? _____YES _____NO
NAME: ____________________________________________________________________________

ARE YOU UNDER THE CARE OF A PSYCHIATRIST? _____YES _____NO
NAME: ____________________________________________________________________________

NAME(S) OF MEDICATION(S) YOU ARE TAKING ________________________________________________________________________________

HAVE YOU EVER BEEN HOSPITALIZED FOR PSYCHOLOGICAL/PSYCHIATRIC PROBLEMS? _____YES _____NO (IF YES, WHEN AND WHERE? ________________________________________________________________________________)

HAS ANY RELATIVE OF YOURS ATTEMPTED OR COMMITTED SUICIDE? _____YES _____NO

HAVE YOU EVER ATTEMPTED SUICIDE? _____YES _____NO

DO YOU OR ANY MEMBER OF YOUR FAMILY SUFFER FROM AN EMOTIONAL, PHYSICAL, OR MENTAL DISORDER, INCLUDING THE FOLLOWING (PLEASE IDENTIFY THE FAMILY MEMBER)?

_____ YES _____ NO

- Depression
- Anxiety
- Bi-polar Disorder
- Attention Deficit Disorder
- Chronic Fatigue
- Hypoglycemia
- Endometriosis
- Multiple Sclerosis
- Hormonal/Endocrine System Imbalance
- Chronic Sadness
- Substance Abuse
- Suicidal Thinking
- Obsessive/Compulsive Disorder
- Thyroid Disease
- Diabetes
- Mitral Valve Prolapse
- Schizophrenia
- Menstrual Problems

WHAT IS THE SPECIFIC PROBLEM THAT HAS CAUSED YOU TO SEEK COUNSELING?

________________________________________________________________________

________________________________________________________________________
WHAT HAVE YOU DONE ABOUT THIS PROBLEM UP UNTIL THIS POINT?

ON THE SCALE BELOW, PLEASE ESTIMATE BELOW THE SEVERITY OF YOUR PROBLEM(S):

____ Mildly Upsetting  ____ Moderately Upsetting  ____ Very Severe  ____ Extremely Severe  ____ Totally Incapacitating

WHEN DID YOUR PROBLEM(S) BEGIN?

WHAT SEEMS TO WORSEN YOUR PROBLEM(S)?

WHAT HAVE YOU TRIED THAT HAS BEEN HELPFUL?

HOW SATISFIED ARE YOU WITH YOUR LIFE AS A WHOLE THESE DAYS?

NOT AT ALL SATISFIED 1 2 3 4 5 6 7 VERY SATISFIED

HOW WOULD YOU RATE YOUR OVERALL LEVEL OF TENSION DURING THE PAST MONTH?

RELAXED 1 2 3 4 5 6 7 TENSE

EXPECTATIONS REGARDING COUNSELING

IN A FEW WORDS, WHAT DO YOU EXPECT YOUR COUNSELOR TO DO TO HELP YOU WITH YOUR PROBLEM(S):

WHAT PERSONAL QUALITIES DO YOU THINK THE IDEAL COUNSELOR SHOULD POSSESS?

ARE YOU OPEN TO GOD'S SOLUTION?

SIGNATURE ___________________________ DATE __________________________
Information and Confidentiality Statement

COUNSELING AGREEMENT

Methods

Information about our methods and techniques of counseling is available to those who wish to have it. Our counseling is Christian Counseling, based on the Exchanged Life identification truths. Counselees are encouraged to raise any questions they may have concerning our counseling model.

The average number of sessions for the counseling process is approximately from 20 to 30 sessions.

Staff Counseling Credentials

The Staff Counselors’ credentials include a minimum of Masters Level training in counseling or related area. The staff may also possess professional and/or specialty licensure and/or membership in a professional Christian counseling association.

Lay Counseling Credentials

Lay Counselors provide counseling under the supervision of a staff counselor of First Baptist Church Atlanta. The Lay Counselors are trained in the Bible-based Exchanged Life model of counseling and in listening and helping skills from Christian professionals trained in individual and marital counseling.

The Lay Counselors are not professionals in psychological counseling, psychiatric therapy, or marriage and family counseling or therapy, and are not licensed by the State of Georgia as counselors, social workers, or therapists. They do receive continual training and are under the supervision of the Counseling Ministry Staff of First Baptist Church Atlanta.

Missed Appointments

If a participant is unable to keep an appointment, he or she must call the Counseling Ministry office at 770-234-8360 to cancel. For weekday appointments, notification of cancellation is expected 24 hours in advance. For Sunday appointments, please contact the office by the previous Thursday evening. Failure to do so may result in interruption and/or termination of counseling. We understand emergencies happen, please keep us informed. We appreciate your cooperation in this matter. Time is a gift from God, may we all be good stewards. The Lay Counselors freely volunteer their time to this ministry and extensive travel is often required.
Confidentiality Statement

The communications between you and your counselor will be considered confidential except where disclosure is required by law, i.e., where there is a threat of serious harm to self or others, as in the case of child abuse, suicide, threatened violence, or homicide. In such instances, your communications will be disclosed to your counselor’s supervisor, Manager of the Counseling Ministry, Administrative Pastor and Pastor and/or to appropriate state law enforcement authorities.

Because the Counseling Ministry at First Baptist Church Atlanta is also a training center, you may also be assigned a co-counselor who is also bound by the duty of confidentiality imposed upon all counselors in this Counseling Ministry. In addition, your counselor may disclose the written and taped records of your counseling sessions to his supervisor, clinical consultant, or other counselor to receive supervision regarding your care. By signing this document, you agree to such disclosure for supervision purposes only.

Resource Policy

Books and other resources related to your counseling may be available for purchase in the FBA Bookstore or loan in the FBA Media Library. Should you choose to borrow any resources; the following policy will be applied: “As a condition of counseling, I agree to return or purchase all resources by the due date.”

AGREEMENT

By signing this document, I am, of my own free will, knowingly authorizing counselors of the Counseling Ministry of First Baptist Atlanta to render counseling and/or referral services to me. Likewise, I have been informed of the nature and purposes of the Bible-based Counseling Ministry’s services and that my consent may be revoked orally or in writing prior to, and/or during the counseling session. If I am assigned to a Staff Counselor, the counselor is either ordained as a pastoral counselor or a member of a professional Christian counseling association or both. Furthermore, I understand that if I am assigned to a Lay Counselor and/or Co-Counselor trainee, they are not a professional counselor, social worker, or therapist.

I have read and fully understand my rights as a client and that my counselor will disclose my communications to law enforcement officials as required by law. I further understand and hereby give my permission for my counselor to disclose his/her written and taped records of my counseling sessions with his/her ministry supervisor or consultant for the purpose of receiving supervision regarding my care and his/her training.

I agree to notify the Counseling Ministry Office if I am unable to keep an appointment.

I agree that, in order to avoid the delay or interruption of my counseling, I will return my borrowed counseling materials by the deadline, or I will pay for the counseling materials I borrow but do not return by the deadline.

No guarantee or assurance of any kind has been made to me with respect to any of the results that may be obtained from these services.

COUNSELEE’S SIGNATURE __________________________ DATE __________________________

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FINANCIAL POLICY

I. MEMBERS

We welcome you to the Counseling Ministry of the First Baptist Atlanta. This ministry is designed primarily to serve our members and is funded through the church budget.

II. RECOMMENDED RESOURCES

Books and other resources that are recommended by your counselor may be available through our bookstore for purchase or the FBA library for borrowing.

III. TESTING & MATERIALS FEE

There is an initial $50.00 fee for testing and materials, which must be paid when you submit your initial counseling intake documents.

___________________________________  ________________
COUNSELEE’S SIGNATURE              DATE
HOLMES-RAHE STRESS RATING SCALE
As you read each of the following life events, place a check mark before all events that have happened to you in the past 12 months

<table>
<thead>
<tr>
<th>EVENT</th>
<th>Score</th>
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<tbody>
<tr>
<td>Death of spouse</td>
<td>100</td>
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<tr>
<td>Divorce</td>
<td>73</td>
</tr>
<tr>
<td>Marital separation</td>
<td>65</td>
</tr>
<tr>
<td>Detention in jail or institution</td>
<td>63</td>
</tr>
<tr>
<td>Death of a close family member</td>
<td>63</td>
</tr>
<tr>
<td>Major personal injury or illness</td>
<td>53</td>
</tr>
<tr>
<td>Marriage</td>
<td>50</td>
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<tr>
<td>Fired from work</td>
<td>47</td>
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<tr>
<td>Marital reconciliation</td>
<td>45</td>
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<tr>
<td>Retirement</td>
<td>45</td>
</tr>
<tr>
<td>Major change in health or behavior of a family member</td>
<td>44</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>40</td>
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<tr>
<td>Sex difficulty</td>
<td>39</td>
</tr>
<tr>
<td>Addition to family</td>
<td>39</td>
</tr>
<tr>
<td>Major business readjustment</td>
<td>39</td>
</tr>
<tr>
<td>Major change in financial status</td>
<td>38</td>
</tr>
<tr>
<td>Death of close friend</td>
<td>37</td>
</tr>
<tr>
<td>Change in number of marital arguments</td>
<td>35</td>
</tr>
<tr>
<td>Mortgage or loan over $10,000</td>
<td>31</td>
</tr>
<tr>
<td>Foreclosure of mortgage or loan</td>
<td>30</td>
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<tr>
<td>Change in work responsibilities</td>
<td>29</td>
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<tr>
<td>Son or daughter leaving home</td>
<td>29</td>
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<tr>
<td>Trouble with in-laws</td>
<td>29</td>
</tr>
<tr>
<td>Outstanding personal achievement</td>
<td>28</td>
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<tr>
<td>Spouse begins or stops work outside the home</td>
<td>26</td>
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<tr>
<td>Starting or finishing school</td>
<td>26</td>
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<tr>
<td>Change in living conditions</td>
<td>25</td>
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<tr>
<td>Revision of personal habits</td>
<td>24</td>
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<tr>
<td>Trouble with boss</td>
<td>23</td>
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<tr>
<td>Change in work hours, conditions</td>
<td>20</td>
</tr>
<tr>
<td>Change in residence</td>
<td>20</td>
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<tr>
<td>Change in schools</td>
<td>20</td>
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<tr>
<td>Change in recreational habits</td>
<td>19</td>
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<tr>
<td>Change in church activities</td>
<td>19</td>
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<tr>
<td>Change in social activities</td>
<td>18</td>
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<tr>
<td>Mortgage or loan under $10,000</td>
<td>18</td>
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<tr>
<td>Change in sleeping habits</td>
<td>16</td>
</tr>
<tr>
<td>Change in number of family gatherings</td>
<td>15</td>
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<tr>
<td>Change in eating habits</td>
<td>15</td>
</tr>
<tr>
<td>Vacation</td>
<td>13</td>
</tr>
<tr>
<td>Christmas season</td>
<td>12</td>
</tr>
<tr>
<td>Minor violation of the law</td>
<td>11</td>
</tr>
<tr>
<td><strong>Total</strong></td>
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</table>
**Instructions:** This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the **one statement** in each group that best describes the way you have been feeling during the **past two weeks**, including **today**. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

<table>
<thead>
<tr>
<th>1. Sadness</th>
<th>6. Punishment Feelings</th>
</tr>
</thead>
<tbody>
<tr>
<td>0. I do not feel sad.</td>
<td>0. I don’t feel I am being punished.</td>
</tr>
<tr>
<td>1. I feel sad much of the time.</td>
<td>1. I feel I may be punished.</td>
</tr>
<tr>
<td>2. I am sad all the time.</td>
<td>2. I expect to be punished.</td>
</tr>
<tr>
<td>3. I am so sad or unhappy that I can’t stand it.</td>
<td>3. I feel I am being punished.</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>2. Pessimism</th>
<th>7. Self-Dislike</th>
</tr>
</thead>
<tbody>
<tr>
<td>0. I am not discouraged about my future.</td>
<td>0. I feel the same about myself as ever.</td>
</tr>
<tr>
<td>1. I feel more discouraged about my future than I used to be.</td>
<td>1. I have lost confidence in myself.</td>
</tr>
<tr>
<td>2. I do not expect things to work out for me.</td>
<td>2. I am disappointed in myself.</td>
</tr>
<tr>
<td>3. I feel my future is hopeless and will only get worse.</td>
<td>3. I dislike myself.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Past Failure</th>
<th>8. Self-Criticalness</th>
</tr>
</thead>
<tbody>
<tr>
<td>0. I do not feel like a failure.</td>
<td>0. I don’t criticize or blame myself more than usual.</td>
</tr>
<tr>
<td>1. I have failed more than I should have.</td>
<td>1. I am more critical of myself than I used to be.</td>
</tr>
<tr>
<td>2. As I look back, I see a lot of failures.</td>
<td>2. I criticize myself for all of my faults.</td>
</tr>
<tr>
<td>3. I feel I am a total failure as a person.</td>
<td>3. I blame myself for everything bad that happens.</td>
</tr>
</tbody>
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<thead>
<tr>
<th>4. Loss of Pleasure</th>
<th>9. Suicidal Thoughts or Wishes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0. I get as much pleasure as I ever did from the things I enjoy.</td>
<td>0. I don’t have any thoughts of killing myself.</td>
</tr>
<tr>
<td>1. I don’t enjoy things as much as I used to.</td>
<td>1. I have thoughts of killing myself, but I would not carry them out.</td>
</tr>
<tr>
<td>2. I get very little pleasure from the things I used to enjoy.</td>
<td>2. I would like to kill myself.</td>
</tr>
<tr>
<td>3. I can’t get any pleasure from the things I used to enjoy.</td>
<td>3. I would kill myself if I had the chance.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Guilty Feelings</th>
<th>10. Crying</th>
</tr>
</thead>
<tbody>
<tr>
<td>0. I don’t feel particularly guilty.</td>
<td>0. I don’t cry anymore than I used to.</td>
</tr>
<tr>
<td>1. I feel guilty over many things I have done or should have done.</td>
<td>1. I cry more than I used to.</td>
</tr>
<tr>
<td>2. I feel quite guilty most of the time.</td>
<td>2. I cry over every little thing.</td>
</tr>
<tr>
<td>3. I feel guilty all of the time.</td>
<td>3. I feel like crying, but I can’t.</td>
</tr>
</tbody>
</table>
## 11. Agitation
- 0 I am no more restless or wound up than usual.
- 1 I feel more restless or wound up than usual.
- 2 I am so restless or agitated that it’s hard to stay still.
- 3 I am so restless or agitated that I have to keep moving or doing something.

## 12. Loss of Interest
- 0 I have not lost interest in other people or activities.
- 1 I am less interested in other people or things than before.
- 2 I have lost most of my interest in other people or things.
- 3 It’s hard to get interested in anything.

## 13. Indecisiveness
- 0 I make decisions about as well as ever.
- 1 I find it more difficult to make decisions than usual.
- 2 I have much greater difficulty in making decisions than I used to.
- 3 I have trouble making any decisions.

## 14. Worthlessness
- 0 I do not feel I am worthless.
- 1 I don’t consider myself as worthwhile and useful as I used to.
- 2 I feel more worthless as compared to other people.
- 3 I feel utterly worthless.

## 15. Loss of Energy
- 0 I have as much energy as ever.
- 1 I have less energy than I used to have.
- 2 I don’t have enough energy to do very much.
- 3 I don’t have enough energy to do anything.

## 16. Changes in Sleeping Pattern
- 0 I have not experienced any change in my sleeping pattern.
- 1a I sleep somewhat more than usual.
- 1b I sleep somewhat less than usual.
- 2a I sleep a lot more than usual.
- 2b I sleep a lot less than usual.
- 3a I sleep most of the day.
- 3b I wake up 1–2 hours early and can’t get back to sleep.

## 17. Irritability
- 0 I am no more irritable than usual.
- 1 I am more irritable than usual.
- 2 I am much more irritable than usual.
- 3 I am irritable all the time.

## 18. Changes in Appetite
- 0 I have not experienced any change in my appetite.
- 1a My appetite is somewhat less than usual.
- 1b My appetite is somewhat greater than usual.
- 2a My appetite is much less than before.
- 2b My appetite is much greater than usual.
- 3a I have no appetite at all.
- 3b I crave food all the time.

## 19. Concentration Difficulty
- 0 I can concentrate as well as ever.
- 1 I can’t concentrate as well as usual.
- 2 It’s hard to keep my mind on anything for very long.
- 3 I find I can’t concentrate on anything.

## 20. Tiredness or Fatigue
- 0 I am no more tired or fatigued than usual.
- 1 I get more tired or fatigued more easily than usual.
- 2 I am too tired or fatigued to do a lot of the things I used to do.
- 3 I am too tired or fatigued to do most of the things I used to do.

## 21. Loss of Interest in Sex
- 0 I have not noticed any recent change in my interest in sex.
- 1 I am less interested in sex than I used to be.
- 2 I am much less interested in sex now.
- 3 I have lost interest in sex completely.

Total Score

Subtotal Page 1
Subtotal Page 2