

b. If military, what are your plans? *(Circle answer.)*

Stay in the Army and re-enlist.

Stay in the Army until my ETS.

Get out ASAP, but with a good discharge

Get out ASAP, with any discharge.

I don't know right now.

c. If military or federal service, complete the next two items:

(1) What was your usual job or occupation prior to joining government service?

(2) What was the longest period of time you held a job prior to entering government service?

C. SOCIAL SUPPORT NETWORKS (FAMILY/PEER RELATIONSHIPS).

1. Early Family.

a. Who reared you?

b. Were you adopted? If yes, at what age?

c. Did you experience any of the following when you were growing up? If yes, how old were you when each occurred?

(1) death of a significant other

(2) separation

(3) divorce

d. How many natural brothers do you have?

e. How many step brothers do you have?

f. How many natural sisters do you have?

g. How many step sisters do you have?

h. Where do you fit, in age, among your brothers and sisters?

i. How close were you to your father?

j. How close were you to your mother?

k. Did your parents argue? *(Circle the appropriate answer.)*

Rarely

Often

Sometimes

l. Did your parents physically fight? *(Circle the appropriate answer.)*

Never

Rarely

Sometimes

Often

m. What was punishment like at your home?

n. Have you ever been physically abused?

o. Was your family poor, middle class, or wealthy? *(Circle the appropriate answer.)*

2. Current Family.

a. Are you presently married? If so, how long?

b. Are you currently living with your spouse? If not, explain

c. What is your spouse's name? Age?

d. Rate your present marriage on a scale of 1-10, with 1 = poor and 10 = perfect.

e. How many times have you been married?

f. Did alcohol/other drug use influence the breakups? *(If you've been married more than once.)*

2. Do you do any of the following? *(Circle those that apply.)*

Spend time with family.

Spend time at a friends house.

Watch movies and TV.

Listen to music.

Sports and exercise.

Work on a hobby.

Go "downtown".

Spend time in clubs, pubs, and bars.

Go to evening classes.

Work a part-time job.

Usually just stay in the barracks.

Other (explain).

3. What limits your recreational activities?

G. SOCIAL AND CLUTURAL INFLUENCES.

1. Does your immediate or extended family indicate a desire to help you in your recovery?
explain.

If no,

2. Upon what is a friendship based?

3. Are you satisfied with your current circle of friends?

4. To which organization(s) do you belong?

5. Do you have a friend in whom you might be able to confide?

6. What special groups do you belong to because of your ethnic background, nationality, or political beliefs?

H. SPIRITUAL ORIENTATION.

1. What is your religion?

2. Circle those characteristics pertaining to faith and religion that apply to you, currently.

Losing my earlier faith or religion.

Not getting satisfactory answers from my faith.

Not going to church often enough.

Needing to talk to a chaplain.

Other concerns (about faith or religion).

I. ABILITY TO PARTICIPATE WITH PEERS IN PROGRAMS AND SOCIAL ACTIVITIES.

1. What is your most troublesome intrapersonal conflict?

With another person?

2. What life situations are most difficult for you to discuss with another person?

J. LEGAL PROBLEMS (IF APPLICABLE).

1. Number of ARTs 15, Courts Martial, AWOLs, Counseling Statements, General Officer Letters. Explain:

2. Civilian Offenses.

3. Number offenses related to Impaired Driving, Possession, Drunk and Disorderly, Pubic Intoxication, Reckless Driving, Domestic Disturbance, Spouse/Child Abuse. Explain.

4. Circle all of the following that apply to you currently.

Pending Article 15.

Bounced checks.

Pending Court Martial.

Not budgeting you money.

Pending Chapter Discharge.

Getting into debt.

Needing legal assistance.

Needing financial assistance.

Too many bills.

Other (*explain*).

SECTION V. EMOTIONAL ASSESSMENT.

1. Do you have problems with stress? If yes, explain.

2. Do you feel you have enough time for:

Work	Yes	No
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Sleep/rest	Yes	No
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Leisure	Yes	No
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Selfcare	Yes	No
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3. Do you often have mood swings? If yes, explain.

4. Have you ever been evaluated by a psychiatrist, psychologist, or other mental health professional? If yes, explain.

