

Text Message Notification Informed Consent

CAPS can send courtesy text messages to notify you of scheduled appointments. CAPS will notify new and returning clients via text message to schedule an appointment after the completion of counselor assignment process. Text messages will also be sent as reminder of your scheduled appointment with your counselor. In addition, text notifications will be sent for appointments that have been canceled by CAPS staff. Confidentiality of these text messages cannot be guaranteed.

Messages may include your name, a statement that you have a “CAPS appointment”, the day and time of your appointment, and CAPS contact information. You must provide consent in order to receive these messages, however consenting to text reminders is not required for you to receive services at CAPS.

CAPS is not responsible for any fees incurred due to receipt of texts.

If you are scheduling an appointment that begins less than 24 hours from the time the appointment is made, a text reminder may not be sent.

For students accessing services at the UCF-Valencia Downtown location, text messages are used to inform you about the status of your appointment. For example, the text message may notify you to return to CAPS office for your counseling appointment.

Please INITIAL your selection below

_____ I **DO NOT** consent to receive text message notifications.

OR

_____ I **CONSENT** to receive text message notifications.

_____ Text message to this number: _____

_____ I understand that technological failures of my phone or the text messaging systems will not be considered a valid reason to avoid a No Show/Late Cancellation/Late Reschedule Fee.

STUDENT ID (PID/VID)

Date Signature Name (Print)

Please ask your counselor if you have any questions



INFORMED CONSENT FORM

Welcome to the UCF Counseling and Psychological Services (CAPS). We want to make your visit as comfortable and productive as possible. The forms you are being asked to complete are quite extensive but provide your counselor with important information about you and your background. However, a counselor-client relationship is not created until you have met with a counselor in person.

Your first meeting with one of our counselors will be an initial assessment. In the initial assessment, the counselor will help you clarify your concerns and discuss what services are most appropriate. CAPS offers a variety of services, including short-term brief individual therapy, couples counseling, group therapy, and career counseling, as well as crisis intervention, referral assistance, workshops, and psychoeducational presentations – these services may be limited at the Downtown CAPS location. CAPS provide mandated assessments but not mandated counseling. In addition, we use ongoing assessments as part of your treatment plan at CAPS, and you will be completing brief measures when appropriate to improve treatment services and planning. Many issues can be addressed within the short-term counseling provided at CAPS and/or additional services offered by CAPS. If at any time the counselor determines other services are better suited to your needs, CAPS will assist you in setting up services with appropriate off-campus providers.

CONFIDENTIALITY

All UCF CAPS staff members adhere to very strict confidentiality standards, in accordance with Florida Law, and maintain confidentiality about the fact that you are in counseling, the information you disclose in counseling, and your counseling records. Counseling records are kept separate from your UCF and Valencia academic records. To provide you with the best service, your counselor may share information about you with other CAPS staff for consultation or supervision purposes. Additionally, to ensure the best care for you in crisis situations, CAPS staff may share information about you with our after-hours counseling service providers. ProtoCall Services Inc. provides after-hours counseling for UCF students and Bay Care Life Management, Inc. provides after-hours counseling for Valencia students. ProtoCall and Bay Care providers adhere to similar confidentiality standards as those described in this section. If you want us to provide information about your counseling to people who are not CAPS staff, UCF CAPS staff will do so with your written authorization. Counseling records are destroyed or electronically deleted after 7 years since the client's last contact with UCF CAPS.

You should be aware that CAPS staff may be required to disclose client information, even without consent, in the following situations:

- When doing so is necessary to protect you or someone else from imminent physical and/or life-threatening harm.
- When a client lacks the capacity or refuses to care for themselves and such lack of self-care presents substantial threat to their well-being.
- When the abuse, neglect, or exploitation of a child, elder adult, or dependent adult is suspected.
Examples of abuse, neglect, or exploitation include, but are not limited to, violence towards a minor, a minor witnessing violence or being in the presence of violence, drug use in front of or while caring for a minor, or financial exploitation of an elder adult. Examples may also include incidents of past abuse, including those described above.
- When a client pursues civil or criminal legal action against the UCF CAPS or its staff or when a client makes a complaint to a Professional Board about a counselor.

- When a client is involved in a legal proceeding and there is a court order for the release of the client's records.
- In accordance with the Patriot Act, UCF Counseling and Psychological Services may disclose a client's mental health information to authorized federal officials, who are providing protective services to the President of the United States and other important officials, or to authorized federal officials who are conducting national security and intelligence activities. By law, UCF CAPS cannot reveal to the client when we have disclosed such information to the government.

In addition, you should be aware of the following limits to confidentiality:

- Per your consent, information that you allow us to exchange with other professionals outside of UCF CAPS or information you might choose to provide to your counselor via e-mail, fax, or cell phones cannot be guaranteed confidential.
- Personal and confidential information is also stored on staff computers and a UCF CAPS file server, which are protected by passwords and accessible only by the CAPS. Although rare and unexpected, it is possible that this information could be accessed illegally by others.
- We carry out research to improve our services, and written information that you provide may be used for this purpose. No identifying information will ever be used in reports resulting from such research.

Students should also be aware that, under some circumstances, the Florida Bar, various federal agencies, and some other licensing bodies may require counseling records prior to taking the bar exam, being licensed, or being employed. If you have any questions about confidentiality, you may ask your counselor.

CAPS partners with various UCF university offices in order to execute normal business operations. We strive to protect your private information during all our interactions, however at times limited information may be shared for CAPS to execute policies and procedural operations. These offices only obtain absolutely necessary information and nothing more. They are given minimum required access to perform job duties. The following contains a list of partners and our business agreements:

- UCF Information Technology (IT): Assists CAPS with the provision and management of all telecommunication services (voice and data), including support and updates for Titanium Schedule.
- UCF Finance and Accounting and UCF Registrar Office: Assists CAPS with management of fees and book-keeping.
- Bank of America: UCF CAPS' banking institution that assists with collection of fee payments.
- UCF Police Department: Assists with removal of weapons from CAPS premises. According to UCF policy, weapons are not allowed on UCF premises. In addition, according to the Red Flag Law, counselors may have authority to initiate the gun removal process if there is acute dangerousness identified.
- UCF Emergency Management:
CAPS has security cameras within the waiting room, hallways, and in therapy offices. Cameras in the waiting room and hallways are used for surveillance and are installed to ensure a safe environment. Cameras in the therapy offices are utilized for training purposes, and only are in the record setting after permission from the client is obtained in writing. Recordings automatically delete after 120 days.

In case of an emergency of potential harm to self with non-compliance and fleeing CAPS premises and/or potential harm to others with non-compliance and fleeing CAPS premises, and/or potential active shooter situation, CAPS will have to turn over access of CAPS recordings (surveillance and sessions) to UCF police and security. Privacy of CAPS clients will need to be compromised in these situations to keep the individual and/or campus community safe.

BENEFITS AND RISKS

Counseling has both benefits and risks. It is an active and cooperative effort involving both the client and counselor. Counseling may result in better emotional and mental health and positive changes in behaviors and coping ability. However, through the normal process of counseling and discussing your personal concerns, you may experience greater emotional distress at times. You also may find that positive changes you make may result in a change in the relationships in your life (e.g., gaining relationships, becoming closer in relationships, losing relationships, or relationships feeling more distant). If you have any concerns about your progress or the results of your counseling, we encourage you to discuss them with your counselor at any time. For two weeks each semester, CAPS invites clients to complete the Individual Counselor Evaluation (ICE). This allows CAPS to assess your progress in therapy and to elicit feedback about your counseling experiences. Please note that participating in counseling at CAPS may affect your eligibility to be a trainee or a research assistant within CAPS in the future.

COUNSELING & PSYCHOLOGICAL SERVICES IS A TRAINING FACILITY

The UCF CAPS is a training site and your counselor may be a post-doctoral fellow, doctoral intern, pre-doctoral or pre-master's counselor-in-training. All counselors-in-training will inform you of the name of their supervisor, who can be contacted through our front desk. To provide adequate supervision and training, professional staff and trainees may ask to video or audio record your counseling sessions. In these situations, further explanation about recording will be provided and you will be asked to give separate written consent before any recording occurs. Your decision about recording will not impact your ability to receive services but might affect the timeliness with which you receive services. Any audio or video recordings are deleted within 120 days.

CLIENT RESPONSIBILITIES

- Clients are responsible for complying with their counselors' treatment recommendations. Services may be terminated if clients fail to comply.
- Clients are also expected to behave in a respectful manner towards all UCF CAPS personnel. Failure to do so may also result in termination of services.
- Due to safety considerations and limited space, it is not feasible to bring children to sessions. Presence of young individuals may interfere with our ability to help you effectively. For unusual/special circumstances, it is recommended that the client speaks directly with the counselor prior to the session.
- Only service animals are permitted at CAPS. CAPS does not recognize emotional support animals as service animals. Clients will refrain from bringing emotional support animals to CAPS.
- If you miss two individual counseling sessions without canceling, you will be unable to schedule additional appointments at CAPS for the semester unless you are in a crisis situation.
- If you cannot make an appointment, please call to cancel at least 24 hours in advance of the start of the appointment time. CAPS is available during regular office hours to **any** enrolled UCF student or Valencia Downtown student experiencing a crisis or psychological emergency, regardless of prior missed appointments.

ATTENDANCE POLICY INFORMED CONSENT

This policy has been established to help us serve you better.

It is necessary for us to make appointments in order to see our clients as efficiently as possible. No-shows and late cancellations cause problems that go beyond a financial impact on CAPS. When an appointment is made, it

takes an available time slot away from another client. No-shows and late cancellations/reschedules delay the delivery of mental health care to other clients, some who are in crisis.

A “no-show” is missing a scheduled appointment. Please note, you are considered late for your session if you arrive after the start of your session, and it is up to your counselor’s discretion if you are able to be seen in the remaining time or if a rescheduling of the appointment is necessary. A “late cancellation/reschedule” is canceling/rescheduling an appointment without calling us 24 hours in advance before the start time of your appointment. We understand that situations such as medical emergencies occasionally arise when an appointment cannot be kept, and adequate notice is not possible. These situations will be considered on a case by case basis. You may file an appeal within a month of any charges assessed.

A charge of \$30.00 will be assessed for each no-show or late cancellation/reschedule office visit appointment if less than 24-hours’ notice is given. This fee should be paid prior to scheduling additional services, not including crisis services. CAPS will attempt to collect outstanding balances by sending invoices to the designated address. Any outstanding balance beyond 90 days will result in a hold being placed on your university/college record. To maintain confidentiality of your seeking services, the university/college will only have access to information that a balance is due to an account that does not clearly identify Counseling and Psychological Services and the fee will be listed as a “CC Program.”

STUDENT ENROLLMENT & PAYMENT OF SERVICES

UCF students are eligible to receive services at the main campus and at the CAPS satellite locations in Rosen and Downtown. UCF students are eligible for free of charge services as part of their payment of a health fee. This eligibility is for the semester in which they are enrolled.

Valencia Downtown students are eligible for CAPS services at the UCF-Valencia Downtown location only. Valencia Downtown students are defined as Valencia College students currently enrolled in at least 1 class offered at the UCF-Valencia Downtown location or Valencia College students residing in campus housing located at the UCF-Valencia Downtown location.

Valencia Downtown students have two options of payment.

- 1) The first option is that Valencia Downtown students may participate in fee for service at the Downtown location only and pay \$60.00 per session out of pocket for the initial assessment and individual counseling services determined to be appropriate and within CAPS’ short-term model of treatment.
- 2) Valencia Downtown students may utilize Bay Care to obtain a referral to receive services at CAPS Downtown location. With Bay Care approval, Bay Care will cover up to 3 sessions at the CAPS Downtown location and Bay Care will pay CAPS on behalf of the student. The student is still responsible for any fees accrued for no-show and late cancellation/rescheduled appointments.

Please sign below to indicate that you have read and fully understand this form and voluntarily agree to participate in counseling services.

_____	_____
Client Name (Please Print)	Date
_____	_____
Signature	UCF/PID or VID

CCMH INFORMED CONSENT

Counseling and Psychological Services (CAPS) participates in a national research project designed to improve our services and expand the knowledge about college student mental health. We participate by contributing anonymous, numeric data provided by those who use our services (and are over 18 years old) to a database managed by researchers at Penn State University. Data is stripped of all personally identifying information and then combined with anonymous, numeric data from other colleges and universities nationwide for statistical analysis. Because data cannot be linked to specific individuals, there are virtually no risks to contributing data. With your permission, we would like to contribute anonymous, numeric data from the questionnaires you just completed. This data may also include anonymous data generated by CAPS staff during your treatment that describes your assessment, appointment types, and treatment. Your decision is voluntary and will not affect the services you receive. If you have any questions or concerns, you may contact Dr. Rebbecca Estrada, Program Evaluation and Research Coordinator of UCF CAPS at Rebecca.Estrada@ucf.edu.

Will you allow your anonymous, numeric responses and anonymous data to be contributed?

YES NO

Client's Name (Printed)

Client's Signature

Date

UCF/PID or VID

CAPS April 2020



Telemental Health Services Informed Consent

This informed consent form is to give you information about CAPS telemental health services and serves as an addition to CAPS Informed Consent Form.

In Florida, Telehealth refers to the use of telecommunication technology by a provider to provide care services. This provision of services may consist of audioconferencing or videoconferencing through a personal laptop or computer with a webcam. Telemental health services are offered to improve access to counseling services to UCF students, especially when significant barriers of travel to campus for counseling services exist.

UCF CAPS partners with Therapy Assistance Online (TAO) Connect, Inc. for access to the secure and private Zoom platform to execute telemental health services. There are always risks with telemental health services, including, but not limited to, the possibility that: the transmission of your confidential information could be disrupted or distorted by technical failures or interrupted by unauthorized persons, and/or the electronic storage of counseling information could be accessed by unauthorized persons. CAPS counselors typically provide services from UCF; however, during rare situations, clinicians may work from home. They take reasonable efforts to operate in a secure and confidential space, minimizing interruptions and distractions.

Client Eligibility & Responsibilities:

Enrolled UCF students who live in Florida may be eligible to participate in telemental health services. To engage in services, you must physically be located in Florida, with the exception of crisis consultations; if you are physically located outside of Florida, you must immediately notify the counselor. You will need a computer or laptop with a **microphone**, **speakers**, and a **camera** for audio and/or videoconferencing. You will need a reliable internet connection and the ability to have space that ensures your privacy (you are alone in the room), has sufficient lighting, and is free from distractions or interruptions. You should be dressed if you were attending an in-person face to face session. You will meet with your counselor only at the agreed upon time, and you may not record telemental health services. Your sessions with the CAPS counselor will only be recorded with your written consent.

Address of the location that you plan to access Telemental Health services from:

Address: _____

City: _____ State: _____ Zip: _____

Appointments and Fees:

CAPS attendance policy applies to all types of services, including telemental health services. Please see our Attendance policy for more information. Please note that if you will not be able to attend an appointment, you will need to cancel or reschedule prior to 24 hours of the appointment to avoid a fee.

Confidentiality and Record Keeping:

As with all CAPS services, electronic records of services will be maintained by UCF CAPS. Your counselor and CAPS will protect the confidentiality of clients and the content of telemental health sessions. You may withdraw or withhold consent from teletherapy services at any time. You may also terminate telemental health treatment at any time. Your private information will not be released unless required by law:

- When doing so is necessary to protect you or someone else from imminent physical and/or life- threatening harm.
- When a client lacks the capacity or refuses to care for themselves and such lack of self-care presents substantial threat to their well-being.

- When the abuse, neglect, or exploitation of a child, elder adult, or dependent adult is suspected. Examples of abuse, neglect, or exploitation include, but are not limited to, violence towards a minor, a minor witnessing violence or being in the presence of violence, drug use in front of or while caring for a minor, or financial exploitation of an elder adult. Examples may also include incidents of past abuse, including those described above.
- When a client pursues civil or criminal legal action against the UCF CAPS or its staff or when a client makes a complaint to a Professional Board about a counselor.
- When a client is involved in a legal proceeding and there is a court order for the release of the client's records.
- In accordance with the Patriot Act, UCF Counseling and Psychological Services may disclose a client's mental health information to authorized federal officials, who are providing protective services to the President of the United States and other important officials, or to authorized federal officials who are conducting national security and intelligence activities. By law, UCF CAPS cannot reveal to the client when we have disclosed such information to the government.

You may also release your private information by completing a release of information form. If you have any questions about confidentiality, please ask your counselor. You are responsible for maintaining confidentiality on your end of the electronic communication (i.e., being in a private space while audio- or videoconferencing).

Participation in telemental health treatment requires that CAPS provides minimal identifying information to be shared with TAO Connect, Inc. including your name, e-mail address, and telephone number. As a service provider, TAO Connect, Inc., adheres to strict confidentiality laws. TAO Connect, Inc. will collect information so that they can provide technical support and to facilitate interaction with your CAPS counselor. The data that TAO Connect, Inc. keeps will be used in evaluating and improving the service.

Emergency/Crisis Situations:

In any mental health treatment or counseling a small number of people do not respond or improve. We depend on you to follow the procedures below, if you are in crisis:

- If you are in distress or crisis and need to speak to a mental health counselor during our business hours you may call CAPS office to speak to the counselor on duty or seek same day appointment.
- CAPS offers a 24 hours a day, 7 days a week after hours crisis line, whether or not UCF is open. You can call the main number (407-823-2811) and choosing option 5 to speak to a mental health counselor.
- If you are in imminent danger to yourself or others, call 911 or have someone take you to an emergency room at the nearest hospital.
- If we are concerned about you, if we lose contact with you, or if you fail to show for a scheduled audio- or videoconference, we will contact you by phone to check on your wellbeing. In addition, if you are showing signs of being in real trouble, we require that we have permission to contact someone to ensure your safety. Consistent with national standards, we require three levels of contacts to be identified in order to participate in online services:

1) A close personal contact such as a parent, spouse, sibling, or friend with whom you have on-going contact

[illegible]

2) A professional contact such as a student affairs professional, a residence hall director, or a personal physician

Professional or Friend contact:	<hr/>		
	Name	Relationship	Phone

3) The office or agency that does crisis well-being checks in your community (typically a 24 hour crisis service or the police department).

- | | |
|---|---|
| <input type="checkbox"/> Brevard County Sheriff's Office –
<input type="checkbox"/> Central Area - 321-633-7162
<input type="checkbox"/> North Area - 321-264-5100
<input type="checkbox"/> South Area - 321-952-6371
<input type="checkbox"/> 772 Area Code - 772-663-6269 | <input type="checkbox"/> Polk County Sheriff's Office – 863-298-6200
<input type="checkbox"/> Seminole County Sheriff's Office – 407-665-6650
<input type="checkbox"/> Volusia County Sheriff's Office
<input type="checkbox"/> West Volusia - 386-736-5999
<input type="checkbox"/> Daytona Beach - 386-248-1777
<input type="checkbox"/> New Smyrna Beach 386-423-3888
<input type="checkbox"/> South West Volusia - 407-323-0151 |
| <input type="checkbox"/> Lake County Sheriff's Office – 352-343-2101
<input type="checkbox"/> Orange County Sheriff's Office – 407-836-4357
<input type="checkbox"/> Osceola County Sheriff's Office – 407-348-2222 | <input type="checkbox"/> Other _____ |

The following statements are also important for safety planning.

Please read and initial.

If I show signs of deterioration or distress that indicate that I may be in danger, I grant CAPS and my therapist permission to contact me by phone and to leave a message. Initial _____

If I show signs of deterioration or distress that indicate I may be in danger, and I fail to respond to phone messages, I grant CAPS permission to contact those individuals listed above to verify my well-being. Initial _____

If I show indicators that I may be at serious risk for self harm or harm to others, I understand that CAPS is required to contact the crisis response contact above to ensure my safety. This may also take the form of a wellbeing check conducted through my local police department. Initial _____

I have been informed about the purpose, expectations, possible benefits, risks, and crisis procedures. I agree to participate and abide by the above stated expectations and client responsibilities in telemental health services. I consent to participate in utilizing Therapy Assistance Online (TAO) at Counseling and Psychological Services at University of Central Florida. I hereby authorize the collection and use of my data for program evaluation purposes.

Signature of Person Consenting to Treatment

Date

Print name

Phone

UCF/PID or VID

UCF E-mail address @knights.ucf.edu



Counseling and Psychological Services

Supervisory Disclosure Form

State of Florida Rules governing licensed mental health professionals, as well as the American Psychological Association Ethical Codes, The National Association of Social Workers Code of Ethics, and the Association for Counselor Education and Supervision Ethical Standards, require that you be informed that the work of your therapist is being supervised by a licensed or registered professional of the appropriate discipline. The primary supervisor has full responsibility for the supervised work of their supervisees. In order to ensure the highest standard of care, supervisors monitor and review the progress of your work with your therapist. The limits of confidentiality delineated in Counseling and Psychological Services Informed Consent for treatment apply to this supervised practice. The responsible supervisor for your therapist is listed below and is available for consultation upon request. This form will be placed in your confidential CAPS file. If you have any questions about this supervisory relationship, we encourage you to talk to your therapist. Signing this form acknowledges your informed consent for treatment by a therapist under supervision.

Unlicensed Therapist	Individual Supervisor	Group Supervisor
Garbriel Pagan-Llorens, Psy.D.	Annatolee King, Psy.D.	
Brett Vitkun, B.S.	Daniel Garner-Quintero, LMHC	Sheri Waddill, LMHC Karen Hofmann, Ph.D.
Brianna Barnes, M.A.	Kaitlin Browne, M.S. Jade Garneau-Fournier, Ph.D.	Jade Garneau-Fournier, Ph.D. Alyssa Steckler, Psy.D.
Alyssa Steckler, Psy.D.	Roselynn Garcia, Psy.D.	Annatolee King, Psy.D.
Javier Velez, M.A.	Roselynn Garcia, Psy.D.	Heidi Sposoto, LMHC Cory Safra, Psy.D.
Kaitlin Browne, M.S.	Jade Garneau-Fournier, Ph.D.	Jade Garneau-Fournier, Ph.D.
Min-Jeong (MJ) Yang, M.S.	Jamie Bourn, Ph.D.	Caitlin Bradbury, LMHC
Melissa Smith, M.A.	Jocelyn Buhain, Ph.D.	
Muhammad Bilal, M.A.	Valeska Wilson-Cathcart, LMHC	
Brianna Franklin, M.A.	Karen Hofmann, Ph.D.	

Client Name _____

Client Signature _____

Student ID (UCF/PID/VID) _____

Date _____

A copy of this letter is available upon request



DEMOGRAPHIC INFORMATION

Name

Student ID (UCF/PID or VID)

Are you a Valencia Downtown student (an enrolled student who is taking classes at the Downtown campus and/or a Valencia student living at the Downtown location)?

☐ Yes ☐ No

Date of Birth: ____/____/____

What is your gender identity?

☐ Woman ☐ Man ☐ Transgender ☐ Self-identify gender identity? _____

What was your sex at birth?

☐ Female ☐ Male ☐ Intersex

Gender pronoun(s) (he,she,they,etc): _____

Who referred you to CAPS?

- | | | | |
|--|---|---|---------------------------------------|
| <input type="radio"/> Attended Presentation on CAPS services | <input type="radio"/> Parent/Relative | <input type="radio"/> Self | <input type="radio"/> Friend |
| <input type="radio"/> Resident Assistant | <input type="radio"/> Student Health Center | <input type="radio"/> Office of Student Conduct | <input type="radio"/> Orientation |
| <input type="radio"/> AOD/Prevention Office | <input type="radio"/> Victim Services (Victim Advocate) | <input type="radio"/> Academic Advisor | <input type="radio"/> Career Services |
| <input type="radio"/> Faculty/Staff | <input type="radio"/> Wellness Center | <input type="radio"/> Other (please specify): _____ | |

Race / Ethnicity:

- | | | |
|--|---|--|
| <input type="radio"/> African-American / Black | <input type="radio"/> American Indian or Alaskan Native | <input type="radio"/> Asian American / Asian |
| <input type="radio"/> Hispanic / Latino/a | <input type="radio"/> Native Hawaiian or Pacific Islander | <input type="radio"/> Multi-racial <input type="radio"/> White |

☐ Self-identify (Please Specify) _____

What is your country of origin?

Where is your hometown?

Are you an international student?

☐ Yes ☐ No

Sexual Orientation:

☐ Heterosexual ☐ Lesbian ☐ Gay ☐ Bisexual
☐ Questioning ☐ Self-identify (Please specify) _____

Religious or spiritual preference:

☐ Agnostic ☐ Atheist ☐ Buddhist ☐ Catholic
☐ Christian ☐ Hindu ☐ Jewish ☐ Muslim
☐ No preference ☐ Prefer not to answer
☐ Self-identify (please specify): _____

Current academic status:

☐ Freshman / First-year ☐ Sophomore ☐ Junior ☐ Senior
☐ Graduate / professional degree student ☐ Non-student ☐ High-school student taking college classes ☐ Non-degree student
☐ Faculty or staff

Other Academic Status: _____

GPA (0-4): _____

If you are a current Valencia student, when did you first enroll at Valencia (MM/YYYY)? _____

Did you transfer from another campus/institution to this school?

☐ Yes ☐ No

When did you first enroll at UCF (MM/YYYY)? ____/____

What is your expected graduation date (MM/YYYY)? ____/____/____

Current Major:

College: _____

Credit hours this semester: _____

UCF Academic Probation?

☐ Yes ☐ No

If you are a current Valencia student, are you on Academic Probation?

☐ Yes ☐ No

Do you currently participate in any of the following organized college athletics?

Intramural ☐ Yes ☐ No

Club ☐ Yes ☐ No

Varsity ☐ Yes ☐ No

Are you registered with the office for disability services on this campus as having a documented and diagnosed disability?

☐ Yes ☐ No

If you selected “Yes” for the previous question, please indicate which category of disability you are registered for (check all that apply):

- | | | | |
|---|---|--|---|
| <input type="radio"/> Difficulty hearing | <input type="radio"/> Difficulty seeing | <input type="radio"/> Difficulty speaking or language impairment | <input type="radio"/> Mobility limitation/orthopedic impairment |
| <input type="radio"/> Traumatic brain injury | <input type="radio"/> Specific learning disabilities | <input type="radio"/> ADD or ADHD | <input type="radio"/> Autism spectrum disorders |
| <input type="radio"/> Cognitive difficulties or intellectual disability | <input type="radio"/> Health impairment/condition, including chronic conditions | <input type="radio"/> Psychological or psychiatric condition | |
| <input type="radio"/> Other (Please Specify) | | | |

Other Disability: _____

Have you ever served in any branch of the US military (active duty, veteran, National Guard or reserves)?

- ☐ Yes ☐ No

Did your military experiences include any traumatic or highly stressful experiences which continue to bother you?

- ☐ Yes ☐ No

What is the average number of hours you work per week during the school year (paid employment only)? _____

How would you describe your financial situation right now?

- ☐ Always stressful ☐ Often stressful ☐ Sometimes stressful ☐ Rarely stressful ☐ Never stressful

Are you having difficulties maintaining your basic needs (e.g., housing, food, food, clothing, etc.)?

- ☐ Yes ☐ No

What kind of housing do you currently have?

- ☐ On-campus residence hall/apartment ☐ On/off campus fraternity/sorority house ☐ On/off campus co-operative house
☐ Off-campus apartment/house ☐ Other (please specify): _____

With whom do you live? (check all that apply)

- ☐ Alone ☐ Spouse, partner, or significant other ☐ Roommate(s) ☐ Children
☐ Parent(s) or guardian(s) ☐ Family other ☐ Other (please specify) : _____

Do you have a car/transportation while at Valencia or UCF?

- ☐ Yes ☐ No

Do you have health insurance with mental health coverage?

- ☐ Yes ☐ No ☐ Uncertain

MENTAL HEALTH HISTORY

Please indicate how many times and the last time you had each of the following experiences:

Attended counseling for mental health concerns

How many times:

- | | | | |
|---|------------------------------|---------------------------------|---------------------------------|
| <input type="radio"/> Never | <input type="radio"/> 1 time | <input type="radio"/> 2-3 times | <input type="radio"/> 4-5 times |
| <input type="radio"/> More than 5 times | | | |

The last time:

- | | | | |
|---|---|---|--|
| <input type="radio"/> Never | <input type="radio"/> Within the last 2 weeks | <input type="radio"/> Within the last month | <input type="radio"/> Within the last year |
| <input type="radio"/> Within the last 1-5 years | <input type="radio"/> More than 5 years ago | | |

Taken a prescribed medication for mental health concerns

How many times:

- | | | | |
|---|------------------------------|---------------------------------|---------------------------------|
| <input type="radio"/> Never | <input type="radio"/> 1 time | <input type="radio"/> 2-3 times | <input type="radio"/> 4-5 times |
| <input type="radio"/> More than 5 times | | | |

The last time:

- | | | | |
|---|---|---|--|
| <input type="radio"/> Never | <input type="radio"/> Within the last 2 weeks | <input type="radio"/> Within the last month | <input type="radio"/> Within the last year |
| <input type="radio"/> Within the last 1-5 years | <input type="radio"/> More than 5 years ago | | |

Been hospitalized for mental health concerns

How many times:

- | | | | |
|---|------------------------------|---------------------------------|---------------------------------|
| <input type="radio"/> Never | <input type="radio"/> 1 time | <input type="radio"/> 2-3 times | <input type="radio"/> 4-5 times |
| <input type="radio"/> More than 5 times | | | |

The last time:

- | | | | |
|---|---|---|--|
| <input type="radio"/> Never | <input type="radio"/> Within the last 2 weeks | <input type="radio"/> Within the last month | <input type="radio"/> Within the last year |
| <input type="radio"/> Within the last 1-5 years | <input type="radio"/> More than 5 years ago | | |

Seriously considered attempting suicide

How many times:

- | | | | |
|---|------------------------------|---------------------------------|---------------------------------|
| <input type="radio"/> Never | <input type="radio"/> 1 time | <input type="radio"/> 2-3 times | <input type="radio"/> 4-5 times |
| <input type="radio"/> More than 5 times | | | |

The last time:

- | | | | |
|---|---|---|--|
| <input type="radio"/> Never | <input type="radio"/> Within the last 2 weeks | <input type="radio"/> Within the last month | <input type="radio"/> Within the last year |
| <input type="radio"/> Within the last 1-5 years | <input type="radio"/> More than 5 years ago | | |

Made a suicide attempt

How many times:

- | | | | |
|---|------------------------------|---------------------------------|---------------------------------|
| <input type="radio"/> Never | <input type="radio"/> 1 time | <input type="radio"/> 2-3 times | <input type="radio"/> 4-5 times |
| <input type="radio"/> More than 5 times | | | |

The last time:

- | | | | |
|---|---|---|--|
| <input type="radio"/> Never | <input type="radio"/> Within the last 2 weeks | <input type="radio"/> Within the last month | <input type="radio"/> Within the last year |
| <input type="radio"/> Within the last 1-5 years | <input type="radio"/> More than 5 years ago | | |

Purposely injured yourself without suicidal intent (e.g., cutting, hitting, burning, hair pulling, etc.)

How many times:

- | | | | |
|---|------------------------------|---------------------------------|---------------------------------|
| <input type="radio"/> Never | <input type="radio"/> 1 time | <input type="radio"/> 2-3 times | <input type="radio"/> 4-5 times |
| <input type="radio"/> More than 5 times | | | |

The last time:

- | | | | |
|---|---|---|--|
| <input type="radio"/> Never | <input type="radio"/> Within the last 2 weeks | <input type="radio"/> Within the last month | <input type="radio"/> Within the last year |
| <input type="radio"/> Within the last 1-5 years | <input type="radio"/> More than 5 years ago | | |

Considered causing serious physical injury to another person

How many times:

- | | | | |
|---|------------------------------|---------------------------------|---------------------------------|
| <input type="radio"/> Never | <input type="radio"/> 1 time | <input type="radio"/> 2-3 times | <input type="radio"/> 4-5 times |
| <input type="radio"/> More than 5 times | | | |

The last time:

- | | | | |
|---|---|---|--|
| <input type="radio"/> Never | <input type="radio"/> Within the last 2 weeks | <input type="radio"/> Within the last month | <input type="radio"/> Within the last year |
| <input type="radio"/> Within the last 1-5 years | <input type="radio"/> More than 5 years ago | | |

Intentionally caused serious physical injury to another person

How many times:

- ☐ Never ☐ 1 time ☐ 2-3 times ☐ 4-5 times
☐ More than 5 times

The last time:

- ☐ Never ☐ Within the last 2 weeks ☐ Within the last month ☐ Within the last year
☐ Within the last 1-5 years ☐ More than 5 years ago

Someone had sexual contact with you without your consent (e.g., you were afraid to stop what was happening, passed out, drugged, drunk, incapacitated, asleep, threatened or physically forced)

How many times:

- ☐ Never ☐ 1 time ☐ 2-3 times ☐ 4-5 times
☐ More than 5 times

The last time:

- ☐ Never ☐ Within the last 2 weeks ☐ Within the last month ☐ Within the last year
☐ Within the last 1-5 years ☐ More than 5 years ago

Experienced harassing, controlling, and/or abusive behavior from another person (e.g., friend, family member, partner, or authority figure)

How many times:

- ☐ Never ☐ 1 time ☐ 2-3 times ☐ 4-5 times
☐ More than 5 times

The last time:

- ☐ Never ☐ Within the last 2 weeks ☐ Within the last month ☐ Within the last year
☐ Within the last 1-5 years ☐ More than 5 years ago

Experienced a traumatic event that caused you to feel intense fear, helplessness, or horror?

How many times:

- ☐ Never ☐ 1 time ☐ 2-3 times ☐ 4-5 times
☐ More than 5 times

The last time:

- ☐ Never ☐ Within the last 2 weeks ☐ Within the last month ☐ Within the last year
☐ Within the last 1-5 years ☐ More than 5 years ago

PHYSICAL HEALTH HISTORY

Please list any persistent physical symptoms or health concerns

Are you currently taking any prescribed medication?

- ☐ Yes ☐ No

Please indicate all medications

How many times per week do you exercise?

- ☐ None ☐ 1x per week ☐ 2x per week ☐ 3x per week
☐ 4x per week ☐ 5x per week ☐ 6x per week ☐ Every day

For about how long each time?

What difficulty with appetite and/or eating habits have you been having currently (please select all that apply)?

- ☐ None ☐ Eating less ☐ Eating more ☐ Bingeing
☐ Restricting ☐ Purging/Vomiting ☐ Use of laxatives ☐ Use of diet pills / medication
☐ Use of diuretics ☐ Significant weight gain (last 2 months) ☐ Significant weight loss (last 2 months)

Do you have any problems or worries about sexual functioning?

- ☐ Yes ☐ No

If yes, check where applicable

- ☐ Lack of desire ☐ Sexual Impulsiveness ☐ Difficulties maintaining arousal ☐ Worried about sexually transmitted disease
- ☐ Pain during sex ☐ Other (please specify)
- _____

BEHAVIORAL HEALTH HISTORY

How often do you drink alcohol?

- ☐ Daily ☐ 3 or more times per week ☐ 1-2 times per week ☐ Monthly
- ☐ Less than monthly ☐ Never

Think back over the last two weeks. How many times have you had: five or more drinks* in a row (for males) OR four or more drinks* in a row (for females)? (*A drink is a bottle of beer, a glass of wine, a wine cooler, a shot glass of liquor, or a mixed drink.)

- ☐ None ☐ Once ☐ Twice ☐ 3 to 5 times
- ☐ 6 to 9 times ☐ 10 or more times

How often do you use drugs?

- ☐ Daily ☐ 3 or more times per week ☐ 1-2 times per week ☐ Monthly
- ☐ Less than monthly ☐ Never

Think back over the last two weeks. How many times have you smoke marijuana?

- ☐ None ☐ Once ☐ Twice ☐ 3 to 5 times
- ☐ 6 to 9 times ☐ 10 or more times

Please list the drugs you have tried

Please list the drugs you are currently using

Please indicate how many times and the last time you had each of the following experiences:

Felt the need to reduce your alcohol or drug use

How many times:

- ☐ Never ☐ 1 time ☐ 2-3 times ☐ 4-5 times
☐ More than 5 times

The last time:

- ☐ Never ☐ Within the last 2 weeks ☐ Within the last month ☐ Within the last year
☐ Within the last 1-5 years ☐ More than 5 years ago

Others have expressed concern about your alcohol or drug use

How many times:

- ☐ Never ☐ 1 time ☐ 2-3 times ☐ 4-5 times
☐ More than 5 times

The last time:

- ☐ Never ☐ Within the last 2 weeks ☐ Within the last month ☐ Within the last year
☐ Within the last 1-5 years ☐ More than 5 years ago

Received treatment for alcohol or drug use

How many times:

- ☐ Never ☐ 1 time ☐ 2-3 times ☐ 4-5 times
☐ More than 5 times

The last time:

- ☐ Never ☐ Within the last 2 weeks ☐ Within the last month ☐ Within the last year
☐ Within the last 1-5 years ☐ More than 5 years ago

On average, how many hours per day do you spend on the Internet?

- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12+

Which of the following behaviors have you felt the need to reduce? (Check all that apply)

- ☐ None ☐ Internet Use ☐ Gaming ☐ Gambling
☐ Pornography ☐ Sexual Behaviors ☐ Shopping

Have others ever expressed concern about you related to the above behavior(s)?

- ☐ Yes ☐ No

LEGAL HISTORY

Have you experienced legal problems or been involved in any legal proceedings?

- ☐ Yes ☐ No

Have you ever been involved with the UCF Office of Student Conduct?

- ☐ Yes ☐ No

FAMILY BACKGROUND

Please list the people that you consider to be members of your family, their occupations and their ages (e.g. father, unemployed, 52; sister, teacher, 29; son, student, 12; aunt, doctor, 27; partner, restaurant manager, 35; etc.):

<u>Family Member</u>	<u>Occupation</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Family Members:

Are you the first generation in your family to attend college?

- ☐ Yes ☐ No

Including yourself, please list any family members whom you believe had a past serious emotional, mental, alcohol, or drug abuse problem (e.g. mother - depression).

RELATIONSHIP HISTORY

Relationship Status

- | | | | |
|---------------------------------|--|--|-------------------------------|
| <input type="radio"/> Single | <input type="radio"/> Serious dating or
committed
relationship | <input type="radio"/> Civil union ,
domestic
partnership, or
equivalent | <input type="radio"/> Married |
| <input type="radio"/> Separated | <input type="radio"/> Divorced | <input type="radio"/> Widowed | |

Approximately how many significant romantic relationships have you had?

PROBLEM ANALYSIS

Are you currently in crisis?

- ☐ Yes ☐ No

Briefly describe the problem you most want help with right now

Approximately how long have you had the current problem?

How much has your current problem interfered with your academic performance?

- ☐ Not at all ☐ A little ☐ Somewhat ☐ Moderately ☐ To a great extent

In what ways have you attempted to cope with this problem?

How many therapy sessions do you anticipate needing?

- ☐ 1 ☐ 2-3 ☐ 4-6 ☐ 7-9 ☐ 10-12 ☐ 13-15 ☐ 16+

CAPS offers Counseling services at a few locations. Where would like to attend sessions?

- ☐ Main office
☐ Neptune Office (Located in Academic Village)
☐ Rosen College of Hospitality Office(Rosen Campus)
☐ UCF/Valencia Downtown Office

AVAILABILITY

Please check the hours that you are NOT available for therapy.

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 AM - 9:00 AM					
9:00 AM - 10:00 AM					
10:00 AM - 11:00 AM					
11:00 AM - 12:00 PM					
12:00 PM - 1:00 PM					
1:00 PM - 2:00 PM					
2:00 PM - 3:00 PM					
3:00 PM - 4:00 PM					
4:00 PM – 5:00 PM					
5:00 PM – 6:00 PM					

Neptune, Rosen, and Downtown locations close at 5pm daily.

Name: _____ Date: _____

Student ID (UCF/PID or VID) _____

INSTRUCTIONS: The following statements describe thoughts, feelings, and experiences that people may have. Please indicate how well each statement describes you, **during the past two weeks**, from “not at all like me” (0) to “extremely like me” (4), by marking the correct number. Read each statement carefully, select only one answer per statement, and please do not skip any questions.

	Not at all like me			Extremely like me
	0	1	2	3	4
1. I get sad or angry when I think of my family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I am shy around others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. There are many things I am afraid of	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My heart races for no good reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I feel out of control when I eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I enjoy my classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I feel that my family loves me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I feel disconnected from myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I don't enjoy being around people as much as I used to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I feel isolated and alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. My family gets on my nerves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I lose touch with reality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I think about food more than I would like to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I am anxious that I might have a panic attack while in public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I feel confident that I can succeed academically	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I become anxious when I have to speak in front of audiences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all like me	Extremely like me
	0	1	2	3	4
17. I have sleep difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. My thoughts are racing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I am satisfied with my body shape	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I feel worthless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. My family is basically a happy one	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I am dissatisfied with my weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I feel helpless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I use drugs more than I should	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I eat too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I drink alcohol frequently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I have spells of terror or panic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I am enthusiastic about life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. When I drink alcohol I can't remember what happened	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I feel tense	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. When I start eating I can't stop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I have difficulty controlling my temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. I am easily frightened or startled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. I diet frequently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. I make friends easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. I sometimes feel like breaking or smashing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. I have unwanted thoughts I can't control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. There is a history of abuse in my family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. I experience nightmares or flashbacks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all like me			Extremely like me
	0	1	2	3	4
40. I feel sad all the time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. I am concerned that other people do not like me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. I wish my family got along better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. I get angry easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. I feel uncomfortable around people I don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. I feel irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. I have thoughts of ending my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. I feel self conscious around others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. I purge to control my weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. I drink more than I should	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. I enjoy getting drunk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. I am not able to concentrate as well as usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. I am afraid I may lose control and act violently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. It's hard to stay motivated for my classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. I feel comfortable around other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. I like myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56. I have done something I have regretted because of drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57. I frequently get into arguments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58. I find that I cry frequently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59. I am unable to keep up with my schoolwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60. I have thoughts of hurting others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61. The less I eat, the better I feel about myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62. I feel that I have no one who understands me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>