PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS. BY HAVING THIS INFORMATION PRIOR TO OUR INTERVIEW, MORE TIME CAN BE SPENT TALKING ABOUT YOUR PARTICULAR CONCERNS.
**USC Center for Work and Family Life (CWFL)—Intake Information Form**

Please respond to each of the items below. Check as many or all that apply. *All information is strictly confidential.*

1. **Current Marital Status**
   - [ ] Married
   - [ ] Single—Never Married
   - [ ] Separated
   - [ ] Divorced
   - [ ] Widowed
   - [ ] Domestic Partnership
   - [ ] Other – Specify _________________________

2. **Age** _______

3. **Living Arrangement**
   - [ ] Alone
   - [ ] Spouse / Partner
   - [ ] Spouse / Partner / Children (Ages ____________)
   - [ ] Children (Ages ____________)
   - [ ] Roommate (s)
   - [ ] Parent (s)
   - [ ] Sibling (s)
   - [ ] Other – Specify _________________________

4. **Ethnicity / Race**
   - [ ] Asian
   - [ ] African American
   - [ ] Caucasian
   - [ ] Hispanic / Latino
   - [ ] Multi-racial
   - [ ] Native American
   - [ ] Other – Specify _________________________

5. **Which health plan do you have?**

6. **How long have you worked for USC?**
   (If relative, length of faculty/staff member’s employment)
   [ ] Years _______ Months

7. **Employment Status**
   - [ ] USC Faculty (Tenured)
   - [ ] USC Faculty (Tenure – Track)
   - [ ] USC Faculty (Non – Tenure)
   - [ ] USC Career Staff
   - [ ] Librarian (Faculty)
   - [ ] Librarian (Non – Faculty)
   - [ ] Physician
   - [ ] Military Veteran
   - [ ] Dependent of USC Faculty or Staff
   - [ ] Spouse / Partner of USC Faculty or Staff
   - [ ] Other – Specify _________________________

8. **If staff, please choose the category that best reflects your job**
   - [ ] Executive
   - [ ] Administrative
   - [ ] Professional (Non – Faculty)
   - [ ] Receptionist / Office Assistant
   - [ ] Administrative Coordinator
   - [ ] Technical Para-Professional
   - [ ] Service Personnel

9. **Work Location** (Check all that apply)
   - [ ] University Park Campus
   - [ ] Health Sciences Campus
   - [ ] Marina del Rey (ICT or ISI)
   - [ ] Doheny Eye Institute
   - [ ] HSC, Alhambra
   - [ ] Downtown Los Angeles
   - [ ] Children’s Hospital
   - [ ] Orange County Center
   - [ ] Other – Specify _________________________

10. **How did you hear about CWFL?**
   - [ ] Campus Directory
   - [ ] Co–worker / Colleague
   - [ ] Dean / Director / Department Chair
   - [ ] Flyer
   - [ ] Human Resources / Personnel Department
   - [ ] New Employee Orientation
   - [ ] Physician
   - [ ] Postcard
   - [ ] Previously used CWFL
   - [ ] Relative
   - [ ] Supervisor
   - [ ] Training / Workshop
   - [ ] Web site
   - [ ] Other – Specify _________________________

11. **Have you received services from CWFL before?**
   [ ] No [ ] Yes (approximate dates _____________)

12. **Have you received counseling or therapy elsewhere?**
   [ ] No [ ] Yes (approximate dates _____________)

13. **Hospitalizations for psychological difficulties?**
   [ ] No [ ] Yes (approximate dates _____________)

14. **Medications for psychological difficulties?**
   [ ] No [ ] Yes (name / dosage _____________)


15. PRESENTING ISSUE — Please describe the reason(s) that most strongly motivated you to come in today:

________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________

16. GOALS — What do you want to see happen as a result of using CWFL’s services?

________________________________________________________________________________________________________________________________________

17. PERSONAL ISSUES

Depression
Anxiety (panic attacks, fears, worries, obsessions)
General emotional distress
Loss of memory / concentration
Uncontrollable or disturbing thoughts
Eating / weight issues
Sleep disturbances
Sexual difficulties
Physical / sexual assault
Legal issue (Specify)
Financial stress
Housing problem
Anger management difficulties
Threatening or violent behavior
Suicidal thoughts

18. CHEMICAL USE AND BEHAVIORAL ISSUES

How often do you have a drink containing alcohol?
On days you drink, how many drinks do you have?
How often do you have five or more drinks in a day?

Do you smoke cigarettes on a daily basis?

I am concerned about my drinking
I am concerned about my drug use
I am not concerned about my drinking or drug use
A family member has an alcohol or drug problem
Adjusting to sobriety
Adult child of an alcoholic
I am concerned about my compulsive eating
I am concerned about my gambling
I am concerned about my sexual behavior
I am concerned about my shopping/ spending
I am concerned about my smoking

19. FAMILY AND SOCIAL ISSUES

Are you currently in a relationship? If yes, how long?

If yes, please rate your relationship on a scale of 1 to 10*

Family stress
Marriage / couple problems
Separation / divorce
Problems with friendship / social life
Parent / child difficulties
Aging parent
Child care problems
Death of a family member
A family member has a mental health condition
Difficulties adjusting to a new culture

20. HEALTH ISSUES

Please rate your current physical health on a scale of 1 to 10*

How many times per week do you exercise?

Physical symptoms (pain, headaches, etc.)
Physical fitness is a concern
Appetite or eating pattern problems
Physical disability or significant physical health concern

21. JOB RELATED ISSUES

Please rate your job satisfaction on a scale of 1 to 10*

Problems with supervisee
Problems with co-worker / colleague
Problems with supervisor / Dept. Chair
High level of conflict/ incivility in department
Organizational change (new supervisor, layoffs, re-org)
Excessive workload or job demands
Problems with work hours or routine
Low job morale
Job tasks are boring or unchallenging
Work environment is unpleasant (loud, crowded)
Difficulty balancing job and family
Lack of upward mobility
Language or cultural barriers
Sexual harassment (inappropriate comments, expectations, gestures, touching)
Discrimination (sex, age, race, religion, sexual orientation, etc.)

22. CAREER ISSUES

Adjustment to career or position change
Desire to change career or position
Issues with promotion, tenure, retention
Retirement planning

23. OTHER — Please describe any other areas of concern to you:

________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
USC CENTER FOR WORK AND FAMILY LIFE (CWFL)—INTAKE INFORMATION FORM

Please respond to each of the items below. Check as many or all that apply. All information is strictly confidential.

24. ACTIONS AFFECTING YOU IN THE LAST 12 MONTHS

- Verbal warning
- Written warning
- Suspension
- Termination
- Informal discussion with supervisor
- Other – Specify________________________
- None

25. ACTIONS YOU HAVE TAKEN IN THE LAST 12 MONTHS

- Verbal complaint to supervisor / Dept. Chair
- Written complaint to supervisor / Dept. Chair
- Complaint filed with Human Resources, Equity and Diversity, Employee Relations, or other office
  (Specify _____________________________)
- Contacted union representative
- Lawsuit filed / pending
- None

26. OVER THE LAST 6 MONTHS, HOW MANY TIMES HAVE THE FOLLOWING EVENTS OCCURRED?

# of times____On the job accidents
# of times____Visits to doctor
# of times____Late to work, meetings, or professional commitments
# of times____Days absent from work (excluding vacation and holidays)

27. IS YOUR CURRENT JOB SITUATION STABLE AND SECURE?

- Yes
- No
- Don’t Know

IF NO, ARE YOU CURRENTLY IN DANGER OF LOSING YOUR JOB?

- Yes
- No
- Don’t Know

28. PLEASE RATE YOUR PRESENT JOB PERFORMANCE

- Superior
- More than satisfactory
- Improvement needed
- Unsatisfactory
- Not applicable

29. AT PRESENT, HOW MUCH ARE YOUR PROBLEMS AFFECTING YOUR JOB PERFORMANCE?

- Not at all
- Slightly
- Moderately
- Severely
- Not applicable

30. AT PRESENT, HOW WOULD YOU DESCRIBE YOUR OVERALL SENSE OF EMOTIONAL STRENGTH AND WELL-BEING?

- Excellent
- Above Average
- Average
- Below Average
- Poor

THANK YOU FOR COMPLETING THIS FORM