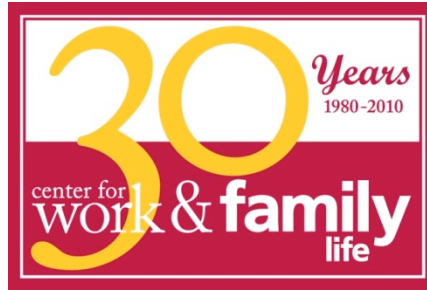


USC CENTER FOR WORK AND FAMILY LIFE (CWFL)—INTAKE INFORMATION FORM



*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.*

University of Southern California
3375 South Hoover Suite E206
Los Angeles, California 90007-7794
Tel: 213 821 0800

www.usc.edu/worklife

For Office Use Only

Case I.D. Number _____

Staff Code _____

Date _____

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 _____)

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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** _____

*Please rate the quality of your sleep 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:

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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 PAST 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