

Student Counseling Services Intake Packet

Student Counseling Services is pleased to expand to the Fort Worth Campus. Scheduling for Fort Worth is done through the main counseling center number: (254) 968-9044. ***We are currently only offering counseling at this campus on Tuesdays.***

Paperwork (please complete questionnaires the same day as intake):

- ☐ Intake form including contact information, demographics, and history questionnaire
- ☐ Policies, Procedures & Information form
- ☐ CCMH Informed Consent
- ☐ CCAPS – 62 Questionnaire

After completing, please **do not** hand these to the receptionist and instead hand them directly to the counselor, James Dinh, LMSW.

Intake form

Student Counseling Services – Tarleton State University

A. Identification (Please Print)

Your name: _____

Date of birth: _____ Age: _____ Preferred Name or Nickname: _____

Current Street address: _____ Apt. _____

City: _____ State: _____ Zip: _____

Permanent Address: _____ Apt. _____

City: _____ State: _____ Zip: _____

Living with:

<input type="checkbox"/> Alone	<input type="checkbox"/> Spouse, Partner, or Significant Other	<input type="checkbox"/> Roommate(s)	<input type="checkbox"/> Children
<input type="checkbox"/> Parent(s) or guardian(s)	<input type="checkbox"/> Family other	<input type="checkbox"/> Other (please specify): _____	

Primary Phone: _____
Secondary Phone: _____
Email: _____

Okay to call this number? ☐ Yes ☐ No
Okay to call this number? ☐ Yes ☐ No
Okay to email? ☐ Yes ☐ No

B. Religious identification

Current religious or spiritual preference:

<input type="checkbox"/> Agnostic	<input type="checkbox"/> Atheist	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Confucian	<input type="checkbox"/> Christian	<input type="checkbox"/> Hindu
<input type="checkbox"/> Jewish	<input type="checkbox"/> Muslim	<input type="checkbox"/> No Preference	<input type="checkbox"/> Prefer not to Answer	<input type="checkbox"/> Other: _____	

To what extent does your religious or spiritual preference play an important role in your life?

☐ Very Important ☐ Important ☐ Neutral ☐ Unimportant ☐ Very Unimportant

C. Ethnicity:

<input type="checkbox"/> African-American/Black/African	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Arab American/Arab/Persian
<input type="checkbox"/> European American/White/Caucasian	<input type="checkbox"/> Hispanic/Latino/Latina	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> Asian American/Asian	<input type="checkbox"/> East Indian	<input type="checkbox"/> Multi-racial
<input type="checkbox"/> International student Country of Origin: _____		<input type="checkbox"/> other

D. Relationship and Social Factors

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

Please indicate how much you agree with this statement: "I get the emotional help and support I need from my family."

<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Somewhat Disagree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Somewhat Agree	<input type="checkbox"/> Strongly Agree
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Please indicate how much you agree with this statement: "I get the emotional help and support I need from my social network (e.g., friends & acquaintances)."

<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Somewhat Disagree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Somewhat Agree	<input type="checkbox"/> Strongly Agree
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E. Sexual Orientation

<input type="checkbox"/> Heterosexual/Straight	<input type="checkbox"/> Lesbian	<input type="checkbox"/> Gay	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Questioning
<input type="checkbox"/> Self-Identify:				

F. Sexual Attraction

<input type="checkbox"/> Only attracted to Women	<input type="checkbox"/> Mostly attracted to women	<input type="checkbox"/> Equally attracted to men and women	<input type="checkbox"/> Mostly attracted to men	<input type="checkbox"/> Only attracted to men
<input type="checkbox"/> I do not experience sexual attraction	<input type="checkbox"/> Not sure			

G. Gender/Sex

Gender Identity:

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	<input type="checkbox"/> Self Identify:
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Sex assigned at birth:

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Intersex
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H. Academic/Career

<input type="checkbox"/> Freshman/First Year	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior
<input type="checkbox"/> Graduate/Professional Degree	<input type="checkbox"/> Non-Student	<input type="checkbox"/> High School taking college classes	<input type="checkbox"/> Non-Degree Student
<input type="checkbox"/> Faculty/Staff	<input type="checkbox"/> Other:		

Major:	Graduate Program (If applicable):	Graduate Program Year:
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<input type="checkbox"/> Transfer Student	<input type="checkbox"/> First Generation Student
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Please indicate your level of involvement in organized extra-curricular activities (e.g., sports, clubs, student government, etc.)

<input type="checkbox"/> None	<input type="checkbox"/> Occasional Participation	<input type="checkbox"/> One regularly attended activity	<input type="checkbox"/> Two regularly attended activities	<input type="checkbox"/> Three or more regularly attended activities
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Are you a member of ROTC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever served in any branch of the US military (active duty, veteran, National Guard or reserves)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did your military experiences include any traumatic or highly stressful experiences that continue to bother you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

How many credit hours are you attempting this semester?: _____ How many hours a week do you work? _____

How would you describe your financial situation right now?				
<input type="checkbox"/> Always stressful	<input type="checkbox"/> Often stressful	<input type="checkbox"/> Sometimes stressful	<input type="checkbox"/> Rarely stressful	<input type="checkbox"/> Never stressful
How would you describe your financial situation while growing up?				
<input type="checkbox"/> Always stressful	<input type="checkbox"/> Often stressful	<input type="checkbox"/> Sometimes stressful	<input type="checkbox"/> Rarely stressful	<input type="checkbox"/> Never stressful

I. Disability Status

Are you registered with the office for disability services on this campus as having a documented and diagnosed disability?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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="checkbox"/> Difficulty Hearing	<input type="checkbox"/> Difficulty Seeing	<input type="checkbox"/> Difficulty speaking or language impairment	<input type="checkbox"/> Mobility limitation/orthopedic impairment	<input type="checkbox"/> Traumatic Brain Injury	<input type="checkbox"/> Specific learning disabilities
<input type="checkbox"/> ADD or ADHD	<input type="checkbox"/> Autism Spectrum Disorders	<input type="checkbox"/> Cognitive difficulties or intellectual disability	<input type="checkbox"/> Health impairment/condition, including chronic conditions	<input type="checkbox"/> Psychological or psychiatric Condition	<input type="checkbox"/> Other:

J. History

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 ☐ 3-5 times ☐ 6-9 times ☐ 10 or more times

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

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

Attended counseling for mental health concerns

☐ Never ☐ Prior to College ☐ Starting College ☐ Both

Taken a prescribed medication for mental health concerns

☐ Never ☐ Prior to College ☐ Starting College ☐ Both

Current Prescribed Medication:

How many times have you been hospitalized for mental health concerns

☐ Never ☐ 1 time ☐ 2-3 times ☐ 4-5 times ☐ 5 or more times

When was the last time you were hospitalized for mental health concerns

☐ 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

How many times have you felt the need to reduce your alcohol or drug use?

☐ Never ☐ 1 time ☐ 2-3 times ☐ 4-5 times ☐ 5 or more times

When was the last time you felt the need to reduce your alcohol or drug use?

☐ 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

How many times have others expressed concern about your alcohol or drug use?

☐ Never ☐ 1 time ☐ 2-3 times ☐ 4-5 times ☐ 5 or more times

When was the last time others expressed concern about your alcohol or drug use?

☐ 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

How many times have you received treatment for alcohol or drug use?

☐ Never ☐ 1 time ☐ 2-3 times ☐ 4-5 times ☐ 5 or more times

When was the last time you received treatment for alcohol or drug use?

☐ 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

How many times have you purposely injured yourself without suicidal intent (e.g., cutting, hitting, burning, etc.)

☐ Never ☐ 1 time ☐ 2-3 times ☐ 4-5 times ☐ 5 or more times

When was the last time you purposely injured yourself without suicidal intent (e.g., cutting, hitting, burning, etc.)

☐ 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

How many times have you seriously considered attempting suicide?

☐ Never ☐ 1 time ☐ 2-3 times ☐ 4-5 times ☐ 5 or more times

When was the last time you seriously considered attempting suicide?

☐ 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

How many times have you made a suicide attempt?

☐ Never ☐ 1 time ☐ 2-3 times ☐ 4-5 times ☐ 5 or more times

When was the last time you made a suicide attempt?

☐ 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

How many times have you considered causing serious physical injury to another person?

☐ Never ☐ 1 time ☐ 2-3 times ☐ 4-5 times ☐ 5 or more times

When was the last time you considered causing serious physical injury to another person?

☐ 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

How many times have you intentionally caused serious physical injury to another?

☐ Never ☐ 1 time ☐ 2-3 times ☐ 4-5 times ☐ 5 or more times

When was the last time you intentionally caused serious physical injury to another?

- ☐ 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

How many times has 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)?

- ☐ Never ☐ 1 time ☐ 2-3 times ☐ 4-5 times ☐ 5 or more times

When was the last time 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)?

- ☐ 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

How many times have you experienced harassing, controlling, and/or abusive behavior from another person (e.g., friend, family member, partner, or authority figure)?

- ☐ Never ☐ 1 time ☐ 2-3 times ☐ 4-5 times ☐ 5 or more times

When was the last time you experienced harassing, controlling, and/or abusive behavior from another person (e.g., friend, family member, partner, or authority figure)?

- ☐ 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

How many times have you experienced a traumatic event that caused you to feel intense fear, helplessness, or horror?

- ☐ Never ☐ 1 time ☐ 2-3 times ☐ 4-5 times ☐ 5 or more times

When was the last time you experienced a traumatic event that caused you to feel intense fear, helplessness, or horror?

- ☐ 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

Please select the traumatic event(s) you have experienced:

- | | | |
|---|--|---|
| <input type="checkbox"/> Childhood physical abuse | <input type="checkbox"/> Childhood sexual abuse | <input type="checkbox"/> Childhood emotional abuse |
| <input type="checkbox"/> Physical attack (e.g., mugged, beaten up, shot, stabbed, threatened with weapon) | <input type="checkbox"/> Sexual violence (rape or attempted rape, sexually assaulted, stalked, abused by intimate partner, etc.) | <input type="checkbox"/> Military combat or war zone experiences |
| <input type="checkbox"/> Kidnapped or taken hostage | <input type="checkbox"/> Serious accident, fire, or explosion (e.g., an industrial, farm, car, plane, or boating accident) | <input type="checkbox"/> Terrorist Attack |
| <input type="checkbox"/> Near drowning | <input type="checkbox"/> Diagnosed with life threatening illness | <input type="checkbox"/> Natural disaster (e.g., flood, quake, hurricane, etc.) |
| <input type="checkbox"/> Imprisonment or torture | <input type="checkbox"/> Animal Attack | <input type="checkbox"/> Other: |

Tarleton State University

STUDENT COUNSELING CENTER

Policies, Procedures & Information

Welcome to the Tarleton Student Counseling Center. Please read the following information about your rights and responsibilities and our policies and procedures. If you have any questions after reading this document, please do not hesitate to discuss them with your counselor.

Intake: The first interview will be with an intake counselor who will talk with you about your needs and the ways in which the Counseling Center might be able to help. Options may include: individual, couples or group counseling, career counseling, or referral to another office or service provider better suited to your needs. Please note: your intake counselor may not necessarily be the counselor you continue to meet with after intake.

Client Rights

Confidentiality: Information obtained during counseling or in written form through testing will not be disclosed to anyone without your written permission. Legally, however, we are required to disclose information to:

- protect you or someone else from imminent danger,
- report suspected abuse of children, the elderly, or the disabled,
- report suspected sexual exploitation of a client by a therapist,
- respond to a court subpoena.

All counselors at the Student Counseling Center are committed to the ethical standards of practice as set forth by American Counseling Association and the National Association of Social Workers, and the State of Texas.

It is important for you to understand that you do not have to disclose your counseling history to most employers. Your interactions with the Student Counseling Center are confidential, and are not discoverable by background or record checks.

Electronic Records: The Student Counseling Center maintains electronic records. This means that confidential information about treatment is stored on the center's secured server.

Respect: You can expect to be treated with respect by your counselor and the staff of the Student Counseling Center. As much as possible, your appointments will begin and end on time. We will attempt to contact you if rescheduling is needed. You can expect your counselor's full attention during sessions. You may ask questions regarding your counselor's training and qualifications. You may ask about the counseling process, or any specific counseling strategies your counselor may suggest. You are encouraged to discuss your progress and review your goals with your counselor. If you feel that you are not making progress toward your goals, you should discuss this directly with your counselor. You have the right to terminate counseling at any time if you so desire, and to request referral to another counselor.

Good to Know: Because counseling involves discussing issues that are presenting you with some difficulty, you may find: 1) the energy it takes to focus on your issue(s) makes it harder to concentrate on other things; 2) emotions may be more available to you and you may feel moodier; 3) you may see things in new or different ways and this may be confusing or difficult for a short time; and 4) relationships may be affected as you examine interpersonal issues.

Session Limits: In order to meet the needs of as many students as possible, the Student Counseling Center has implemented an eight-session per semester limit on services. Students are allowed eight sessions per semester; however this limit can be appealed at regular counseling center staff meetings as needed. If a client does not keep a scheduled appointment, the missed appointment is deducted from the eight-session limit (see below: Keeping Appointments).

Client Responsibilities

Active Participation: In order for counseling to be effective, you must take an active role. This involves being honest with your counselor, discussing concerns openly, completing assignments when appropriate, listening to your counselor and providing feedback about the process of counseling.

Keeping Appointments: Our ability to provide quality services to the greatest number of students is dependent on clients keeping their appointments. We expect that you will notify us in advance if you cannot or choose not to keep an appointment. **If you do not keep your appointment and do not call to cancel within 24 hours, or if you cancel two out of three consecutive appointments, we will assume you are no longer interested in our services. Additionally, each missed appointment (without prior notice) will be deducted from your eight session per semester session limit.** You may return for services at any time, however you will be assigned to a counselor after other students on our waiting list (if any) have been assigned.

Email: We cannot guarantee that the contents of an email message will remain confidential. While we will do our best to keep your communication private, email usage can be monitored and the content of your personal messages may be read by others. Email is not an appropriate medium for individual questions regarding counseling. Our staff does not respond to inquiries from our clients regarding specific counseling issues because confidentiality is essential to the counseling process and cannot be assured with email. Often staff access to email is limited to the Student Counseling Center work hours. Also, you have no way of knowing if a specific staff member is unavailable due to illness, vacation, or other reasons. This means that your message may not be read immediately. If time is of particular concern for you, please contact the front desk at 968-9044 and tell the receptionist that you need immediate assistance.

Counselor Rights:

To Seek Consultation with other Student Counseling Center Professionals: While information will not be released to anyone outside the Student Counseling Center without your permission, as professionals, we may confer with each other within the Student Counseling Center to review therapy plans and progress. You will be informed regarding your counselor's title within the agency and the name of their supervisor, if applicable. However, as some clinicians in the center pursue licensure or, as is the case with the Clinical Mental Health Counseling Practicum and Internship or Graduate Social Work students at Tarleton, they may receive supervision from a counselor, social worker and/or faculty member outside the center. If your clinician currently receives outside supervision, he/she will provide you with a separate informed consent document detailing the supervisory relationship. All supervisors are bound by the same ethical and legal obligation for confidentiality as the Student Counseling Center clinicians.

Social Media Policy: The counselor does not engage in contact with clients via social media because:

1. The counselor cannot obtain and maintain absolute proof of client's identity
2. The counselor can never be completely sure that no information could be obtained by a third party via social media
3. Engaging in social media relationship with a client violates the counselor's code of ethics. (A.5.e ACA, 2014)
4. The counselor does not engage students in any outside social roles

Wait List: During particularly busy times of the semester, we may be unable to schedule you with a counselor soon after your intake appointment. At the time of intake we will try to inform you as accurately as possible how long you may have to wait for a counselor at the Student Counseling Center. If you wish, we will also review other options for you, such as referral to other agencies on campus, community mental health agencies, and private practice counselors.

If you have questions or a grievance regarding your counselor's conduct, you may solicit help from the Director of the Student Counseling Center, or one of the following licensing boards:

Texas State Board of Examiners of Professional Counselors
Texas Department of State Health Services
Mail Code 1982
P.O. Box 149347
Austin, Texas 78714-9347
E-mail: lpc@dshs.texas.gov
Telephone: (512) 834-6658
Fax: (512)834-6677

Texas State Board of Social Worker Examiners
Texas Department of State Health Services
Mail Code 1982
P.O. Box 149347
Austin, Texas 78714-9347
E-mail: lsd@dshs.texas.gov
Telephone: (512) 719-3521 or (800)232-3162
Fax: (512) 834-6677

I have read and understand the policies and procedures of the Student Counseling Center and am aware of my rights and responsibilities as a client.

Client Signature

Date

Printed Name

Intake Counselor

CCMH Informed Consent

Student Counseling Services - *Tarleton State University*

Student Counseling Services 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 nationwide for statistical analysis. Because data cannot be linked to specific individuals, there are virtually no risks contributing data. With your permission, we would like to contribute anonymous, numeric data from the questionnaires you just completed. Your decision is voluntary and will not affect the services you receive. If you have questions or concerns, you may contact Dr. Brenda Faulkner at 254-968-9044.

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

- ☐ Yes
- ☐ No

Name (Please Print): _____

Signature: _____

Date: _____

CCAPS – 62

Student Counseling Services

Name: _____ Student ID # _____
Date: _____

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 circling the correct number. Read each statement carefully. Select only one answer per statement and please do not skip any questions.

1. I get sad or angry when I think of my family	0	1	2	3	4
2. I am shy around others	0	1	2	3	4
3. There are many things I am afraid of	0	1	2	3	4
4. My heart races for no good reason	0	1	2	3	4
5. I feel out of control when I eat	0	1	2	3	4
6. I enjoy my classes	0	1	2	3	4
7. I feel that my family loves me	0	1	2	3	4
8. I feel disconnected from myself	0	1	2	3	4
9. I don't enjoy being around people as much as I used to	0	1	2	3	4
10. I feel isolated and alone	0	1	2	3	4
11. My family gets on my nerves	0	1	2	3	4
12. I lose touch with reality	0	1	2	3	4
13. I think about food more than I would like to	0	1	2	3	4
14. I am anxious that I might have a panic attack while in public	0	1	2	3	4
15. I feel confident that I can succeed academically	0	1	2	3	4
16. I become anxious when I have to speak in front of audiences	0	1	2	3	4
17. I have sleep difficulties	0	1	2	3	4
18. My thoughts are racing	0	1	2	3	4
19. I am satisfied with my body shape	0	1	2	3	4
20. I feel worthless	0	1	2	3	4
21. My family is basically a happy one	0	1	2	3	4
22. I am dissatisfied with my weight	0	1	2	3	4
23. I feel helpless	0	1	2	3	4
24. I use drugs more than I should	0	1	2	3	4
25. I eat too much	0	1	2	3	4
26. I drink alcohol frequently	0	1	2	3	4
27. I have spells of terror or panic	0	1	2	3	4
28. I am enthusiastic about life	0	1	2	3	4
29. When I drink alcohol I can't remember what happened	0	1	2	3	4
30. I feel tense	0	1	2	3	4
31. When I start eating I can't stop	0	1	2	3	4
32. I have difficulty controlling my temper	0	1	2	3	4
33. I am easily frightened or startled	0	1	2	3	4
34. I diet frequently	0	1	2	3	4
35. I make friends easily	0	1	2	3	4
36. I sometimes feel like breaking or smashing things	0	1	2	3	4
37. I have unwanted thoughts I can't control	0	1	2	3	4
38. There is a history of abuse in my family	0	1	2	3	4
39. I experience nightmares or flashbacks	0	1	2	3	4

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