Worksheet 6

Applicant Assessment Worksheet

Name:­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height: \_\_\_\_\_\_ Weight:\_\_\_\_\_

**Personal History (Place of birth, siblings, parents, who raised individual, description of childhood, growing up, discipline):**

**Educational History (Highest grade completed, difficulties in school, repeated grades, favorite/least favorite subjects):**

**Legal History (Current legal status, history of past arrests, charges, outcomes):**

**Homelessness History (current living situation):**

**Employment History (Employment dates, relationship with co-workers/bosses, reason for leaving position):**

**Marital/Intimate Relationships (Current relationships, past relationships, children):**

**Current difficulties (worry, obsession, manic, bipolar, psychotic symptoms):**

Does your mood change a lot? Do you have thoughts of hurting yourself or others?

Do you worry about the same things over and over?

Do you have things that you are afraid of?

Have you ever experienced a spending spree that you could not afford?

Do you stay up for long periods of time and feel energetic and productive?

Have you ever felt powerful or in a high-level position even though others might not see it that way?

Do you hear voices or noises that other people don’t?

Do you ever see things that other people don’t see?

Do you feel that people want to help you or hurt you?

Have you ever felt nervous with shaking hands, racing heart, sweaty palms, or a general feeling of unsettle?