PSYCHOTHERAPY AND PSYCHIATRIC MEDICATION HISTORY

PRESENT PSYCHOTHERAPY

1. Are you currently participating in psychotherapy?
   1. No (skip to question #8).
   2. Yes

2. How long have you been involved in this psychotherapy?
   _____ _____ yrs / _____ _____ mths / _____ _____ wks

3. How many sessions have you attended so far in this psychotherapy? _____ _____

4. If you are currently in psychotherapy, would you characterize it as: (Please circle one)
   1. Individual therapy (just yourself and the therapist)
   2. Couples therapy (you and your partner with therapist)
   3. Group therapy
   4. A support group led by professional therapist(s)
   5. A support group led by lay therapist(s) or that is self-help
   6. Other:
      (please specify) _________________________________

5. If known, what is the approach of your psychotherapy?
   1. Psychoanalytic
   2. Behavioral
   3. Humanistic
   4. Gestalt
   5. Cognitive-Behavioral
   6. Eclectic
   7. Not Sure
   8. Other:
      (please specify) _________________________________

CURRENT PSYCHIATRIC MEDICATIONS

6. Are you currently receiving any psychiatric medications?
   1. No (skip to question #10)
   2. Yes

7. Please describe the psychiatric medication(s) you are taking currently:

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Dose</th>
<th># of times taken each day</th>
<th>Taken since Month/Year</th>
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PAST PSYCHOTHERAPY
8. Have you participated in psychotherapy before (other than current treatment)?
   1. No (skip to question #16)
   2. Yes

9. When did this psychotherapy start/end?

<table>
<thead>
<tr>
<th>Started</th>
<th>Ended</th>
<th>Total number of sessions</th>
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<tr>
<td>Month</td>
<td>Date</td>
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10. Have you participated in any of the following kinds of psychotherapy in the past? (Circle all that apply)
   1. Individual therapy (just yourself and the therapist)
   2. Couples therapy (you and your partner with therapist)
   3. Group therapy
   4. A support therapy led by professional therapist(s)
   5. A support group led by lay therapist(s) or that is self-help
   6. Other: (please specify) ________________________________

11. If known, what was the approach of your psychotherapy? (Circle all that apply)
   1. Psychoanalytic
   2. Behavioral
   3. Humanistic
   4. Gestalt
   5. Cognitive-Behavioral
   6. Eclectic
   7. Not Sure
   8. Other: (please specify) ________________________________

PREVIOUS PSYCHIATRIC MEDICATIONS

12. Please describe psychiatric medication(s) you have taken in the past:

<table>
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