**Pre-Appointment Questionnaire**

**Rate the psychological vital signs (L=Low, M=Moderate, H=High)**

**Anger** L M H **Anxiety** L M H **Ability to Focus** L M H **Frustration tolerance** L M H

**Mood** Sad( )1( ) 2 ( ) 3( ) 4( ) 5( ) Okay ( ) 6 ( ) 7( ) 8( ) 9( ) 10( ) Joyous

1. **What has been your general quality of sleep since our last meeting?**

Poor ( ) 1( ) 2( ) 3( ) 4( ) 5( ) 6( ) 7( ) 8( ) 9( ) 10( ) Excellent ( )

1. **What has been your quality of nutrition since our last meeting?**

Poor ( ) 1( ) 2( ) 3( ) 4( ) 5( ) 6( ) 7( ) 8( ) 9( ) 10( ) Excellent ( )

1. **What has been your quality of exercise since our last meeting?**

Poor ( ) 1( ) 2( ) 3( ) 4( ) 5( ) 6( ) 7( ) 8( ) 9( ) 10( ) Excellent ( )

1. **How much better do you (or does your child) feel since last meeting?**

Worse( )1( ) 2 ( ) 3( ) 4( ) 5( ) Same ( ) 6 ( ) 7( ) 8( ) 9( ) 10( ) Completely better ( )

1. **How much closer are you (or your child) to meeting goals and being done with therapy?**

Farther away( )1( ) 2( ) 3( ) 4( ) 5( ) 6( ) 7( ) 8( ) 9( ) 10( ) Done/ Ready to finish( )

1. **What homework exercises were you aware of since the last meeting?**

a.

b.

c.

d.

1. **What rating would you give for client level of compliance with recommendations?**

Not done( ) 1( ) 2( ) 3( ) 4( ) 5( ) 6( ) 7( ) 8( ) 9( ) 10( ) Completed( )

1. **Did you (adult) have any feedback or did your child make any comments (positive or negative) about Dr. Brunner this week? If yes, please report the remarks here:**
2. **Report any new problems/challenges, stressors, or unhealthy patterns you have been experiencing since last meeting.**
3. **List changes to prescribed medications, if any.**
4. **In your opinion, what should the priorities be for the next meeting? (Please rank them. Give a number to indicate importance, 1 being highest priority)**

(Example: (1) Decrease frequency of anger tantrums.)

1. **To what degree is Dr. Brunner meeting your expectations?**

Not at all( ) 1( ) 2( ) 3( ) 4( ) 5( ) 6( ) 7( ) 8( ) 9( ) 10( ) Exceeding ( )