INTRODUCTION TO OVERVIEW

I'm going to be asking you about problems you may have had, and I'll be making some notes as we go along. Do you have any questions before we begin?

DEMOGRAPHIC DATA

SEX:
1 male
2 female

ETHNICITY:
1 Black, not of Hispanic origin
2 Hispanic
3 White, not of Hispanic origin
4 American Indian or Alaskan native
5 Asian or Pacific Islander

How old are you?

AGE: ____ ____

Do you have any brothers or sisters? (any children? How many?)

_____

_____

Where do you live?

_____

Who lives at home with you?

_____

EDUCATION AND WORK HISTORY

EDUCATION:
1 Regular classes
2 Special Education classes

What school do you go to? What grade are you in?

_____

Grade: ____ ____

Are you in regular school or Special Ed?

Were you ever left back in school? (When?) (How many times?)

Number of years left back a grade: ____ ____

_____

Did you drop out of school, or stop going for a while? Why?

_____

_____

_____

_____

Have you ever had a job? What did you do?

Are you working now?

IF YES: How long have you worked there?

What kind of work have you done?

OVERVIEW OF PRESENT ILLNESS

DATE ADMITTED TO INPATIENT OR OUTPATIENT FACILITY FOR PRESENT ILLNESS

Number of weeks since admission to facility

1 < 1 week
2 1-4 weeks
3 > 4 weeks

When did you come to the (hospital, clinic, doctor)?

CHIEF COMPLAINT AND DESCRIPTION OF PRESENTING PROBLEM

What led to your coming here (this time)? (What's the main problem you are having trouble with?)

IF DOES NOT GIVE DETAILS OF PRESENTING PROBLEM: Tell me more about that. (What do you mean by…)

ONSET OF PRESENT ILLNESS OR EXACERBATION

When did the problem start? (When did you first notice that something was wrong?)

When were you last feeling OK?

NEW SXS OR RECURRENCE

Is this something new or something you had before?

(What made you come for help now?)

ENVIRONMENTAL CONTEXT AND POSSIBLE PRECIPITANTS OF PRESENT ILLNESS OR EXACERBATION (USE THIS INFORMATION FOR CODING Axis IV.)

What was going on in your life when the problems started?

Did anything happen or change just before all this started? (Do you think this had anything to do with your PRESENT ILLNESS?)

COURSE OF PRESENT ILLNESS OR EXACERBATION

After it started, what happened next? (Did other things start to bother you?)

Since this began, when have you felt the worst?

IF MORE THAN A YEAR AGO: In the last year, when have you feel the worst?

TREATMENT HISTORY

When was the first time you saw someone for emotional or psychiatric problems? (What was that for? What treatment did you get? What medicines?)

(THE LIFE CHART ON PAGE 6 OF OVERVIEW MAY BE USED TO SUMMARIZE A COMPLICATED HISTORY OF PSYCHOPATHOLOGY AND TREATMENT)

Have you ever been a patient in a psychiatric hospital?

IF YES: What was that for? (How many times?)

IF GIVES AN INADEQUATE ANSWER, CHALLENGE GENTLY:
e.g., Wasn't there something else? People don't usually go to psychiatric hospitals just because they are tired or nervous.

Number of previous hospitalizations (Do not include transfers)
0
1
2
3
4
5 (or more)

OTHER CURRENT PROBLEMS

Have you had any other problems in the last month?

How have you been feeling? (Happy, sad, angry, scared?)

Have you been physically healthy? Do you take any medications or vitamins (other than the ones you've already told me about)? (Have you had any medical problems?) USE INFORMATION TO CODE AXIS III.

How much have you been drinking (alcohol) (in the past month)?

Have you been taking any drugs (in the past month)? (What about marijuana, cocaine, other street drugs?)

CURRENT SOCIAL FUNCTIONING

How have you been spending your free time?

Whom do you spend time with?

MOST LIKELY CURRENT DIAGNOSIS:

DIAGNOSES THAT NEED TO BE RULED OUT:

LIFE CHART

Age (or date)	Life History event	Symptoms or condition	Treatment