1. **Has the patient had prior manualized therapy for any mental health condition (e.g. Behavior Activation Therapy for depression, Cognitive therapy for depression, anxiety), DBT)?**
* Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please describe)
* No
* Not Sure
1. **Has the patient had prior evidence-based psychotherapy for PTSD (e.g., Prolonged Exposure, Cognitive Processing Therapy, EMDR, Present Centered Therapy for PTSD).**
* Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please describe)
* No
* Not sure
1. **Patient’s DSM 5 diagnoses (list all). Please include all relevant specifiers (e.g., major depressive disorder, recurrent, moderate; substance use disorder, in full remission)**

**\_\_\_\_\_\_\_\_Primary:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_Additional diagnoses:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Personality disorder/Axis II diagnoses**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **How many traumatic events has this individual experienced**? Responses: 1, 2, 3-5, 5-10, more than 10, long-term/ongoing trauma/too many to count.
* 1
* 2
* 3-5
* 5-10
* More than 10
* Long-term/ongoing trauma/too many to count
1. **Has this individual experienced any of the following traumas (check all that apply)**?
* Sexual Assault as an adolescent
* Sexual Assault as an adult
* Childhood sexual abuse—single event
* Childhood sexual abuse-multiple events, but not ongoing
* Childhood sexual abuse-ongoing
* Physical assault
* Childhood physical abuse
* Combat trauma
* Non-combat, military deployment related trauma
* Natural Disaster (life-threatening, resulting in serious injury, or involved witnessing injury or death of others)
* Motor vehicle Accident
* Witnessing a violent crime or sexual assault
* Trauma related to a violent encounter with law enforcement
* Experience of or witnessing violence while incarcerated
* Witnessing the sudden, unexpected death of a close friend or family member
* Experience of war or conflict-related trauma as a civilian
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Declined to respond
* None of the above
1. **Does the client/patient have a traumatic brain injury (TBI)?**
* Yes
* No
1. **For which of the following is the client/patient receiving PTSD—Index treatment? (choose one):**Sexual Assault as an adolescent
* Sexual Assault as an adult
* Childhood sexual abuse—single event
* Childhood sexual abuse-multiple events, but not ongoing
* Childhood sexual abuse-ongoing
* Physical assault
* Childhood physical abuse
* Combat trauma
* Non-combat, military deployment related trauma
* Natural Disaster
* Motor vehicle Accident
* Witnessing a violent crime or sexual assault
* Trauma related to a violent encounter with law enforcement
* Experience of or witnessing violence while incarcerated
* Witnessing the sudden, unexpected death of a close friend or family member
* Experience of war or conflict-related trauma as a civilian
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Declined to respond
* None of the above
* Client is not receiving treatment for PTSD
1. **Patient’s current medications (list all, including those for medical conditions):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Cognitive-behavioral treatment planned**
* CBT for depression
* CBT for anxiety (specify: panic, GAD, social anxiety, OCD, specific phobia, NOS, other\_\_\_\_\_\_\_\_)
* CBT for PTSD
* CPT for PTSD
* STAIR for PTSD
* A case-conceptualization driven CBT
* A transdiagnostic CBT protocol (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **Do you plan to use:**
* a full protocol
* elements of CBT or CPT (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **Has the patient identified any potential barriers to completing treatment?**
* Yes
* No
1. **If so, are those barriers related to…? (Check all that apply.)**
* Problems with transportation (no car, parking problems, poor public transportation, etc.)
* Responsibility of caring for loved ones (children, someone with an illness, etc.)
* Cost of counselling services
* Difficulty getting time off of work
* Competing daily responsibilities and activities
* Lack of support from significant other, family, or friends
* Doubts that he or she will benefit from treatment
* Concerns about the potential emotional toll of treatment
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_