THIS TOP SECTION FOR OFFICE USE ONLY	
[Place BCHC patient label here]	**Patient Name:** _____ **Patient #:** _____
Clinician's Name_____ Today's date_____/_____/_____	

Brief Patient Questionnaire

How are you <u>functioning</u> in your life right now in dealing with stresses.

10	**20**	**30**	**40**	**50**	**60**	**70**	**80**	**90**	**100**
Persistent Danger of Severely Hurting Self or Others	Some Danger of Hurting Self or Others or Gross Impairment in Communication	Inability to Function in All Areas of Life or Serious Impairment in Communication	Major Impairment in Family, Social or Occupational Functioning	Serious Impairment in Family Social or Occupational Functioning	Moderate Difficulty in Family, Social or Occupational Functioning	Some Difficulty in Social or Occupational Functioning	Temporary Expectable Reactions to Stresses	Minimal Problems Generally Satisfied with Life	Superior Functioning
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐