Entered: _ _ / _ _ / 20_ _ (mm dd yy) Initials: ________ Verified: _ _ / _ _ /20 _ _ (mm dd yy) Initials: ________

Patient ID __ __ __ - __ __ __ __ - __ __ ID VISIT **Visit:**____

For office use only.

PETSF – Version: 09/01/2010 FORMV

Form Completion Date __ __ / __ __ / 20 __ __ PETSFDAT
(mm dd yy)

---

1. In the **past 12 months** have you been admitted to a hospital (including partial hospitalization or day hospital treatment) for treatment of psychiatric or emotional problems?

☐ 0. No ☐ 1. Yes **PSYHOSPA**

Skip to question 2 (if No)

1.1 Total number of hospital admissions (including partial and day hospital) for treatment of psychiatric or emotional problems in the **past 12 months**? _____ (if none, enter '0') **PSYADMA**

1.2 Number of inpatient (overnight) hospital admissions for treatment of psychiatric or emotional problems in the **past 12 months**? _____ (if none, enter '0') **PSYINP**

1.3 Number of partial hospital/day hospital admissions for treatment of psychiatric or emotional problems in the **past 12 months**? _____ (if none, enter '0') **PSYOUTP**

1.4 What was the most recent psychiatric or emotional problems you were treated for in a hospital? (*check "no" or "yes" for each*)?

Variable	No	Yes	Problem	Variable	No	Yes	Problem	Variable	No	Yes	Problem
PROBDEP	☐	☐	Depression	PROBALC	☐	☐	Alcohol/drug abuse	PROBBIP	☐	☐	Bipolar disorder
PROBANX	☐	☐	Anxiety	PROBEAT	☐	☐	Eating disorder	PROBSUI	☐	☐	Suicidal
PROBINJ	☐	☐	Self injury	PROBMAR	☐	☐	Marital therapy	PROBFAM	☐	☐	Family Therapy
PROBADD	☐	☐	Attention deficit disorder	PROBPOS	☐	☐	Post Traumatic Stress disorder				
PROBOTH	☐	☐	Other (____PROBOTHS ______)								

1.5 Were you treated for any other psychiatric or emotional problems in a hospital? ☐ 0. No ☐ 1. Yes **PSY12MA**

If yes,

1.5.1 What other psychiatric or emotional problem(s) were you treated for in the **past 12 months**? (*check "no" or "yes" for each*)

Variable	No	Yes	Problem	Variable	No	Yes	Problem	Variable	No	Yes	Problem
PSYDEPA	☐	☐	Depression	PSYALCA	☐	☐	Alcohol/drug abuse	PSYBIPA	☐	☐	Bipolar disorder
PSYANXA	☐	☐	Anxiety	PSYEATA	☐	☐	Eating disorder	PSYSUIA	☐	☐	Suicidal
PSYINJA	☐	☐	Self injury	PSYMARA	☐	☐	Marital therapy	PSYFAMA	☐	☐	Family Therapy
PSYADDA	☐	☐	Attention deficit disorder	PSYPOSA	☐	☐	Post Traumatic Stress disorder				
PSYOTHA	☐	☐	Other (____PSYOTHSA ______)								

Patient ID __ __ __ - __ __ __ __ - __ __

2 Other than within a hospital, in the **past 12 months** have you been treated by anyone such as a counselor or mental health professional for psychiatric or emotional problems?

☐ 0. No ☐ 1. Yes **TXNOHOSP**

Skip to question 3

2.1 What was the most recent psychiatric or emotional problems you were seen for (*check "no" or "yes" for each*)?

	No	Yes			No	Yes			No	Yes	
CTXDEP	☐	☐	Depression	**CTXALC**	☐	☐	Alcohol/drug abuse	**CTXBIP**	☐	☐	Bipolar disorder
CTXANX	☐	☐	Anxiety	**CTXEAT**	☐	☐	Eating disorder	**CTXSUI**	☐	☐	Suicidal
CTXINJ	☐	☐	Self injury	**CTXMAR**	☐	☐	Marital therapy	**CTXFAM**	☐	☐	Family Therapy
CTXADD	☐	☐	Attention deficit disorder		☐	☐	Post Traumatic Stress disorder **CTXPOS**				
CTXOTH	☐	☐	Other (____**CTXOTHS** _______)								

2.2 Were you treated for any other psychiatric or emotional problems in the **past 12 months**?

☐ 0. No ☐ 1. Yes **TX12M**

If yes,

2.2.1 What other psychiatric or emotional problem(s) were you treated for in the **past 12 months**? (*check "no" or "yes" for each*)

	No	Yes			No	Yes			No	Yes	
TXDEP	☐	☐	Depression	**TXALC**	☐	☐	Alcohol/drug abuse	**TXBIP**	☐	☐	Bipolar disorder
TXANX	☐	☐	Anxiety	**TXEAT**	☐	☐	Eating disorder	**TXSUI**	☐	☐	Suicidal
TXINJ	☐	☐	Self injury	**TXMAR**	☐	☐	Marital therapy	**TXFAM**	☐	☐	Family Therapy
TXADD	☐	☐	Attention deficit disorder		☐	☐	Post Traumatic Stress disorder **TXPOS**				
TXOTH	☐	☐	Other (____**TXOTHS** _______)								

2.3 Are you **currently** seeing anybody for psychiatric or emotional problems? ☐ 0. No ☐ 1. Yes **TXNOW**

2.4 How often have you, during the **past 6 months,** seen a mental health counselor/ professional for psychiatric or emotional problems? **TXOFTEN**

☐ Never ☐ 1 to 5 times ☐ 6 to 10 times ☐ 11– 20 times ☐ more than 20 times

3. In the **past 12 months** have you taken any medications for psychiatric or emotional problems?

☐ 0. No ☐ 1. Yes **PSYMED_F**

Skip to next page

	Have you **ever** taken…	Are you **currently** taking…
Antidepressants (*i.e., Prozac, Zoloft, Paxil)*	**ANTIDEA** ☐ 0. No ☐ 1. Yes→	**ANTIDCA** ☐ 0. No ☐ 1. Yes
Major tranquilizers *(i.e., Risperdall, Zyprexa)*	**MAJTEA** ☐ 0. No ☐ 1. Yes→	**MAJTCA** ☐ 0. No ☐ 1. Yes
Minor tranquilizers *(i.e., Ativan, Xanax)*	**MINTEA** ☐ 0. No ☐ 1. Yes→	**MINTCA** ☐ 0. No ☐ 1. Yes
Mood stabilizers *(i.e., Lithobid, Tegretol, Topamax)*	**MOODEA** ☐ 0. No ☐ 1. Yes→	**MOODCA** ☐ 0. No ☐ 1. Yes
Stimulants (*i.e., Ritalin, methylin*)	**STIMEA** ☐ 0. No ☐ 1. Yes→	**STIMCA** ☐ 0. No ☐ 1. Yes
Other Medication: (Specify: __ **OMED12A** __)	**OMEDEA** ☐ 0. No ☐ 1. Yes→	**OMEDCA** ☐ 0. No ☐ 1. Yes