

**HopeNet Client Self-Assessment Survey INTAKE**

Name: _____ Date: _____

Please mark the box that best describes how you feel currently.

	Strongly disagree	Disagree	Undecided	Agree	Strongly Agree
1. I am in need of shelter, food or material goods	<input type="radio"/>				
2. I cannot maintain a budget on my income	<input type="radio"/>				
3. I have trouble maintaining a job	<input type="radio"/>				
4. I do not have a community of support around me	<input type="radio"/>				
5. People do not seem to understand me	<input type="radio"/>				
6. I am dissatisfied with my relationships with family or friends	<input type="radio"/>				
7. I am considering taking a break or ending some relationship(s)	<input type="radio"/>				
8. I have little interest and pleasure in doing things	<input type="radio"/>				
9. I feel down, depressed even hopeless	<input type="radio"/>				
10. I have trouble falling or staying asleep; or I sleep too much	<input type="radio"/>				
11. I have little energy	<input type="radio"/>				
12. I have no appetite or I overeat	<input type="radio"/>				
13. I do not feel good about myself	<input type="radio"/>				
14. I know I am a failure; I have let my family down	<input type="radio"/>				
15. I cannot concentrate on things, like reading or watching TV	<input type="radio"/>				
16. I think about hurting myself	<input type="radio"/>				
17. I or others feel I should cut down on my drinking or drug use	<input type="radio"/>				
18. I use alcohol or drugs first thing to steady my nerves	<input type="radio"/>				
19. I am irritable or explode in anger.	<input type="radio"/>				
20. I have thoughts of hurting another person	<input type="radio"/>				
21. I have troubling or bothersome thoughts about my past	<input type="radio"/>				
22. I do not have the ability to meet goals	<input type="radio"/>				
23. God feels very far away	<input type="radio"/>				
24. I have no hope my life is going to get better	<input type="radio"/>				