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Please rate how much you were affected by the following in the last week.

| | Not At All | Mildly | Moderately | Severely | Extremely |
|--|------------|--------|------------|----------|-----------|
| Concerns about your body or physical health | [1] | [] | [] | [] | [] |
| Thoughts or behaviors you do over and over again | [] | [1] | [] | [] | [] |
| Unusually high energy | [1] | [] | [] | [] | [] |
| Feeling sad, blue, or depressed | [] | [] | [] | [] | [] |
| Wishing you were dead | [1] | [] | [] | [] | [] |
| Anxiety, hostility, or irritability | [] | [1] | [] | [] | [] |
| Fears of things or places | [] | [] | [] | [] | [] |
| Beliefs that others want to hurt you | [1] | [] | [] | [] | [] |
| Drinking too much or using drugs | [] | [] | [] | [] | [] |
| Feeling numb and disconnected from yourself and others | [1] | [] | [] | [] | [] |
| Sleep problems | [] | [] | [] | [] | [] |

What was helpful in last session(s):

What was not helpful or what was disturbing in last session: