

SECTION G
PSYCHOLOGICAL STATUS - (Questions from the ASI)

G1. Now, I'm going to ask you some more questions about emotional experiences and feelings that you may have had.

| | <u>SINCE WE LAST MET/</u> | | | <u>PAST 30 DAYS</u> | |
|---|---------------------------|------------|---|---------------------|------------|
| | <u>PAST 6 MONTHS</u> | | | <u>NO</u> | <u>YES</u> |
| | <u>NO</u> | <u>YES</u> | | <u>NO</u> | <u>YES</u> |
| G1a. Have you had a significant period of time in which you have experienced trouble controlling violent behavior including episodes of rage, or violence? <i>(patient can be under the influence of alcohol/drugs.)</i> | 0 | 1 | → | 0 | 1 |
| G1b. Have you experienced serious thoughts of suicide? <i>(patient seriously considered a plan for taking his/her life.)</i> | 0 | 1 | → | 0 | 1 |
| G1c. Have you attempted suicide? <i>(Include actual suicidal gestures or attempts.)</i> | 0 | 1 | → | 0 | 1 |
| G1d. Have you been prescribed medication for any psychological or emotional problems? <i>(Prescribed for the patient by MD. Record "Yes" if a medication was prescribed even if the patient is not taking it.)</i> | 0 | 1 | → | 0 | 1 |