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| **[MTF Clinic Name] Clinic Gap Analysis: Patient Form** |
| **Instructions:** Please indicate whether you would like information or help with the items listed below by putting a check in one of the columns next to each concern or problem. Also, help us determine the best times for you to come to the clinic by indicating your availability in the table at the bottom of the sheet. Your valuable responses will be used to improve our clinic’s services and help us understand your behavioral health needs.  |

|  |  |  |  |
| --- | --- | --- | --- |
| Concern or Problem | Yes | Maybe | No |
| Feeling depressed and/or down most of the time |  |  |  |
| Problems falling or staying asleep, or not feeling rested  |  |  |  |
| Feeling anger and/or frustration |  |  |  |
| Coping with stress in general |  |  |  |
| Improving my relationship with my spouse/significant other  |  |  |  |
| Improving relationships with my children; better parenting skills |  |  |  |
| Standing up for myself more in social situations |  |  |  |
| Dealing with chronic pain |  |  |  |
| Drinking too much alcohol |  |  |  |
| Problems related to food/eating (binging/purging; weight) |  |  |  |
| Adjusting to military life  |  |  |  |
| Coping with the loss of someone |  |  |  |
| Having anxiety, obsessive thinking, worry, nervousness or fear due to any of the following: |
| Combat experiences  |  |  |  |
| A non-combat event (example: sexual assault, violence, accident)  |  |  |  |
| Social situations (example: worrying about being judged) |  |  |  |
| Specific situations or things (example: heights, snakes, spiders, germs or contamination) |  |  |  |
| Worry about life in general |  |  |  |
| Other problems (please indicate): |  |  |  |

**What time of day is easiest for you to come into the clinic? Please check all that apply.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Morning (0700-1100) | Lunch (1100-1400) | Afternoon (1400-1600)  | Other/Comments |
| **Monday** |  |  |  |  |
| **Tuesday** |  |  |  |  |
| **Wednesday** |  |  |  |  |
| **Thursday** |  |  |  |  |
| **Friday** |  |  |  |  |