



**Macau University of Science and Technology**  
**Psychological Counseling Service Application Form**

Date: \_\_\_\_\_ (Y/M/D)

Name :	Gender : M / F	Date of Birth : (Y) (M) (D)
Faculty and Major :	Year/Grade :	Student Number :
Telephone:	Email :	
Correspondence Address/Dormitory :		
Marital Status:	Emergency Contact Person & Relationship:	Emergency Contact Number :
Home Address : Macau/Hong Kong/Taiwan Mainland China : _____ (Province) _____ (City) Other Area : _____	Parents Marital Status: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Re-married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	Father : _____ (Age)    Living/Deceased (please circle) Occupation : _____ Education Level: _____ Mother : _____ (Age)    Living/Deceased (please circle) Occupation : _____ Education Level: _____ Number of siblings (including yourself): _____ Your Birth Order: _____
Do you have previous psychological consultation experience? <input type="checkbox"/> No <input type="checkbox"/> Yes (Year and Month: _____ Location: _____)		
Do you have medical history of chronic or mental illness? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please specify: _____)		
Are you currently on medication? <input type="checkbox"/> No <input type="checkbox"/> Yes (Medication Name : _____)		
What is the main reason you want support from our counseling service? And what is the expected goal you want to achieve through counseling?		
Any other things that might help with your psychological counseling:		

~ Please turn over the page and continue, thank you ~



## Psychological Health Questionnaire

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you **over the past week**. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

- 0 Did not apply to me at all - NEVER
- 1 Applied to me to some degree, or some of the time - SOMETIMES
- 2 Applied to me to a considerable degree or a good part of time - OFTEN
- 3 Applied to me very much or most of the time – ALMOST ALWAYS

### Over The Past Week

1. I found it hard to wind down	0	1	2	3
2. I was aware of dryness of my mouth	0	1	2	3
3. I couldn't seem to experience any positive feeling at all	0	1	2	3
4. I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5. I found it difficult to work up the initiative to do things	0	1	2	3
6. I tended to over-react to situations	0	1	2	3
7. I experienced trembling (e.g. in the hands)	0	1	2	3
8. I felt that I was using a lot of nervous energy	0	1	2	3
9. I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10. I felt that I had nothing to look forward to	0	1	2	3
11. I found myself getting agitated	0	1	2	3
12. I found it difficult to relax	0	1	2	3
13. I felt down-hearted and blue	0	1	2	3
14. I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15. I felt I was close to panic	0	1	2	3
16. I was unable to become enthusiastic about anything	0	1	2	3
17. I felt I wasn't worth much as a person	0	1	2	3
18. I felt that I was rather touchy	0	1	2	3
19. I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)	0	1	2	3
20. I felt scared without any good reason	0	1	2	3
21. I felt that life was meaningless	0	1	2	3