



STUDENT INFORMATION – Section 2

The following information will help us to serve you better. This information that you are sharing will be considered part of your confidential mental Health & Wellness Office record and treated with confidentiality. Please complete all sections of the form to the best of your knowledge.

Today's Date: (MM/DD/YYYY) ____/____/____

UH Student ID: _____

Date of Birth (MM/DD/YYYY): ____/____/____

Last Name: _____ First Name: _____ M.I.: _____

Gender: Male Female Non-binary Prefer not to self-describe Prefer not to say

UH Email: _____@hawaii.edu

*Please note that email is not considered confidential communication

LIVING SITUATION

Relationship Status: Single Married Partnered Divorced/Separated Widow Other

Living Arrangements: Alone Roommate(s) Partner/S.O. Parents Children, Age(s)? _____

How long have you lived at your current local address? (mo/yr) _____

How long have you been on Oahu, HI? _____

Where were you born? Raised? _____

RACE/ETHNICITY

Native Hawaiian Native American Caucasian Asian American African American Latino

Multi-Ethnic Other: _____

SEXUAL ORIENTATION

Straight Lesbian Gay Bisexual Questioning Prefer not to answer

RELIGIOUS/SPIRITUAL PREFERENCE

Agnostic Atheist Buddhist Catholic Christian Hindu Jewish Muslim No preference

Other

ACADEMIC INFORMATION

Major (if declared): _____

Status: Full Time

Part Time

Involvement with Student Organizations: Yes No

*If yes, please list: _____

EMPLOYMENT

Are you currently employed? Yes No If yes, Full Time Part Time

DISABILITY

Are you registered with the Disability Support Office at WCC, as having a documented and diagnosed disability? Yes No

If yes, please indicate which category of disability services you are registered for (check all that apply):

- Deaf or Hard of hearing
- Learning Disorders
- Attention Deficit/Hyperactivity Disorders
- Mobility Impairments
- Neurological Disorders
- Physical/Health Related Disorders
- Visual Impairments
- Psychological Disorders
- Other: _____

MILITARY

Are you currently in the military? Yes No

If yes, which branch do you serve? Air Force Coast Guard Army Navy Marines

National Guard? Yes No

Have you ever served in any armed force? Yes No If yes, which branch? _____

Has your military career included any exposure to any traumatic or highly stressful experiences that continue to bother you? Yes No

PREVIOUS BEHAVIORAL HEALTH SERVICES

Have you ever participated in professional counseling in the past? Yes No

If yes, where? _____ When? _____ With whom? _____

Reason for counseling: _____

HEALTH INSURANCE

Do you have health insurance? Yes No

Who is your health insurance provider? _____

*please note insurance is not necessary for services through the Ka’au Program.

HEALTH

Are you currently (or within the past year) under the care of a medical doctor? Yes No

If yes, for what condition? _____

Do you have any other significant medical condition? Yes No

Have you been hospitalized for mental health concerns? Yes No

If yes, where? _____ When? _____

Are you currently prescribed any medication? Yes No

If yes, please list medication(s): _____

Are you presently receiving counseling/psychiatric services from another provider or agency? Yes No

If yes, where? _____ Name of provider? _____

Overall, do you consider yourself a healthy person? Yes No

ALCOHOL & DRUG USE

Have you ever received treatment for alcohol and/or drug use? Yes No

If yes, where? _____ When? _____

Over the last two weeks, how many times have you had five (5) or more drinks* in a row?

*drink is defined as a bottle/can of beer, glass of wine, wine cooler, a mixed drink, or a shot of liquor)

None Once Twice 3 to 5 times 6 to 9 times 10 or more times

Over the last two weeks, how many times have you smoked marijuana?

None Once Twice 3 to 5 times 6 to 9 times 10 or more times

Please check any drugs you have ever used:

None Cocaine/Crack Ecstasy Spice Bath Salts Methamphetamine Inhalants

Prescription drugs LSD PCP Other

GENERAL INFORMATION

Do you represent the first generation in your family to attend college? Yes No

How would you describe your financial status right now?

Always stressful Often stressful Sometimes stressful Rarely stressful Never stressful

How would you describe your financial situation while growing up?

Always stressful Often stressful Sometimes stressful Rarely stressful Never stressful

Indicate how much you agree with these statement:

"I get the emotional help and support I need from my family."

Strongly agree Somewhat agree Neutral Somewhat Disagree Strongly Disagree

"I get the emotional help and support I need form my social network."

Strongly agree Somewhat agree Neutral Somewhat Disagree Strongly Disagree

"I generally feel good about myself and believe I am worthy."

Strongly agree Somewhat agree Neutral Somewhat Disagree Strongly Disagree

"I generally feel safe about where I live and who I live with."

Strongly agree Somewhat agree Neutral Somewhat Disagree Strongly Disagree

"I generally don't worry about where I will be living month to month."

Strongly agree Somewhat agree Neutral Somewhat Disagree Strongly Disagree

I certify that the information provided here is true to the best of my knowledge.

Name

Date

Mahalo for taking the time to complete Section I of this form.