



INTERNATIONAL UNIVERSITY OF SARAJEVO
INTERNACIONALNI UNIVERZITET U SARAJEVU

Statement of Release of Information

I understand that all communication and records relating to identity, diagnoses, prognosis, or consultation with the Office of IUSSPCC are confidential. I understand that non-academic information will not be release to any party without written consent from you except in the following conditions:

1. **Imminent Harm to Self:** If a staff member has reason to believe that you are in danger of physically harming yourself; a counselor is legally and ethically required to report this information to the proper authorities or another person as needed to ensure your safety.
2. **Imminent Harm to Others:** If a staff member has reason to believe that you are seriously threatening harm against another person and ifs/he believes that you are a threat to the safety of another person s/he is legally and ethically required to take some action (such as contacting the police, notifying the other person, seeking involuntary hospitalization or some combination of these actions) to insure that the other person is protected.
3. **Abuse of Children:** If a staff member has reason to believe that a child under the age of 18 is being physically or sexually abused or neglected, s/he is legally obligated to report this situation to the appropriate state agency.
4. **Court Order:** A court order, issued by a judge, may require the Office of Student Resources staff to release information contained in records and/or require a counselor to testify in a court proceeding.

IUSSPCC's policy on the disclosure of academic information is governed by IUSSPCC CODE of Conduct and can be found in IUSSPCC rules and regulations. Any requests for information to be shared or released must be requested on the Release of Confidential Information form.

I understand that the signing of this release does not jeopardize any right to obtain present or future services from the IUSSPCC Office of Student Resources.

Signature _____ **Date** _____

Release of Confidential Information Form

I _____, authorize Counseling Center Staff to disclose counseling and information records;
(Student Name)

_____ Educational supervision
_____ Coordination of Care

I signed it of my own free will:

Student's Signature _____ Date _____

Counselor's Signature _____ Date _____



INTERNATIONAL UNIVERSITY OF SARAJEVO
INTERNACIONALNI UNIVERZITET U SARAJEVU

IUS admits students without regard to race, color, religion, sex, age, disability, national origin.

Emergency Contact Information:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Demographic Information (This is voluntary and to be used for statistical purposes only):

Country of Citizenship _____ Gender: Male ___ Female ___

Classification: Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate ___

Ethnicity: _____

International University of Sarajevo

Counseling Center

INTAKE FORM

Name of the consultant: _____

Date: _____

Basic Facts

Clients Name and Surname: _____ ID Number: _____

Sex ___ Date of Birth _____ Phone (Home) _____

Year of Study/ Department: _____

Life Status

Single _____ Married _____

Living Alone ___/with housemate or partner _____

Parental Family

Father _____ Mother _____

Name _____ Age _____ Name _____ Age _____

Occupation _____ Occupation _____

Tobacco

Ever used? Yes ___ No ___

Number of use(in a day) _____

Alcohol

Ever used? Yes ___ No ___

Frequency of use(bottles/glass per day) _____

Prescription medications

Ever used? Yes ___ No ___

If yes, _____

Therapeutic Background

Are you currently in treatment with a psychiatrist, psychologist, or other mental health professional? No ___ Yes ___

Have you had previous therapy? No ___ Yes ___, date(s)

Have you been hospitalized for psychiatric treatment? No ___ Yes ___

Do you have any suicidal or homicidal thoughts at the present time?

No ___ Yes ___

Currently, is somebody harming you physically, emotionally, sexually, or otherwise? Yes No (circle one)

Present Concerns / Problems

Briefly note the concerns / problems that bring you to counseling

Consultant will fill this part

Client Signature _____ Date _____

Counselor Signature _____ Date _____

Beck Anxiety Inventory (BAI)

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by that symptom during the past month, including today, by circling the number in the corresponding space in the column next to each symptom.

	Not at all	Mildly, but it didn't bother me much	Moderately – it wasn't pleasant at times	Severely – it bothered me a lot
Numbness or tingling	0	1	2	3
Feeling hot	0	1	2	3
Wobbliness in legs	0	1	2	3
Unable to relax	0	1	2	3
Fear of worst happening	0	1	2	3
Dizzy or lightheaded	0	1	2	3
Heart pounding / racing	0	1	2	3
Unsteady	0	1	2	3
Terrified or afraid	0	1	2	3
Nervous	0	1	2	3
Feeling of choking	0	1	2	3
Hands trembling	0	1	2	3
Shaky / unsteady	0	1	2	3
Fear of losing control	0	1	2	3
Difficulty in breathing	0	1	2	3
Fear of dying	0	1	2	3
Scared	0	1	2	3
Indigestion	0	1	2	3
Faint / lightheaded	0	1	2	3
Face flushed	0	1	2	3
Hot / cold sweats	0	1	2	3

Beck's Depression Inventory

This depression inventory can be self-scored. The scoring scale is at the end of the questionnaire.

1.
 - 0 I do not feel sad.
 - 1 I feel sad
 - 2 I am sad all the time and I can't snap out of it.
 - 3 I am so sad and unhappy that I can't stand it.
2.
 - 0 I am not particularly discouraged about the future.
 - 1 I feel discouraged about the future.
 - 2 I feel I have nothing to look forward to.
 - 3 I feel the future is hopeless and that things cannot improve.
3.
 - 0 I do not feel like a failure.
 - 1 I feel I have failed more than the average person.
 - 2 As I look back on my life, all I can see is a lot of failures.
 - 3 I feel I am a complete failure as a person.
4.
 - 0 I get as much satisfaction out of things as I used to.
 - 1 I don't enjoy things the way I used to.
 - 2 I don't get real satisfaction out of anything anymore.
 - 3 I am dissatisfied or bored with everything.
5.
 - 0 I don't feel particularly guilty
 - 1 I feel guilty a good part of the time.
 - 2 I feel quite guilty most of the time.
 - 3 I feel guilty all of the time.
6.
 - 0 I don't feel I am being punished.
 - 1 I feel I may be punished.
 - 2 I expect to be punished.
 - 3 I feel I am being punished.
7.
 - 0 I don't feel disappointed in myself.
 - 1 I am disappointed in myself.
 - 2 I am disgusted with myself.
 - 3 I hate myself.
8.
 - 0 I don't feel I am any worse than anybody else.
 - 1 I am critical of myself for my weaknesses or mistakes.
 - 2 I blame myself all the time for my faults.
 - 3 I blame myself for everything bad that happens.
9.
 - 0 I don't have any thoughts of killing myself.
 - 1 I have thoughts of killing myself, but I would not carry them out.
 - 2 I would like to kill myself.
 - 3 I would kill myself if I had the chance.
10.
 - 0 I don't cry any more than usual.
 - 1 I cry more now than I used to.
 - 2 I cry all the time now.
 - 3 I used to be able to cry, but now I can't cry even though I want to.

11.
0 I am no more irritated by things than I ever was.
1 I am slightly more irritated now than usual.
2 I am quite annoyed or irritated a good deal of the time.
3 I feel irritated all the time.
12.
0 I have not lost interest in other people.
1 I am less interested in other people than I used to be.
2 I have lost most of my interest in other people.
3 I have lost all of my interest in other people.
13.
0 I make decisions about as well as I ever could.
1 I put off making decisions more than I used to.
2 I have greater difficulty in making decisions more than I used to.
3 I can't make decisions at all anymore.
14.
0 I don't feel that I look any worse than I used to.
1 I am worried that I am looking old or unattractive.
2 I feel there are permanent changes in my appearance that make me look unattractive
3 I believe that I look ugly.
15.
0 I can work about as well as before.
1 It takes an extra effort to get started at doing something.
2 I have to push myself very hard to do anything.
3 I can't do any work at all.
16.
0 I can sleep as well as usual.
1 I don't sleep as well as I used to.
2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
3 I wake up several hours earlier than I used to and cannot get back to sleep.
17.
0 I don't get more tired than usual.
1 I get tired more easily than I used to.
2 I get tired from doing almost anything.
3 I am too tired to do anything.
18.
0 My appetite is no worse than usual.
1 My appetite is not as good as it used to be.
2 My appetite is much worse now.
3 I have no appetite at all anymore.
19.
0 I haven't lost much weight, if any, lately.
1 I have lost more than five pounds.
2 I have lost more than ten pounds.
3 I have lost more than fifteen pounds.

20.

0 I am no more worried about my health than usual.

1 I am worried about physical problems like aches, pains, upset stomach, or constipation.

2 I am very worried about physical problems and it's hard to think of much else.

3 I am so worried about my physical problems that I cannot think of anything else.

21.

0 I have not noticed any recent change in my interest in sex.

1 I am less interested in sex than I used to be.

2 I have almost no interest in sex.

3 I have lost interest in sex completely.

Cognitive Test Anxiety Scale – 2nd Edition

Please complete the following items using the four-point scale below.

1 = Not at all typical of me

2 = Somewhat typical of me

3 = Quite typical of me

4 = Very typical of me

1	I lose sleep over worrying about examinations.	1	2	3	4
2	I worry more about doing well on tests than I should.	1	2	3	4
3	I get distracted from studying for tests by thoughts of failing.	1	2	3	4
4	I have difficulty remembering what I studied for tests.	1	2	3	4
5	While preparing for a test, I often think that I am likely to fail.	1	2	3	4
6	I am not good at taking tests.	1	2	3	4
7	When I first get my copy of a test, it takes me a while to calm down to the point where I can begin to think straight.	1	2	3	4
8	At the beginning of a test, I am so nervous that I often can't think straight.	1	2	3	4
9	When I take a test that is difficult, I feel defeated before I even start.	1	2	3	4
10	While taking an important examination, I find myself wondering whether the other students are doing better than I am.	1	2	3	4
11	I tend to freeze up on things like intelligence tests and final exams.	1	2	3	4
12	During tests, I find myself thinking of the consequences of failing.	1	2	3	4
13	When I take a test, my nervousness causes me to make careless errors.	1	2	3	4
14	My mind goes blank when I am pressured for an answer on a test.	1	2	3	4
15	During tests, the thought frequently occurs to me that I may not be too bright.	1	2	3	4
16	During a course examination, I get so nervous that I forget facts I really know.	1	2	3	4
17	I do not perform well on tests.	1	2	3	4
18	During tests, I have the feeling that I am not doing well.	1	2	3	4
19	I am a poor test taker in the sense that my performance on a test does not show how much I really know about a topic.	1	2	3	4
20	After taking a test, I feel I should have done better than I actually did.	1	2	3	4
21	My test performances make me believe that I am not a good student.	1	2	3	4
22	I often realize mistakes I made right after turning in a test.	1	2	3	4
23	When I finish a hard test, I am afraid to see the score.	1	2	3	4
24	I don't seem to have much control over my test scores.	1	2	3	4