

REI Custom Program™ Intake for Adults ages 18+

Please fax to: 505-466-6144 or mail to: Strong Institute
7 Avenida Vista Grande, Suite B7, #517
Santa Fe, NM 87508

Date: _____

Provider name: _____ Provider #: _____

Phone: _____ email: _____

Client Name: _____ Gender: M F D.O.B. _____

Briefly describe the symptoms: _____

Client Diagnosis: _____ Date of diagnosis: _____

Client contact: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ email: _____

Program Format (choose only one):

Online system with digital download (MP3s) and streaming audio tracks

Payment options (select one):

6 monthly payments of \$89.00

A single payment of \$479.00 (save over 10%)

Online-based REI Custom Program consists of 12 custom-created REI audio tracks. Note:
You may print CDs from these files if you choose (and have a properly equipped computer).

CDs mailed to me

Payment options (select one):

6 monthly payments of \$109.00

A single payment of \$589.00 (save over 10%)

CD-based REI Custom Program consists of 12 custom-created REI audio CDs, beginning
with 2 initial CDs followed by 10 additional CDs sent individually as you progress.

You can learn more about the REI Custom Program at www.stronginstitute.com/rei-custom-program/
or call us at 800-659-6644

Enclosed is my check (payable to Strong Institute).

Please charge my credit card (circle type): Mastercard Visa Discover AMEX

Card # _____ Expiration date: _____

Security code (located on the back of the card) _____ Billing zip code: _____

Signature: _____ Name on card: _____

By submitting this intake you acknowledge and accept our informed consent agreement located at
www.stronginstitute.com/rei-informed-consent-agreement.html

REI Custom Program Questionnaire Part I - Adults (18 y/o and over)

Client's name: _____

Person completing form: _____ Relationship to client: _____

Please select a rating for each of the following questions. Refer to behavior for the past 3 months. For each item, decide whether the behavior is relevant and to what degree.

- 0= not relevant
- 1= slightly relevant
- 2= pretty relevant
- 3= very relevant

Don't think too hard about the answer -- your first reaction is usually the right one.

	not relevant	slightly relevant	pretty relevant	very relevant
1. Has trouble sitting still, restless, fidgety	0	1	2	3
2. Wakes frequently at night	0	1	2	3
3. Impulsive, acts without thinking	0	1	2	3
4. Avoids eye contact	0	1	2	3
5. Anxious	0	1	2	3
6. Slow to wake-up after sleep	0	1	2	3
7. Is easily distracted	0	1	2	3
8. Has trouble transitioning from one activity to another	0	1	2	3
9. Has trouble falling asleep	0	1	2	3
10. Resists physical contact	0	1	2	3
11. Repeats words or sounds	0	1	2	3
12. Irritable or whiny	0	1	2	3
13. Bothered by certain sounds	0	1	2	3
14. Repetitive body movements	0	1	2	3
15. Physically hurts self	0	1	2	3
16. Has trouble staying on task	0	1	2	3
17. Shakes or flaps hands or arms	0	1	2	3
18. Boisterous	0	1	2	3
19. Bullies others	0	1	2	3
20. Has poor appetite, doesn't want to eat	0	1	2	3

21. Headaches	0	1	2	3
22. Rocks body repeatedly	0	1	2	3
23. Mood changes often	0	1	2	3
24. Seems unhappy most of time	0	1	2	3
25. Disrupts others	0	1	2	3
26. Worries excessively	0	1	2	3
27. Ignores instructions	0	1	2	3
28. Has odd behaviors	0	1	2	3
29. Doesn't finish things	0	1	2	3
30. Has to have own way	0	1	2	3
31. Becomes frustrated easily	0	1	2	3
32. Eats excessively or would like to	0	1	2	3
33. Often has stomach aches	0	1	2	3
34. Afraid of new things, places or people	0	1	2	3
35. Chews or sucks on things	0	1	2	3
36. Controlling, needs to run things	0	1	2	3
37. Eats limited diet, only likes certain foods	0	1	2	3
38. Inactive, listless	0	1	2	3
39. Hard to reach, preoccupied	0	1	2	3
40. Seeks isolation	0	1	2	3
41. Communicates only through gestures	0	1	2	3
42. Moves around aimlessly	0	1	2	3
43. Doesn't get along well with others	0	1	2	3
44. Bothered by clothes against skin	0	1	2	3
45. Seizures (past or present – please include explanation on page 8)	0	1	2	3
46. Clumsy, uncoordinated	0	1	2	3
47. Doesn't follow rules	0	1	2	3
48. Forgets things	0	1	2	3
49. Has trouble finding the right words to say even though he knows them	0	1	2	3
50. Moody	0	1	2	3

51. Picks at self or clothing	0	1	2	3
52. Stares into space, seems in own world	0	1	2	3
53. Physically abusive toward others	0	1	2	3
54. Hears things others don't	0	1	2	3
55. Poor spelling	0	1	2	3
56. Interrupts conversations	0	1	2	3
57. Has trouble hearing in noisy environments	0	1	2	3
58. Misunderstands often	0	1	2	3
59. Has trouble beginning activity	0	1	2	3
60. Has difficulty stopping an activity	0	1	2	3
61. Gets lost in conversations/responds inappropriately	0	1	2	3
62. Has recurring obsessive thoughts	0	1	2	3
63. Has uncontrollable body movements	0	1	2	3
64. Is often verbally abusive	0	1	2	3
65. Lacks motivation	0	1	2	3
66. Craves pressure against body	0	1	2	3
67. Easily overwhelmed by noisy environments	0	1	2	3
68. Easily startled	0	1	2	3
69. Easily bored	0	1	2	3
70. Quick temper/easily angered	0	1	2	3
71. Has fear or panics for no observable reason	0	1	2	3
72. Very sensitive to other's feelings	0	1	2	3
73. Sees things others don't (shadows, colors, objects moving)	0	1	2	3
74. Has poor balance	0	1	2	3
75. Sleeps too much (or would like to if given the chance)	0	1	2	3
76. Has feelings of hopelessness, helplessness, negativity	0	1	2	3
78. Fixates on thought, activity or object	0	1	2	3
79. Confuses similar sounding words	0	1	2	3
80. Talks loudly	0	1	2	3
81. Low self-esteem	0	1	2	3

82. Has difficulty telling which direction a sound came from	0	1	2	3
83. Uncontrollable vocalizations	0	1	2	3
84. Verbally abusive toward others	0	1	2	3
85. Difficulty understanding abstract ideas	0	1	2	3
86. Poor penmanship	0	1	2	3
87. Has trouble with time (always late, etc.)	0	1	2	3
88. Procrastinates	0	1	2	3
89. Engages in ritualistic behaviors (needs to things a certain way all the time)	0	1	2	3
90. Often misinterprets others' comments (takes things the wrong way)	0	1	2	3
91. Has negative outlook on life	0	1	2	3
92. Abuses alcohol or drugs	0	1	2	3
93. Often has ringing in ears	0	1	2	3
94. Feels the world is against him/her	0	1	2	3
95. Recoils to touch (tactically defensive)	0	1	2	3
96. Makes the same mistakes repeatedly/ doesn't seem to learn from mistakes	0	1	2	3
97. Doesn't seem to know where he/she is in space / bumps into things and people frequently	0	1	2	3
98. Has difficulty making decisions	0	1	2	3
99. Has thoughts of harming self (including suicide)	0	1	2	3
100. Has trouble grasping the "big picture"	0	1	2	3
102. Is argumentative/oppositional	0	1	2	3
103. Is disorganized	0	1	2	3
104. Often loses things	0	1	2	3
105. Often seems tired, sluggish, slow moving	0	1	2	3
106. Has repeated negative thoughts	0	1	2	3
107. Has periods of confusion	0	1	2	3
108. Lacks ability to see options	0	1	2	3
109. Has extreme cyclic changes in mood (very high to very low)	0	1	2	3
110. Has trouble making changes in action/ gets locked into action and can't change course	0	1	2	3

111. Frequently experiences déjà vu (feelings of experiencing the same thing before when he/she never has)	0	1	2	3
112. Paranoid / feels as though others are out to get him/her	0	1	2	3
113. Dislikes change	0	1	2	3
114. Talks very fast	0	1	2	3
115. Occasionally hears voices in head	0	1	2	3
116. History of head injury	0	1	2	3
117. History of brain damage	0	1	2	3
118. Often displays grandiose thinking	0	1	2	3
119. Has trouble following through (on ideas, tasks, goals)	0	1	2	3
120. Fearful of specific things (snakes, spiders, heights, people)	0	1	2	3
121. Experiences frequent changes in sleep patterns	0	1	2	3
122. Has thoughts of hurting others	0	1	2	3
123. Holds grudges	0	1	2	3
124. Lacks empathy/ has trouble understanding others feelings	0	1	2	3
125. Has difficulty planning (tasks, activities, making goals)	0	1	2	3
126. Thinks in terms of “black and white” has trouble seeing nuances in situations	0	1	2	3
127. Has difficulty understanding/identifying own feelings	0	1	2	3
128. Bothered by/sensitive to lights	0	1	2	3
129. Trouble with the law	0	1	2	3
130. Lies or exaggerates for no apparent reason	0	1	2	3
131. Has/had eating disorder	0	1	2	3
132. Feels thoughts are fast - experiences many thoughts at same time	0	1	2	3

REI Custom Program™ Level II Questionnaire Part II – People 18 and over

Client's name: _____

Person completing form: _____ Relationship to client: _____

Is he or she currently taking any medications? If so, please list names and dosages.

Are you still using your existing REI Custom Program CDs? If so, how often?

Please describe the changes you experienced with your original REI Custom Program™: