

6. Please list your current prescriptions. Include the name of each medication, the prescribed dosage, and the time of day you typically take each medication.

First Medication Name:

- a. Generic? _____ Yes _____ No
- b. Dosage Amount: _____
- c. How often do you take this medication? _____
Indicate number of times/-day OR as needed
- d. When do you take this medication? _____
(e.g. morning, evening, with meals, other)
- e. When does your current prescription expire? _____
- f. What side effects do you experience? _____
- g. What effects do you experience when you miss a dose? _____

Second Medication Name:

- a. Generic? _____ Yes _____ No
- b. Dosage Amount: _____
- c. How often do you take this medication? _____
Indicate number of times/-day OR as needed
- d. When do you take this medication? _____
(e.g. morning, evening, with meals, other)
- e. When does your current prescription expire? _____
- f. What side effects do you experience? _____
- g. What effects do you experience when you miss a dose? _____

Third Medication Name:

- a. Generic? _____ Yes _____ No
- b. Dosage Amount: _____
- c. How often do you take this medication? _____
Indicate number of times/-day OR as needed
- d. When do you take this medication? _____
(e.g. morning, evening, with meals, other)
- e. When does your current prescription expire? _____
- f. What side effects do you experience? _____
- g. What effects do you experience when you miss a dose? _____

Please list additional medications on a separate page.

7. Are you taking any non-prescription (over-the-counter, herbal, etc.) medications?

8. Which of these medications are you planning to bring with you abroad?

Managing Daily Living

9. Who is aware of your disability?

a. Who do you include in your support network? Will you be able to communicate with them?

How do you communicate with the people in your support network?

b. What are your most effective coping strategies?

c. How do variations in your routine affect you (mood, medication compliance, self-care, etc.)?

d. In the past year, how many times have you missed school, work, or family events because of your symptoms or treatment?

e. What academic accommodations have been helpful to you in the past?

Handling Crisis

10. Do you experience crisis episodes, including panic/anxiety attacks or psychosis?

a. How do you recognize when you are in crisis/-need emergency or urgent care? What thoughts or behaviors are clues?

b. During crises, do you typically seek out services yourself or do others recommend additional services?

11. Do you currently have, or have you previously used, a safety plan to help you manage your symptoms?

12. Have you ever encountered legal or disciplinary issues as a result of your disability? What sanctions or legal consequences, if any, were imposed?

13. Do you currently have, or have you previously used, a behavioral contract to help you manage your behaviors? If yes, please provide details.

Further Information

14. Have you ever had thoughts of harming yourself or someone else? If yes, is this current or how long ago was the last time you had these thoughts?

a. Have you ever made an attempt before? If so when did this happen?

15. Do you self-injure, or have you self-injured in the past? If yes, is this happening currently or how long ago did you self-injure?

16. Have you ever been diagnosed with an eating disorder? If yes, when did you have or do you currently have an eating disorder?

17. Have you ever experienced hallucinations or delusions?

Travel

18. How do you typically approach speaking in public or new situations or people?

19. What sources of information have you used to learn about mental health services and cultural attitudes in the host country?

20. Do you have comments, concerns or questions about your travel? Please explain.

Please email this form to the Admissions Officer of your intended study abroad program location as soon as possible.